



Thank you for choosing University Hospitals for your care.

We want your cesarean birth to go as smoothly as possible. The following information will help you know what to expect before, during and after surgery. Our team is dedicated to providing you with excellent care.

Enhanced Recovery After Surgery

Enhanced recovery after surgery is a special approach to care that optimizes your health before, during and after surgery. This set of protocols is used for all types of surgeries and is proven to help patients recover faster from surgery.

If you have had a cesarean birth before, you may notice some changes in your plan of care.

Our prenatal care providers and nurses want to promote a healthy pregnancy for you. Follow their advice and be sure to ask questions at any time.

Date and time of cesarean birth: _____

Location: _____

Arrive at the hospital by : _____ a.m./p.m.

Before Surgery:

Below is a checklist and information to prepare you for your cesarean birth. Every patient has different needs, so always follow the specific advice from your providers and nurses.

One to Three Days Before Surgery

- Complete **pre-surgery lab work** at a UH lab at least **three days** before your surgery.
 - For a Monday surgery, having your lab work done on Friday at any UH lab is okay.
- Obtain antimicrobial soap (Dial soap, for example).
- Do not shave or use hair removal products near your surgical site for at least three days before your surgery in order to minimize infection risk.

24 Hours Before Surgery

- Continue taking all medications as instructed by your provider.
- Bathe or shower with the antimicrobial soap the night before or day of your surgery.
- Remove make-up, nail polish or any jewelry (including rings and body piercings).
- Please leave all valuables at home, but bring the following with you to the hospital:
 - Photo ID and emergency contact information
 - Insurance/health plan card
 - A list of medicines you take, including over-the-counter medicines, vitamins and herbal supplements. Include the medicine name, dose, how often you take it and the reason you take it.
 - A list of any questions you have for your care team

Eating & Drinking

- Do not eat anything **eight hours** before your surgery start time (no gum, hard candy, etc.).
- You can drink clear liquids up to two hours before your surgery.
 - Examples: Water, plain tea or coffee (no milk, cream or sugar), Gatorade, Powerade

At the Hospital

- You will meet your care team (nursing, OB and anesthesia providers) and sign consent.
- Your nurse will place an IV in your arm, draw blood and give you fluids through the IV.
- You will be given medicines in your IV to help reduce nausea during and after surgery and decrease risk of infection.
- Your nurse may remove hair near the surgical incision with an electric clipper.
- Your support person will wait in your room while we prepare for surgery in the OR.

In the Operating Room

- Most women have a spinal or combined spinal/epidural for pain control. This medicine is given through a thin tube in your back to provide pain relief during surgery.
- A catheter will be placed in your bladder to drain urine.
- Your vagina will be cleansed with soap to help prevent infection.
- Your care team will do a safety 'huddle' with you prior to starting your surgery.
- Your abdomen (belly) will be cleansed with soap and then covered with surgical drapes.
- You will have compression boots or foot pumps on your feet during and after surgery; these are important to help prevent blood clots that can form in your legs.
- Your support person will join you in the OR before the surgery begins.
- During surgery, you will feel pressure and pushing, but not sharp pain. You will feel the doctors push at the top of your belly to help deliver your baby through the incision on your uterus.
- After birth, a nurse will care for the baby and help you and your support person with bonding.
- Your anesthesia team will give you a long-acting medicine called Duramorph through the spinal/epidural to give you pain control for up to 24 hours after surgery.
- Once surgery is finished, you will also be given acetaminophen (Tylenol) and ketorolac (Toradol) to help you stay comfortable and decrease the need for extra pain medication.

Recovery Care (First Few Hours After Surgery)

- Your nurse will check on you frequently, monitoring your vital signs, bleeding and surgical incision.
- You and your baby can bond at this time, and we will help you with skin-to-skin contact and breastfeeding, if you choose.
- Helping your bowel function return to normal as fast as possible can reduce your pain and help speed your recovery. You will start with ice chips and then begin drinking and eating slowly when you are ready. You may be given chewing gum to speed up your bowel recovery.
- IV fluids will be stopped when you are eating/drinking if you do not need other IV medications.
- You will transition to postpartum care when your frequent checks are complete, your anesthesia wears off and you can move easily in bed.

