# Caesarean Section

## Introduction

This booklet has been written to help explain what happens when your baby is born by a caesarean section. If you have any questions after reading this leaflet, please ask your community midwife, or your hospital doctor.

## Caesarean Section (C section/CS)

One in four women has their baby by caesarean section in the UK. Your baby is delivered through a cut in your tummy just above your bikini line. The operation is normally carried out after you have had a spinal anaesthetic, although there may be a need at times to have a general anaesthetic.

There are two types of caesarean section, **planned** and **emergency**. A planned caesarean section is sometimes called an **elective** caesarean section. A decision to perform an elective caesarean section is made by a senior doctor, usually during your pregnancy. It is usual to recommend that a planned caesarean section takes place at around 39- 40 weeks. Any risk of your baby having problems with breathing are lowest at this late stage in pregnancy.
Currently planned caesarean sections are performed at Birmingham Heartlands Hospital.
Emergency caesarean sections are done at both Heartlands and Good Hope Hospital

## Emergency Caesarean Section

## Common reasons for needing an emergency caesarean section

**Slow progress in labour**: Sometimes the progress of your labour slows down or may even stay at the same point, despite all efforts to help. This is the most common reason why you may need to have an emergency caesarean section. It can happen in either the first stage (before the neck of your cervix is 10 cm) or second stage of labour (after 10 cm). The doctor will discuss the need for a caesarean section during this time.

**Baby finding it difficult to cope**: Your baby may become too tired and show signs of ‘not coping well’ during labour. So your baby may need to be born quickly and a caesarean section will be the best option.

**Medical history /conditions**: Occasionally there may be a medical reason or condition that would cause the doctor to advise you to have a caesarean section.

**Placenta Praevia**: Occasionally the placenta (afterbirth) may be low down inside the uterus (womb) and may cover the cervix (neck of the womb); this can often cause bleeding during pregnancy.

**Abruption**: This is when you may have bleeding from the placenta (afterbirth). This may sometimes be visible (you will lose blood from the vagina). For the health and safety of both you and your baby a caesarean section may be needed.

**Attempted forceps or instrumental delivery**: The doctor may attempt to delivery your baby with forceps or Ventouse (suction placed onto the baby's head to help the baby be born). Very occasionally it may not be possible to deliver the baby in this way despite the expertise and skill of the doctor. Therefore, the only option available is a caesarean section.

## Planned Caesarean Section

A planned caesarean section is sometimes called an **elective** caesarean section. The decision to perform an elective caesarean section will be made by a senior doctor during your pregnancy.

**The most common reasons for your doctor to recommend a planned C section are:**

- your baby is not lying in a head-down position
- the position of your placenta (after birth) means you cannot deliver normally
- you have had two or more caesarean sections
- you had significant tearing or trauma during a previous vaginal birth

Your obstetrician will discuss the reasons for your caesarean section with you. They will explain the procedure, what to expect after the operation and possible complications of surgery. They will also seek your written consent for the operation.

Planned caesarean sections are currently only performed at Birmingham Heartlands Hospital. Unfortunately it is not currently possible to carry out planned C sections at Good Hope Hospital. There is a chance that the exact date of your caesarean section will need to be altered and again your obstetrician or one of their team will discuss the reasons for this with you.

## Can I be sterilized at the time of my caesarean section?

We can perform a sterilization procedure at the time of the operation. There is a small failure rate of 1 in 250 women for the operation, which is the same as if the procedure was done during a separate operation. You will need to discuss whether you wish to be sterilized with your doctor well before the day of your operation.

## It is very unlikely that a surgeon will do your sterilization if you speak about it for the first time on the day of your operation.

## It is important that you weigh up the advantages and risks of this major operation.

## What are the advantages of having a caesarean section?

- You have a planned birth
- There is no labour pain as long as you have not started to labour prior to the operation
- By having a planned caesarean section, you can reduce the chance of having an emergency caesarean section once in labour
- You may have a medical condition which means that birth by caesarean is the safest way for you. This will be discussed with you in clinic

## When will I have my planned caesarean section?

Usually your caesarean section will be booked for when you are 39 weeks pregnant or more. This timing is designed to be safest for your baby. There is a risk of breathing difficulties for babies born by caesarean before 39 weeks. Babies whose mothers have diabetes during pregnancy often need to be born before 39 weeks for other reasons. Usually their operations are planned for 38½ weeks.

# Information for Patients

## When can I go home after surgery?

After a straightforward planned caesarean section, most people will be able to go home the day after their operation (day 1). Many people are ready to go home after one day (enhanced recovery pathway) and prefer to be at home. Those people who might not be ready to go home after one day are:

- Mothers who have diabetes during pregnancy: their babies will need a longer period of observation after birth
- Mothers who have certain medical conditions (for example pre-eclampsia; high blood pressure; heart disease etc).
- Mothers who have taken certain medication during pregnancy, particularly if they might make the baby more sleepy than usual
- Mothers who have had complicated surgery (heavy bleeding, scar tissue problems)
- Mothers who have had an emergency caesarean section
- Mothers whose baby needs ongoing care or observation

## What if I go into labour before my operation date?

If you go into labour or if your waters break when you are due to have a planned caesarean section, you should attend your nearest maternity unit (Birmingham Heartlands Hospital or Good Hope Hospital). Your operation will go ahead as soon as possible after the necessary safety preparations have been made for you. If there is no immediate danger to you or your baby, then other more urgent cases may need to go first and you may have to wait.

Your doctor should also discuss the possibility of you having a normal birth after one or two previous caesarean sections. This is often called VBAC (vaginal birth after caesarean).

Make sure you have discussed this plan with your doctor so you know what to do. If you are not sure what to do, you should come to your maternity unit if you think you are in labour.

## What are the possible risks and complications following surgery?

**Frequent risks:**

- The most frequent risk is persistent pain and discomfort in your scar for weeks or months after surgery (9 per 100 women)
- Infection. This could be in your scar, in your womb, inside your tummy (abdomen) or a in the urinary tract (a ‘water infection’) (6 per 100 women). Your wound may be slow to heal and require long term wound care, dressings and antibiotics.
- Bleeding, either during or after surgery (5 per 100 women). You may need a blood transfusion. Re-admission to hospital for infection/bleeding (5 per 100 women)
- Increased risk of having further caesarean sections in future pregnancies (1 in 4 women)
- Scratches, cuts or bruises to you baby that occur during birth (2 per 100)
- Your baby may develop breathing problems particularly if born by caesarean section before 39 weeks.

**Serious risks:**

- Emergency hysterectomy (7 per 100 women – uncommon), for serious bleeding
- Blood clots and thrombosis (4-16 per 1000 women)
- Damage to your bladder (1 per 1000 women – rare)
- Damage to your ureters, the tubes carrying urine from your kidneys to your bladder (3 in 10000 women - rare)

# Information for Patients

**Future pregnancies:**

- An increased risk of uterine scar rupture in a future pregnancy
- Increased risk of Placenta Praevia and other placenta problems in future pregnancies

**Other problems / considerations following surgery**

- Your intestines may be slow to start working again after abdominal (tummy) surgery. Normally this gets better over a few days but you may have sickness, feelings of nausea and being bloated until it improves.
- You will not be able to drive for up to 6 weeks following the operation.

## What are the long term problems?

- There is no absolute safe limit for the number of C sections you can have but after four operations the likelihood of problems during surgery are substantially increased compared the first caesarean section.
- There is an increasing risk of Placenta Praevia (where the placenta is low in the womb and blocks normal birth of the baby) and other placenta problems the more C sections you have had.

## Reducing the risk of infection

- ✓ **Have a shower on the day of surgery.**

**T**his is a simple measure which reduces the risk of wound infection.

- ✓ **Do not shave less than 48 hours before surgery:**

Shaving right before surgery increases the risk of wound infection. Either remove you pubic hair around the site of the operation (bikini line) with depilatory cream, by shaving two days or more before the operation, or let staff remove the hair with clippers on the day of your operation.

