

Recover: What to expect as you start your recovery

Surgery day

- Start managing pain with medicine taken by mouth.
- Drink liquids.
- Eat if able.
- Cough and deep breathe as much as possible.
- Spend time out of bed.
- Start walking.
- Practice deep breathing and using incentive spirometer.

Day AFTER surgery and beyond

- Manage pain with medicine taken by mouth.
- Drink six to eight glasses of liquids per day.
- Eat solid food.
- Sit up for meals.
- Cough and deep breathe as much as possible.
- Spend at least four hours out of bed.
- Walk in the halls at least four times.
- You and your baby will share a room in the hospital. This helps you get to know each other and supports breastfeeding.
- Your nurses will help you breastfeed if you need it. (Sometimes, pain from a C-section can make early feedings more difficult.)

Before going home, you will need to:

- Walk safely in the halls.
- Eat and drink without nausea or vomiting.
- Manage pain with medicine taken by mouth.
- Be able to urinate (pee) without problems.
- Show signs your bowels are working.
- Have your discharge questions answered.
- Maintain normal body temperature.
- Be able to care for yourself.
- Know about your new prescriptions.
- Know when your follow-up visit is scheduled.

Notes



Cesarean section surgery guide

What is a C-section?

A cesarean delivery, often called a C-section, is the surgical delivery of a baby through the abdomen (belly).

What is a tubal ligation?

Tubal ligation, also known as having one's "tubes tied," is a surgical procedure for female sterilization in which the fallopian tubes are permanently blocked or removed.

What is an epidural or spinal anesthesia?

An anesthesiologist will give you medicine that numbs the body from the chest to the feet so that the procedure is painless. Most patients are able to be (and choose to be) awake during the surgery.

When is a C-section recommended?

Your doctor may suggest a C-section to protect your health or your baby's health (or both). Common reasons for a scheduled C-section include:

- Your baby is in breech (feet-first or bottom-first) or transverse (sideways) position in the uterus, which is not the head-down position that is best for vaginal delivery.
- Your baby has a birth defect, such as hydrocephalus or spina bifida, that could complicate a vaginal birth.
- You have placenta previa, which is when the placenta is covering all or part of the opening to the birth canal.
- You have a condition that increases the risk of vaginal delivery for you or your baby (for example, HIV or active genital herpes).
- You had a C-section for a past pregnancy, or you've had some other surgery on your uterus.
- You are pregnant with more than one baby.

Prepare: Getting ready for your surgery

Today

- Drink six to eight glasses of fluids, especially water, every day before surgery.
- Be active for at least 15 to 20 minutes each day.
- Stop smoking.
- If you have diabetes, work with your healthcare team to get blood sugar well controlled.
- Visit [BSWHealth.com/ERAS](https://www.bswhealth.com/ERAS) for more information.

Did you know?

Drinking fluids, especially water, and eating healthy foods before surgery will help your body heal after surgery.

Day before surgery

- Take off all jewelry, including rings and piercings. Leave valuables at home.
- Wash your entire body except your face, breasts, hair and genital area.
 - **Do NOT** shave or wax.
 - **Do NOT** use lotions.
 - **Do NOT** put on makeup or perfumes.

Did you know?

Bathing before surgery helps prevent infection after surgery.

Morning of surgery

- Wash your entire body except your face, breasts, hair and genital area.
- Stop eating all solid food eight hours before surgery.
- Drink only clear liquids (such as water, juice or Gatorade) up to two hours before surgery.
- The special pre-surgery drink should be the last drink you have if it was given to you. Finish it at _____
- Arrive at the hospital at _____
 - **Do NOT** shave or wax.
 - **Do NOT** use lotions.
 - **Do NOT** put on makeup or perfumes.
 - Your abdomen is washed, and any hair around your incision area may be trimmed short with hair trimmers.
 - The medical team sets up monitors to track your breathing, heart rate and blood pressure during the surgery.
 - A catheter (thin, flexible tube) may be placed through your urethra into your bladder to drain your urine.

Did you know?

Drinking clear liquids up to two hours before surgery is safe and good for your body. This includes water, sports drinks, clear juice, coffee and tea **without milk or cream**, Popsicles®, Jell-O®, and the special pre-surgery drink.

During surgery

- **Support person.** Typically, a support person that you choose—your partner or another adult—is able to be in the operating room (unless you need general anesthesia). This person can stay with you during the entire procedure.
- **A catheter** (thin, flexible tube) may be placed through your urethra into your bladder to drain your urine.
- **Incision and delivery.** A doctor makes an incision (cut), typically across the lower part of your abdomen, just above the pubic area. The doctor then locates the uterus, makes another incision and lifts your baby out.
- **First moments of life.** As soon as your baby is delivered, the medical team will clear fluid from the baby's nose and mouth and cut the umbilical cord within the first few minutes. The team will check the baby's breathing and make sure the baby is stable. If everything's OK, you'll see and hold your baby.
- **Finishing the surgery.** The doctor will remove the placenta and then close the internal incisions with dissolvable stitches. The doctor then closes your abdominal incision with stitches, surgical glue or staples.