Postpartum Care (After Recovery Care to Hospital Discharge)

We will continue to focus on a healthy recovery to prevent complications and prepare you to go home.

Comfort Measures

All women will experience some discomfort following cesarean birth. This is normal. Your nurses will talk with you to understand your level of discomfort and how to make you more comfortable. Below are some ways we will help you:

- Providing you with such items as pillows for positioning and cool and warm packs
- Providing your scheduled acetaminophen (Tylenol) and an anti-inflammatory medicine such as ketorolac (Toradol) or ibuprofen.
 - These non-opioid medicines work best when taken together every six hours around the clock, including the middle of the night, even if you don't have discomfort at the time.

It is important to avoid the use of opioid medicines if possible, as they cause drowsiness or constipation. Most patients can be comfortable without opioid medicine. Some patients with severe discomfort may need an opioid medicine.

Eating, Drinking & Voiding

- Your bowel function may be slower after surgery and take some time to return to normal.
- Drinking liquids, eating healthy meals, taking a stool softener, minimizing opioid medicine, and walking will help your bowel function and decrease gas pain.
- Chewing gum for the first few days after surgery can also be helpful – we recommend chewing gum for 20-30 minutes three times a day between meals.
- Your urinary catheter will be removed six hours after surgery. Removing the catheter and walking to the bathroom helps to prevent urinary tract infections and is more comfortable for you. Your nurse will help you walk to the bathroom to void for the first time.
 - Occasionally, the bladder needs more rest after surgery, and a catheter may need to be replaced. Your nurse or provider will talk with you about this if it is needed.

Activity

Regular activity is a very important part of your recovery care plan. Activity can help speed your recovery, improve your bowel function, decrease pain and prevent complications such as blood clots and pneumonia, and it helps you feel better.

- Always ask for assistance getting out of bed until your care team feels you can safely walk by yourself.
- We will encourage you to get out of bed as much as possible, including the day of surgery.

Activity Goals

- Day/evening of your surgery:
 - Stay out of bed for more than two hours.
- Day after surgery until discharge:
 - Stay out of bed more than eight hours.
 - Take four or more walks in the halls and in your room.
 - Sit in a chair throughout the day and for all meals.
- When in bed resting or sleeping, always wear compression boots to prevent blood clots from forming in your legs.
- An injection of a blood-thinning medication (Lovenox) is often given after surgery to prevent blood clots. Your care team will tell you if this medication is needed.

Incision Care

- You may have small pieces of tape called steri-strips across your incision to support the wound as it heals. They will dry and fall off on their own. Gently remove the pieces of tape if they have not fallen off within seven days after surgery.
- You may have staples in your incision. Your provider may remove them while you are in the hospital or have you come into their office.

Preparing to Go Home From the Hospital:

We will make sure you are prepared to continue recovery at home. Before you leave the hospital:

- Review concerning symptoms and reasons to call your provider with your care team.
- Have a discussion about birth control and have a plan in place.
- Review any prescriptions and medications you will be taking at home.
 - Note: if you are going home with a prescription for an opioid, it is important that you know how to get rid of unused pills safely.
 - Safe disposal sites can be found at: rxdrugdropbox.org
- Schedule a follow-up appointment with your provider or have a plan in place for you to schedule this appointment.
- If you had high blood pressure before or during your pregnancy, you will be seen within two to seven days after you leave the hospital to check your blood pressure. Bring your blood pressure journal or log with the blood pressure readings you have taken at home.
- All patients who do not have to come in for a blood pressure check within two to seven days after discharge are seen two weeks and six weeks after surgery.
 - First follow-up visit _____
 - Six-week follow-up visit _____

Thank you for trusting us with your care.

Notes:
