

BEFORE & AFTER Cesarean (C-section): ENHANCED RECOVERY

This booklet will:

- Help you get ready for your C-section
- Explain how you will play an active part in your recovery
- Give you daily goals to achieve

What is Enhanced Recovery?

When you are admitted to the hospital for a C-section, you will be part of a program called Enhanced Recovery After Surgery (ERAS®) Cesarean Delivery.

The goals of the ERAS Cesarean Delivery Program are to help you:

- Recover more quickly
- Experience less pain, and
- Decrease your risk of complications such as blood clots or infection

Research shows that you will recover faster if you do the things explained in this booklet. There are instructions for you about eating and drinking, guidelines for physical activity, and updated methods for controlling your pain. All of these things combined will help you to feel better faster and go home sooner.

Please bring this booklet with you on the day of surgery. Use it as a guide during your hospital stay. Hospital staff may refer to it as you recover and will review it with you when you go home.

Having surgery, in addition to having a baby, can be very stressful for you and your family. The good news is that you are not alone. We will support you each step of the way.

What is a C-section?

Cesarean delivery, also known as a C-Section, is a surgical procedure used to deliver a baby through a surgical cut in the mother's abdomen and uterus.

Date of C-section Delivery: _____

Scheduled Time of C-section Delivery: _____

Time to Arrive at Hospital: _____

Date and Time of Follow-up Appointment: _____

BEFORE YOUR C-SECTION

Preparing For Your C-section

1. MEDICAL CLEARANCE

- You will see your obstetrician or midwife several times in the months prior to your C-section. Depending on your health history, you may also need to see other specialists prior to your C-section.
- If you have diabetes or gestational diabetes, your provider may want you to see your **primary care physician and/or endocrinologist**. You will need to confirm with your physician how to handle your diabetic medications. Bring this booklet to the visit.

2. PRE-ADMISSION VISIT

You will be scheduled for a Pre-admission Visit in our Labor and Delivery Unit about three (3) days before your scheduled C-section. Pre-surgical blood tests and Enhanced Recovery education will be done. Bring this packet with you.

3. MEDICATIONS - GENERAL GUIDELINES

Discuss **all** medications and supplements with your obstetrician or midwife. Here are some general guidelines to follow:

- Prenatal vitamins and iron: DO NOT take them on the day of your surgery. They will likely be re-started by your obstetrician after your delivery.
- Aspirin and Lovenox: discuss with your obstetrician or midwife when you should stop taking these medications before your C-section.

MY MEDICATIONS:

HOW I SHOULD TAKE MY MEDICATION:

- Acetaminophen (Tylenol) can be taken as late as the night before surgery.
- Medications for your thyroid, seizures, depression, blood pressure, or those taken for other health issues: discuss with your obstetrician and/or the physician who prescribed the medication for you to determine how they should be taken in the days before your C-section.
- Herbal supplements, green tea, and over-the-counter supplements: **stop these 10 days before your C-section.**

4. ACTIVITY

Follow the guidelines from your obstetrician or midwife. It is generally not required to restrict your activity in the months leading up to your C-section. Regular activity or exercise keeps your body fit and will help you recover more rapidly afterward.

5. PLAN AHEAD

You may need help with your new infant, other children, meals, laundry, bathing, or cleaning when you first go home from the hospital. Stock your fridge and freezer with food that is easy to reheat. Make plans with your family and friends so you will have the help you need. **If you have children you wish to bring to the hospital with you, you must have a responsible adult, other than you, to care for them at all times.** Children are not allowed to stay overnight. Our hospital will have visitor restrictions during flu season (October-May).

6. ARRANGE TRANSPORTATION

The day of your C-section is designated as Post-Operative Day 0. The plan is for you to go home when you meet the discharge criteria, which will most likely be on Post-Operative Day 2. Please make arrangements for a ride. You will not be able to drive yourself.

7. EXPECT OUR CALL

The week before you are scheduled to come to Northwest Community Hospital, a team member/unit secretary from Labor and Delivery will call you to review your pre-procedure instructions. The team member will confirm the date and time you are to arrive as well as your instructions about eating and drinking. The team member will also confirm your Pre-admission Visit appointment in Labor and Delivery. Please have this packet ready and fill in the date and times on the front cover. You will have an opportunity to ask any remaining questions you may have.

8. ARRANGE FOLLOW-UP APPOINTMENT

Please make an appointment to see your obstetrician or midwife as instructed. Make sure to arrange the necessary transportation and child care.

THE DAY BEFORE YOUR C-SECTION

1. You may eat your normal diet the day before your C-section.

In addition:

- You may continue to eat solid foods up until 8 hours prior to your scheduled C-section time.
- You should drink one (10-12 oz.) clear carbohydrate drink in the evening prior to bed **unless you have diabetes.**

The allowed clear carbohydrate drinks are:

Apple juice
Cranberry juice
Gatorade
Water

If you have diabetes or gestational diabetes, the allowed clear drinks are:

Water
Tea without milk
Coffee without milk

Please select one of the following:

- **I am NOT diabetic. My drink preference is:** _____
 - **I have diabetes or gestational diabetes. My choice of clear liquid is:** _____.
2. Shower or bathe normally using Hibiclens (available at Pre-admission Visit) to wash your abdominal area. You should not shave or wax the area below your belly button for at least 48 hours prior to your C-section.
 3. Take your regular night time medications as discussed with your obstetrician, midwife, and/or specialists.

THE MORNING OF YOUR C-SECTION

1. **Eating:** You may eat solid food until **8 hours** before the time your C-section is scheduled to start. Your C-section will be delayed or cancelled if you eat **any** solid food within the 8 hours right before the scheduled start time.

2. **Drinking:** You should drink 10-12 oz. of clear carbohydrate fluid 3 hours before the scheduled start time of your C-section. You should be done drinking no later than 2 hours before the start time of your C-section **Diabetics/gestational diabetics can only have water, tea without milk or coffee without milk.**
 - The only allowed clear carbohydrate (for non-diabetics) drinks are:
 - Apple juice
 - Cranberry juice
 - Gatorade
 - Water

If you have diabetes or gestational diabetes, the only allowed clear drinks are:

- Water
- Tea without milk
- Coffee without milk

Please select one of the following:

- I am NOT diabetic. My drink preference is: _____

- I have diabetes or gestational diabetes. My choice of clear liquid is: _____

I will **start** drinking at (time): _____

I will **stop** drinking at (time): _____

3. Do NOT eat or drink anything starting 2 hours before your scheduled surgery start time or you risk having your C-section cancelled.
4. If you bathe in the morning, remember to use Hibiclens soap and do not shave or wax the area below your belly button. Do not use lotion on or near your abdominal or hip area.
5. Contacts should not be worn. Do not wear eye makeup. Remove all jewelry including body piercings. Do not use nail polish on fingernails. Toenail polish is fine.
6. Please plan to arrive 2 hours before your scheduled surgery.

Time to arrive at hospital is: _____.

THINGS TO BRING TO THE HOSPITAL



- ✓ This booklet!!
- ✓ Photo ID (driver's license or state ID) and insurance card.
- ✓ Two packages of your favorite SUGARLESS gum.
- ✓ If you wear contact lenses, please arrive to the hospital wearing glasses. Pack your contact lenses.
- ✓ Robe, slippers, and loose fitting comfortable clothes and slip-on shoes to wear home.
- ✓ Copy of your advance directives, if you have such documents.
- ✓ Personal toiletries, such as shampoo, deodorant, toothbrush, toothpaste, moisturizer.
- ✓ Please do not bring anything of value, including credit cards and jewelry. The hospital is not responsible for lost or stolen items.
- ✓ Bring phone charger.

At The Hospital

1. Arriving at the hospital:
 - If your scheduled arrival time is 6:30 a.m. or earlier, go to the Emergency Room entrance. All other doors are closed.
 - If your arrival time is after 6:30 a.m., park in the Visitor Garage (Entrance #4) at Central Road and Fernandez. Take the South Elevator to the 4th floor. See the attached campus map.
 - After completing the check-in process, you will be escorted to your private room in Labor and Delivery or the Triage Unit where you will meet the nursing staff. They will complete your preparations for your C-section.
 - Family members are free to use our Family Waiting Room.
2. Labor and Delivery Unit:
 - The nurse will ask you to change into a hospital gown and complete a pre-operative checklist with you.
 - An intravenous catheter (IV), a tube that is placed in your vein, will be inserted.
 - You will meet members of your anesthesia team and discuss your anesthetic plan.
 - You will also see and speak to your obstetrician.
 - You will receive several medications from your nurse that have been prescribed by your physician team.
 - These medications will help prevent pain, nausea and vomiting, and decrease the risk of infection after your C-section.
 - Your family will be able to stay with you at this time.

3. Operating Room

- You will likely receive a regional anesthetic, either an epidural or a spinal.
- A regional anesthetic is an injection in your lower back (your back will be numbed) that allows you to remain awake during your C-section without feeling any pain in your lower body. It is usually safer for you and your baby. It allows you and your birth partner to experience the birth of your baby together.
- Occasionally a general anesthetic may be more appropriate for your C-section. Your anesthesia provider will discuss this with you ahead of time.
- After your regional anesthetic is in place and you are numb, a tube will be placed in your bladder to keep your bladder drained during the procedure and for a short time afterwards.
- You may notice some chest heaviness or pressure at various times after the regional anesthetic is placed.
- You may feel some pressure, especially as the baby is being born. You may also feel some movement during the procedure. You will not experience pain.
- You may experience some nausea. Please inform the anesthesia provider if you feel nauseated and they will work to make you feel better.
- You will be awake and able to communicate with the anesthesia team during the entire C-section unless you require a general anesthetic.

4. Waiting room:

- You may have **one** support person with you in the operating room during the C-section, if you have a regional anesthetic.
- Other family members or friends can wait in the Family Waiting Room just outside of Labor and Delivery.
- ATM's are located in the hospital outside of the Oasis Cafeteria.
- The Oasis Cafeteria, Jazzman's Cafe and The 800 Shop (gift shop) are available for the purchase of food/beverages.
- Vending machines are located in the Family Waiting Room and in the Oasis Cafeteria.

5. Recovery Room

- You and your baby will be moved to the Recovery Room in Labor and Delivery after your delivery. You will remain there until you are able to start moving your legs. You will have the opportunity to bond and breastfeed your baby. You can expect a 2 hour stay.
- Your support person will follow you to the Recovery Room. No one under the age of 13 is allowed. A nurse will check your vital signs often, check your abdomen, and make sure you are comfortable.
- You will be encouraged to drink 30 minutes after surgery and encouraged to chew gum in the Recovery Room.
- The tube draining your bladder will be removed as soon as you regain the ability to move (approximately 2-6 six hours after surgery).
- A regular diet (solid food) will be available as early as 2 hours after surgery.
- After recovery, you will be transferred to the Mother/Baby Unit. Your family will be able to visit you on the 5th floor.

AFTER DELIVERY

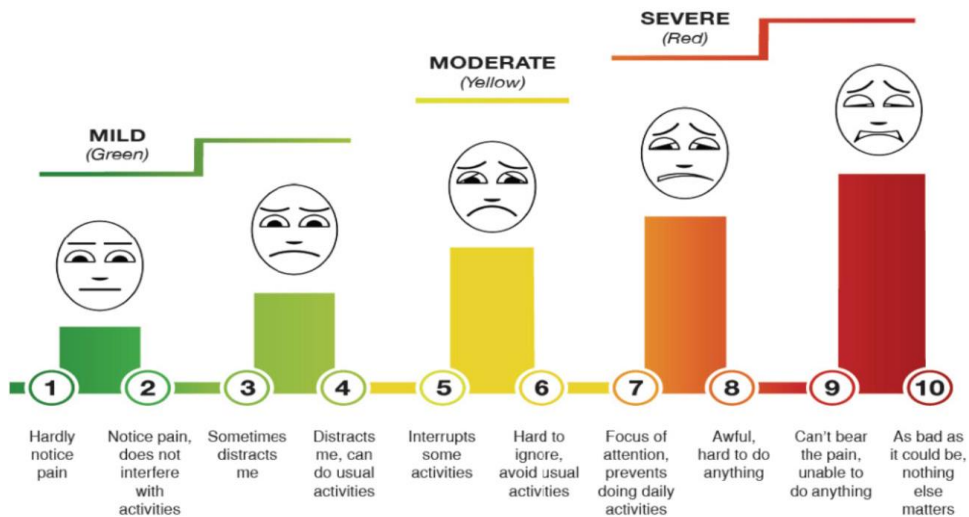
1. Pain Control

a) It is important to control your pain because it will help you to:

- Take deep breaths
- Move more easily
- Eat better
- Sleep well
- Recover faster
- Do the things that are important to you

b) Your nurse may ask you to describe your pain using a number between 0 and 10.

0 means no pain and 10 is the worst pain you can imagine. The goal is keep your pain at or below a score of 4 out of 10.

