



Procedure Information Sheet

Introduction

This is a surgical procedure under anesthesia, the delivery of the baby through incisions in the abdominal wall and uterus of the pregnant woman.

Indication

- Previous caesarean section
- Malpresentation (such as breech presentation, oblique lie)
- Fetal distress or non-reassuring fetal heart tracing
- Previous uterine scar
- Slow progress
- Cephalo-pelvic disproportion
- Unsuccessful induction
- Macrosomia / intra-uterine growth retardation
- Multiple pregnancy
- Pregnancy induced hypertension / Pre-eclampsia
- Gestational diabetes
- Advanced maternal age
- Self-request
- Placenta previa
- Others: _____

The procedure

1. Insertion of urine catheter to empty the bladder.
2. General anesthesia / regional anesthesia.
3. Enter the peritoneal cavity via incisions, dissect the bladder to expose the lower segment of the uterus.
4. Incise the uterus: transverse for lower segment caesarean section, longitudinal for classical caesarean section.
5. Delivery of baby (may use forceps) and the placenta.
6. Closure of the uterus, haemostasis.
7. Examine the adnexae; closure of the abdomen in layers.
8. Other associated procedures if necessary: perform surgery on tubes, ovaries or other adnexal organs if abnormality found.

Before the Operation / Procedure

1. A written consent is required.
2. Keep fast for 6 hours prior operation.
3. Abdominal and pubic shaving are required.
4. Take off all clothes (including underwear) and things such as denture, jewelry and contact lens, then put on an operation gown.

Patient's Label

Patient Name: _____
Hospital No: _____
Episode No: _____



After the Operation / Procedure

1. Patient who have undergone general anaesthesia may have fatigue, nausea or vomiting. If the symptoms persisted or aggravated, please inform health care providers.
2. Keep fast for 6 hours after operation to prevent vomiting.
3. Advise bed rest for 12-24 hours after operation.
4. Take note of the uterine contraction and the amount of lochia, inform health care providers immediately if excessive vaginal bleeding is detected.
5. Take analgesic as prescribed if there is uterine contraction pain.

Risks and complications

1. For Mother
 - 1.1. Wound pain.
 - 1.2. Wound complications may include: infection, haematoma, healing problems or hernia.
 - 1.3. General anesthesia complications may include: e.g. nausea and vomiting, allergic reactions to medications, difficulty in breathing, lung infection. Regional anesthesia complications may include: e.g. local discomfort, swelling and bruising, headache.
 - 1.4. Damage to surrounding organs, e.g. bowel, bladder, ureters, nerves, blood vessels, uterus, tubes, and ovaries; may require further surgery.
 - 1.5. Massive bleeding may require blood transfusion; and additional intervention(s) to stop the bleeding, such as placement of balloon inside the womb, B-Lynch suture, uterine artery embolization or hysterectomy (RARE) when bleeding in uncontrolled.
 - 1.6. Deep vein thrombosis.
 - 1.7. Increased chance of repeat caesarean delivery.
 - 1.8. Chance of adherent placenta if the placenta is low lying in subsequent pregnancy, which may result in severe bleeding or hysterectomy.
 - 1.9. Chance of uterine scar rupture during subsequent vaginal delivery.
2. For Baby
 - 2.1 Accidental injury to infant, skin lacerations.
 - 2.2 Transient tachypnea of the newborn, respiratory distress syndrome.
 - 2.3 Persistent pulmonary hypertension.
 - 2.4 Perinatal anoxia.
 - 2.5 Birth injury: fracture.

Alternative Treatment / Investigation

Try vaginal delivery and its risks include failed vaginal delivery, birth canal injury, perinatal anoxia and neonatal death.

Disclaimer

This leaflet only provides general information pertaining to this operation / procedure. While common risks and complications are described, the list is not exhaustive, and the degree of risk could also vary between patients. Please contact your doctor for detailed information and specific enquiry.

Reference

Department of Obstetrics & Gynaecology, United Christian Hospital, Pre-operative Information Sheet: Caesarean Section (2022)

Patient's Label

Patient Name: _____

Hospital No: _____

Episode No: _____

Patient's Signature: _____ Date: _____