**Antibiotics**

You will be given a dose of antibiotics through a drip, intravenously, just before your operation to lower the risk of infection. Some people with extra risk factors will need three more doses of antibiotics after surgery.

- ✓ **Keep your wound-dressing in place for 5 days:**

This reduces the risk of wound infections. The dressing will be removed when your Community Midwife visits you on Day 5. The dressing is waterproof, so you can take a shower.

- ✓ **Always wash your hands before touching your wound:**

There are bacteria and germs all over your skin which can cause wound infections. Always wash your hands when touching your scar, until the skin has healed over completely.

## Reducing the risk of blood clots and thrombosis

Women who have just had a caesarean section are at a much higher risk of developing blood clots in their veins (thrombosis), which an occasionally cause life-threatening problems. For this reason, you will be given blood thinning enoxaparin injections every day for 10 days after surgery and be asked to wear compression stocking (TEDS) for at least two weeks.

## Pre-operative assessment

When it is decided that you need a caesarean section, you will be given a questionnaire to fill in. This asks about your general health, medication, previous surgery and whether you have had any problems with previous anaesthetics.

You will need to have a screening swab for MRSA at your pre-op appointment.

After filling in the questionnaire, the midwife in the antenatal clinic will tell you if you need to come back to the hospital for a pre-operative assessment.

If you are well, and we have no specific concerns about you or your baby, you may not need to come back for an additional pre-operative assessment. Instead, you will be given two blood forms and you will be told when you need to come back to have these bloods taken. It is very important that you attend on the recommended date; otherwise it may result in your caesarean section being delayed.

If you do need to come back for a pre-operative assessment, you will be told if this is going to be with a midwife or an obstetric anaesthetist.

## What happens on the day of a planned Caesarean Section?

Most ladies will be admitted on the morning of surgery.

**Do not shave/remove hair.** We ask that you shave or use depilatory cream on your bikini line at least 2 days before your caesarean. Do not shave the day of surgery as this increases the chance of infection.

**Have a shower.** Shower during the morning of your caesarean and ensure that all make up and nail varnish has been removed before admission. **You will be asked to come to maternity reception within the Princess of Wales building, Birmingham Heartlands Hospital, at 07.30 hours with your birth partner.** A midwife will meet you there and then escort you to the Obstetric Day Surgical Unit, which is where you will meet your Obstetric, Anaesthetic and Midwifery team.

If you are late coming into hospital or have not fasted, your operation may need to be postponed to another day.

## Fasting instructions

Do not eat anything after 3am on the day of your operation, but you may continue drinking water up until 0700 hours. **Do not eat chewing gum**. You will be told whether or not you can continue to drink water only while you wait for your operation.

You will have been given two tablets called Omeprazole which neutralizes the acid in your stomach. One tablet needs to be taken at 10pm the night before your caesarean section and the second needs to be taken at 7am on the morning of your surgery.

If you have diabetes you will be given specific instructions about any medication you might need to take by the diabetes team. You may be advised to come in the night before surgery.

**Birth partner**

- You may have one birth partner with you in theatre
- They should have breakfast and a drink before coming with you to hospital.
- They can take photos once your baby has been born but should not take any videos
- They should not make or receive any phone calls during your time in the operating theatre.
- At the end of your operation they may be asked to move into the recovery room before you do.

# Information for Patients

## Meeting the team

### Midwife

There are usually two midwives looking after women having planned caesarean sections: they will confirm your identity, check that you have taken your tablets and complete the first theatre checklist in preparation for your surgery. They will also listen to the baby's heartbeat and ask you if you are happy with the baby's movements. You will then be asked to change into your theatre gown. Your birth partner will also have to put on "scrubs" (special clothing) so they can come into theatre with you. You are welcome to bring a camera into theatre. You can take still pictures but not record videos.

Your midwife will put some TED stockings on (these help to reduce the chance of blood clots forming) before you go to have your operation.

### Obstetrician (surgeon)

The obstetrician will check your medical history and the reason for your caesarean section. They will confirm that you have signed the consent form and will make sure you understand what the operation involves.

If your baby is breech (bottom-first), they will perform a scan to confirm that this is still the case. If the baby has turned to a head-down position it is likely that your operation will be cancelled, unless there are other reasons for going ahead. You will be able to go home and then wait for labour to start naturally. The midwife will make sure that both you and the baby are well before you go home. After discharge, you should inform your community midwife and continue further follow-ups with her.

If the obstetric team feel that your baby may need care in the neonatal unit after birth (which will have been discussed with you during your pregnancy) and a neonatal cot is not available, it is possible that your caesarean section will not go ahead on the planned date. The obstetric team will make alternative arrangements for birth, which will be discussed with you. You may need to either transfer to another hospital or change the date of your caesarean section. If your baby is very likely to need care in the neonatal unit, your caesarean section will usually take place in the delivery suite theatre downstairs.

### Anaesthetist

The anaesthetist will check your medical history and any previous anaesthetics, before explaining your anaesthetic choices.

There are usually five patients on each caesarean section list. After all the patients for the day have been reviewed, the list order is decided. Priority is given to any baby that may need extra support from the neonatal doctors and also to any mother who has specific medical reasons, for example if they are diabetic. Some patients will have their surgery in the afternoon and will be told until when they can continue drinking water.

## What happens in theatre?

You will be taken into the operating theatre and will be given an anaesthetic.

## Types of anaesthesia

There are two main types of anaesthesia for a caesarean section; you can either be awake (regional anaesthesia) or asleep (general anaesthesia). The obstetric anaesthetist will discuss these options with you. Obstetric anaesthetists are doctors who specialise in the anaesthetic care and welfare of pregnant women and their babies. Please read the appendix for more details about risks and benefits of the different types of anaesthetics.

**Regional Anaesthesia**

Most caesarean sections are done under regional anaesthesia, when you are awake but sensation from the lower body is numbed. By staying awake it means a birthing partner can come into the theatre with you and share the birth experience.

There are three different types of regional anaesthesia and your obstetric anaesthetist will discuss the options and advise the most appropriate technique for you.

**Spinal** – this is the most commonly used method. It may be used in a planned or emergency caesarean section. The nerves that carry feelings from your lower body (and messages to make your muscles move) are contained in a bag of fluid inside your backbone. Local anaesthetic is put inside this bag of fluid, using a very fine needle. A spinal works fast with a small dose of anaesthetic.
A midwife will listen to your baby's heartbeat in theatre before and after the spinal is sited.

**Epidural** – A thin plastic tube or catheter is put outside the bag of fluid, near the nerves carrying pain signals from the uterus (womb). An epidural is often used to treat the pain of labour but also can be used for a caesarean section by giving a stronger local anaesthetic solution. In an epidural, a larger dose of local anaesthetic is necessary than with a spinal, and it takes longer to work.

**Combined spinal-epidural (CSE)** in some situations a combination of the above two techniques is used.

**General anaesthesia**

If you have a general anaesthetic you will be asleep for the caesarean section and a birthing partner will not be able to come into theatre with you. It is uncommon to have a general anaesthetic for a planned caesarean section, but occasionally there may be medical reasons which mean it is the safest type of anaesthetic for both you and your baby. If you need an emergency caesarean section, a general anaesthetic may be the quickest way to get you ready for the operation.

## Having a catheter

Every woman who has a C section needs a urinary catheter. This will be inserted after the anaesthetic has been given.

## What to expect during the operation

A screen separates you and your birthing partner from being able to see the operation being done. Your skin is usually cut slightly below the bikini line. Once the operation is under way you may feel some pulling, tugging and pressure, but you should not feel pain. Some women have described it as feeling like 'someone doing the washing-up inside my tummy'.

## Delayed cord clamping

After your baby has been born, the surgeon will usually wait for at least one minute before clamping your baby's umbilical cord. By doing this, your baby will be less likely to become anaemic in the first six months after being born.

## Skin-to-skin

From the start of the operation, it usually takes about five to ten minutes before your baby is born. Immediately after the birth, the midwife will quickly dry and examine your baby. At this stage your birthing partner can also be offered the opportunity to cut the baby's cord. If the midwife has no concerns about your baby, you and your partner will then be able to cuddle your

baby. This is also the time that you can have skin-to-skin contact with your baby.
Many mothers wish to have skin-to-skin contact with their baby as soon after birth as possible. This helps with bonding and breastfeeding. Skin-to-skin contact can happen shortly after birth, whilst your operation is being completed.

After your baby is born, surgery will take approximately another 30-45 minutes.

## Recovery room

At the end of surgery you will be asked if you are happy to receive a pain-killing suppository in your back passage, which will provide good pain relief as the spinal begins to wear off. You will not feel the suppository being given.

When your operation is finished you will be taken into the recovery room next to the operating theatre, together with your birthing partner and baby. Normally you can expect to be in recovery for approximately 20-30 minutes. During this time, the recovery nurse will check your blood pressure and pulse every five minutes and also give you paracetamol.

At this stage your baby will be encouraged to have their first feed. If you would like to breastfeed, you will be supported in doing so.

## Return to the ward

After recovery you will be taken to one of the maternity wards; Cedar or Maple. If your operation is later in the day, it is likely that you will already know where your bed is on one of the wards.

The maternity wards are designed around four bedded bays. There are a very limited number of side-rooms available and these are often allocated to patients whose babies need to be in hospital for a longer period of time.

## Pain relief after the operation

If you have had a spinal anaesthetic, you will have received a long acting painkiller within the spinal injection and this provides good pain relief for 10 to 12 hours after the operation. You will also have been offered a suppository at the end of your surgery and paracetamol in recovery. You will then receive regular paracetamol and ibuprofen (if appropriate) on the ward from the midwives.

If you still experience pain despite the above measures, you will be given a stronger painkiller like tramadol or morphine.

## Mobilisation: Getting up and about after surgery

If your surgery has been straightforward and you feel well within yourself, you will be encouraged to sit out of bed six hours after your surgery. If you feel well sitting out of bed and the feeling has returned to normal in your legs, then at eight hours you can begin to walk. **Once you are able to walk it is possible for your urinary catheter to come out.**

On the day of your caesarean section the anaesthetist will discuss these options with you and if you would like to look after your own medication, you will be asked to sign a consent form.

## Visiting

Visiting is from 0800 hours to 2200 hours.
A maximum of two visitors and the birthing partner are allowed to visit at any one time.

# Information for Patients

## Follow up and discharge

On the day following your operation and before going home, an anaesthetist will pay you a visit in the ward to make sure that your pain is well-controlled and to ensure that there have been no complications from the anaesthetic. You will also be seen by a midwife or a surgeon to make sure you are recovering normally. Your baby will be checked by a midwife or a paediatrician (baby doctor). Your midwife will check whether you and your baby are well enough to go home and arrange for any medication to be ready.

## What tablets will I be given when I go home?

The hospital does not give simple painkillers like paracetamol and ibuprofen to patients to take home after surgery. Please ensure you have a good supply of both of these at home ready for when you leave hospital. Other medication such as injections, iron tablets, stronger painkillers, blood pressure tablets and antibiotics will be given to you to take at home. If you need strong painkillers regularly please ask for these to be prescribed for you to take home.

## Care at home

Once you are at home, you will be visited by your community midwife to make sure you and your baby are recovering normally. Your GP will need to check that you have recovered at your six week postnatal check-up.

You can resume activities such as driving a vehicle, carrying heavy items, formal exercise and sexual intercourse when you feel you have fully recovered from the caesarean birth (including any physical restrictions or pain).

After a caesarean birth you are not at increased risk of depression, post-traumatic stress symptoms, pain on sexual intercourse, faecal incontinence or difficulties with breastfeeding.

## Concerns after you have gone home

If you are worried about your health after you have gone home you can seek advice from your community midwife, your GP, or your maternity unit.

## Symptoms and signs of infection

Look out for redness, swelling and worsening pain around the operation site. If your vaginal bleeding gets heavier or you get more pain inside your tummy, you may have an infection inside your womb. If you have trouble contacting your GP or midwife, please contact your nearest maternity hospital.

## Useful Telephone Numbers:

**Pregnancy Assessment Emergency Room (PAER) at Heartlands Hospital 0121 424 1514**
**Labour Ward at Heartlands Hospital 0121 424 3514**
**Maternity Assessment Centre (MAC) at Good Hope Hospital 0121 424 7055**
**Labour Ward at Good Hope Hospital 0121 424 7201**

## Useful websites

The following websites provide links to a wide range of information leaflets.
www.labourpains.com
www.rcog.org
www.youranaesthetic.info

## Future pregnancies after a caesarean section

If you have baby by an emergency or unplanned caesarean section, it does not necessarily mean that any babies you have in the future will also have to be delivered by a caesarean section.

Most women who have had one caesarean section can safely have a vaginal delivery for their next baby. This is known as vaginal birth after caesarean section (VBAC). But may need extra monitoring during labour just to make sure everything is progressing well.

Some women may be advised to have another caesarean section if they have another baby. This depends on whether a caesarean is still the safest option for the women and the baby

## Further information about your anaesthetic

## What will happen if you have a regional anaesthetic?

Using a local anaesthetic to numb your skin, the anaesthetist will first set up a drip to give you fluid through your veins on the back of your hand. An antibiotic will also be given via the drip to reduce the risk of wound infection.

You will then be asked either to sit or to lie on your side, curling your back outward, so that the anaesthetist can perform the spinal anaesthetic. The anaesthetist will paint your back with antiseptic solution, which feels cold. He will then identify a point in the middle of your lower back, before injecting some local anaesthetic to numb a small patch of skin. This sometimes stings for a moment.

Through this numb patch of skin a small spinal needle will be inserted; this is not usually painful. Occasionally, you may feel a tingling sensation going down one or both legs as the needle goes in, like a small electric shock. You should mention this, but it is important that you keep still while the spinal is being put in. When the needle is in the right position, local anaesthetic and a pain-relieving drug will be injected and the needle removed. The whole procedure usually takes about 5 – 20 minutes, but may take longer if it is difficult to place the spinal needle.

You will know when the spinal is working because your legs begin to feel heavy and warm. They may also start to tingle. Numbness will spread gradually up your body to around the breast level. The anaesthetist will check how far the block has spread to make sure that they are happy with the quality of the block. It is sometimes necessary to change your position on the bed in order to maximize the effects of the local anaesthetic. This may involve rolling you onto your side or lifting your legs up.

Once you are numb, a midwife will insert a tube into your bladder (a urinary catheter to keep the bladder empty during the operation). This should not be uncomfortable. The tube is left in place until the sensation returns back to normal in your legs.

During the operation, you will be lying on your back with a tilt towards the left side. Your blood pressure will be checked every minute until your baby is born. If you feel sick at any time, you should mention this to the anaesthetist. It is often caused by a drop in your blood pressure, which is a recognised complication of a spinal and relatively straight forward to treat.

### What will happen if you have a general anaesthetic?

If you have a general anaesthetic, your birth partner will not be able to come into the theatre with you.

You will be given an antacid to drink (which tastes like 'aniseed'). The anaesthetist will give you oxygen to breathe through a facemask for a few minutes. Once the obstetrician and all the team are assembled, the anaesthetist will give the anaesthetic into your drip to send you to sleep. Just before you go off to sleep, the anaesthetist's assistant will press lightly on your neck. This is to prevent stomach fluid getting into your lungs. The anaesthetic works very quickly.

When you are asleep a breathing tube is placed into your windpipe to allow a machine to breathe for you. The anaesthetist will continue the anaesthetic to keep you asleep and allow the obstetrician to deliver your baby safely.