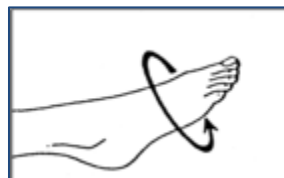
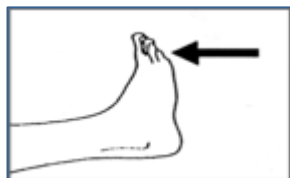


2. Exercises

a) You should move around while in bed. Movement helps to prevent complications including lung problems, pneumonia, blood clots, and muscle weakness. Start this when you get to your room and continue during your hospital stay. Your meals should be eaten while sitting in a chair and not in bed.

b) Leg exercises:

- These exercises help your blood to circulate in your legs. Repeat each exercise 4 to 5 times every half hour while you are awake.
 - Rotate your foot to the left and right.
 - Wiggle your toes and bend your feet up and down.
 - Stretch your legs out straight.



c) Activity

- You will be up and out of bed with assistance and walking in the hallway 4 - 5 times daily. There is always a risk of getting blood clots after surgery. The risk is decreased with walking and exercise.

The Evening After Delivery - Post-Operative Day #0

1. Pain Control

- Please inform your nurse if you have pain. We want to help keep your pain as well controlled as possible.
- We plan to give you additional medication as part of the regional anesthetic for surgery. This is a long acting pain medication that will help control your pain for about the first 24 hours.
- You will also be receiving regularly scheduled pain medications, such as acetaminophen, and ibuprofen to keep your pain under control.

2. Activities

- Do your leg exercises 4-5 times every hour while awake.
- You will be ready and encouraged to walk in the halls the day of your surgery.

3. Eating and Drinking

You may drink liquids 30 minutes after surgery, and start eating regular food 2 hours after surgery. Chew sugarless gum for 30 minutes 3 times a day if you are not able to drink or eat. This has been demonstrated to help your bowels return to normal more quickly after surgery. Should you feel nauseous, tell us. We use a number of methods (medication, non-medication) to prevent post C-section nausea and vomiting.

4. Tubes and Lines

- An intravenous line (IV) will be giving you a small amount of fluid if needed. You will also have a tube in your bladder to drain and measure your urine.
- Most patients have their IV removed when they are able to get up out of bed and are able to drink fluids. There are some patients who need to keep an IV access longer.

5. Vital Signs

- Your temperature, breathing, blood pressure, and heart rate will be checked regularly.

Post-Operative Day #1

1. Pain Control

- You will continue to receive the scheduled oral pain medications around the clock while in the hospital. These may be continued as scheduled medications after discharge for up to a total of 7 days.

2. Activities

- Be out of bed, on and off, for a total of 8 hours throughout the day.
 - Walk in the hallway 4-5 times per day (with help if needed).
 - Sit in a chair during all meals.
 - Feed your baby while sitting in the chair.
- An abdominal binder may be ordered by your obstetrician as you increase your activity.

- You may take a shower the day after delivery. Let the water run softly over your incision(s) and wash the area gently. Do not scrub your incision.

3. Eating and Drinking

- Drink plenty of liquids.
- You will be eating solid foods. You will be given a Cuisine on Call menu from which to order. Best choices are fruit, vegetables, milk and calories to support breastfeeding and fiber to prevent constipation (fruit, vegetables). You need an additional 500 calories a day for this.
- You will be asked to continue chewing gum for 30 minutes 3 times per day if you are not eating and drinking normally.

4. Tubes and Lines

- Your IV and the tube in your bladder will be removed if they are still in place.

Post-Operative Day #2

1. Pain Control

- You will continue receiving scheduled medications to prevent pain including acetaminophen (Tylenol) and ibuprofen (Motrin).

2. Activities

- Be out of bed, on and off, for a total of 8 hours as tolerated.
 - Sit in a chair during all meals.
 - Walk in the hallway 5 times today, with help if needed.
 - Feed your baby while sitting in the chair.
 - Visit with your guests while sitting in the chair or walking in the hall.

3. Eating and Drinking

- Drink liquids, and eat solids as tolerated.
- Chew gum for 30 minutes 3 times per day if you are not eating and drinking normally.

Goals for Discharge

Our shared goal is to have you feeling prepared to go home by noon on Post-Operative Day 2.

The following will be used to help us determine if you are ready to go home:

- You are able to eat a diet without feeling nauseous or experiencing any vomiting.
- Your pain is controlled.
- You are getting out of bed and walking without help.
- You have a normal body temperature (no fever).
- You are able to care for your baby.
- You have had all of your discharge questions answered and know what to do at home and when to follow up with your provider(s).

You will be given written instructions.

Please confirm your previously scheduled follow up appointment with your obstetrician. You will need to be seen about one week after discharge from the hospital.

NCH PHARMACY MED-TO-BED PROGRAM: Any prescriptions needed at discharge can be sent to the retail NCH Pharmacy and will be delivered to your bedside before discharge. Please talk with your nurse if you are interested.

The program is available during the retail NCH Pharmacy's regular business hours: Monday through Friday from 8 A.M. to 6 P.M. and on Saturday from 10 A.M. to 3 P.M. The retail NCH Pharmacy is closed on Sundays.

HOME CARE INSTRUCTIONS

1. Incision care

- Your incision(s) may be slightly red and uncomfortable for 1-2 weeks.
- You may take a shower. Let the water run softly over your incision(s) and wash the area gently. Do not scrub. **Do not take a tub bath, use a swimming pool, or a hot tub for two weeks.** If you have stitches or staples they may be removed before you go home. If they are still in place when you are discharged, they will be removed at your first follow up visit with your obstetrician.
- Steri-Strips will be put on after the sutures or staples are removed. You can let the Steri-Strips fall off naturally. If they start to fall off or become visibly dirty, the Steri-Strips can be carefully removed.
- It is normal to have a small amount of yellow or pink discharge coming from the C-section incision. **Call your obstetrician if your incision becomes warm, red, hard, or you see pus or other drainage coming from it.**

2. Pain

- You may have some pain that continues for a few weeks after your C-section. Take acetaminophen (Tylenol) and ibuprofen (Motrin) medications to relieve your pain.
- **IBUPROFEN SHOULD ALWAYS BE TAKEN WITH FOOD.**
- If your pain is not controlled by acetaminophen (Tylenol) and the ibuprofen (Motrin), please call your obstetrician's office.
- If the ibuprofen (Motrin) or other pain medications are causing a burning sensation or pain in your stomach, stop taking them and call your obstetrician.
- If you have severe pain that is not relieved with the medicine that has been recommended for you, call your obstetrician. Your obstetrician or nurse may ask you to keep a record of your pain and the medications you take at home. You can do this in the "Notes" section at the end of this booklet.

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3. Bowel Habits

- Your bowel patterns may change after your C-section.
- You may have loose stools, become constipated, or have more frequent bowel movements. This should settle into a normal pattern over time.
- To help your bowels stay regular:
 - Drink 8-10 glasses of water daily
 - Get advice from your obstetrician about what exercise you should do and when to start.
 - Take stool softeners if your doctor tells you to do so.
- Warning signs to call your surgeon:
 - Stop passing gas for more than 12 hours

- Significant diarrhea
- Worsening nausea or vomiting

4. Activities

- Do not lift, push, or pull anything greater than or equal to 20 lbs. for 2-3 weeks after your surgery. For comparison purposes - a gallon of milk weighs about 9 lb.
- You may gradually work your way back to your normal activities over the six weeks after your C-section.
- Do not drive for 2 weeks after your C-section.
- You may be a passenger in a car. Use your seatbelt as you normally would. You should not drive if taking any narcotic pain medications. Examples include: Norco, Morphine, and Dilaudid.
- Do NOT use alcohol when on narcotic pain medications.

5. Diet

- No special diet is necessary unless ordered by your healthcare team. Resume a healthy, balanced diet.
- Do not take ANY unprescribed medications. This includes “natural” remedies and oils.

6. Prescriptions and Refills

- If you need refills for prescription medications, please call the doctor who originally prescribed the medication.
- If you need to call your obstetrician for refills, please do so during regular business hours. Do not wait until you are out of medication to call.

END OF INSTRUCTIONS

C-SECTION DELIVERY: NOTES

This form is a large rectangular area with a red vertical margin line on the left side. The rest of the area is filled with blue horizontal ruling lines. There are three small circles along the red line, one near the top, one in the middle, and one near the bottom, which are likely punch holes for binder rings.

C-SECTION DELIVERY: NOTES

This form is a large rectangular area with a red vertical margin line on the left side. It contains three binder holes on the left side, positioned at approximately the top, middle, and bottom of the page. The rest of the area is filled with blue horizontal ruling lines, providing space for handwritten notes.