When you wake up, your throat may feel slightly uncomfortable from the breathing tube. It is normal to feel quite sleepy. If you have any discomfort or nausea when you wake up please inform the recovery nurse who can give you medicine to help improve your symptoms. Your baby will be with you in the recovery area and when you are adequately awake your partner will also be able to come into recovery.

## It is still possible to breastfeed your baby after a general anaesthetic.

Yes, it is safe to breastfeed after a general anaesthetic. For more information see the leaflet "Anaesthesia in breastfeeding mothers" at the following link (LabourPains.com): https://www.labourpains.com/assets/_managed/cms/files/Anaesthesia_in_breastfeeding_mothers_V4.pdf

## Advantages of regional compared with general anaesthesia

- Spinals and epidurals avoid the side effects of a general anaesthetic
- They enable you and your partner to share the birth experience
- You will not be sleepy afterwards and you will be able to eat and drink as soon as you feel hungry (if surgery has been uncomplicated).
- They allow earlier feeding and contact with your baby
- You will have good pain relief afterwards
- Your baby will be born more alert

## Disadvantages of regional compared with general anaesthesia

- In general, they may take longer to set up than a general anaesthetic
- Rarely, they do not work perfectly and may need to be repeated. If his is not successful a general anaesthetic may be necessary.
- Side effects may include feeling shaky or shivery, itching, nausea and vomiting, headache and localised tenderness at the point of injection.

## Spinals and epidurals do not cause chronic backache

Unfortunately backache is quite common during and after pregnancy. This is because your back ligaments and muscles become lax, preparing your body for the birth towards the end of pregnancy. There is no evidence to show that spinals/epidurals cause or worsen long term back problems. However, you may have some tenderness at the site of the injection for a few days which is not unusual.

Whilst both regional and general anaesthesia are safe, there are rare potential complications and these are highlighted at the end of this leaflet. Please discuss any concerns with your anaesthetist.

# Information for Patients

## Potential Risks of Regional Anaesthesia

| Type of risk | How often does it happen? | How common is it? |
|---|---|---|
| Significant drop in blood pressure (Can result in you feeling nauseous, but can be easily treated) | 1:5 (spinal)<br><br>1:50(epidural) | Common<br><br>Occasional |
| Significant drop in blood pressure (Can result in you feeling nauseous, but can be easily treated) | 1:5 (spinal)<br><br>1:50(epidural) | Common<br><br>Occasional |
| Not working well enough for caesarean section, so you need to have a general anaesthetic | 1:20 (epidural<br><br>1:100 (spinal) | Sometimes<br><br>Occasional |
| Severe headache | 1:100 (epidural)<br><br>1:500 (spinal) | Uncommon<br><br>Uncommon |
| Nerve damage (numb patch on a leg or foot, or having a weak leg)<br>Temporary (< 6 months)<br><br>Permanent (>6months) | <br><br>1:1,000<br><br>1:13,000 | <br><br>Rare<br><br>Rare |
| Epidural abscess (Infection) | 1:50,000 | Very rare |
| Meningitis | 1:100,000 | Very rare |
| Epidural haematoma (blood clot) | 1:170,000 | Very rare |
| Accidental unconsciousness | 1:5,000 | Rare |
| Severe injury, including being paralysed | 1:250,000 | Extremely rare |

## Risks of general anaesthetic

| Type of risk | How often does it happen? | How common is it? |
|---|---|---|
| Chest infection | 1:5 | Common (most are not severe) |
| Sore throat | 1:5 | Common |
| Feeling sick | 1:10 | Common |

| | | |
|---|---|---|
| Airway problems leading to low blood-oxygen levels | 1:300 | Uncommon |
| Fluid from the stomach entering the lungs; and severe pneumonia | 1:300 | Uncommon |
| Corneal abrasion (scratch on the eye) | 1:600 | Uncommon |

If you require this information in another format, such as a different language, large print, braille or audio version please ask a member of staff or email interpreting.service@uhb.nhs.uk.