

# Anaesthesia for Caesarean Section

## Information for consumers

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This brochure outlines the types of Anaesthesia available for a Caesarean Section. Your Anaesthetist will visit you before your Caesarean and discuss your anaesthetic with you in more detail, including the risks and benefits for each type.

### Why am I having a Caesarean Section?

There are many reasons why a Caesarean Section may be performed. It can be a planned operation, or it may be an emergency operation. In this hospital, 1 in 3 women will have a Caesarean Section – of these, approximately half are elective and half are an emergency. You can obtain more information from your Obstetrician, Midwife and antenatal class.

### Pre-Operative Visit

This is when your Anaesthetist will review you before your Caesarean Section. He / she will gather information about your general health and your pregnancy, including medications and allergies. They will explain to you what will happen during the Caesarean Section. You will be able to ask questions during this meeting. At this stage you will also be given an antacid tablet to take before your operation.

### Types of Anaesthesia

There are three types of anaesthesia which may be used for Caesarean Section. Regional anaesthesia (spinal or epidural) is the most common. This means you are awake, but sensation from your lower body is numbed. It is usually safer for you and your baby. It also allows you and your partner to experience the birth together. Very occasionally a Caesarean Section must be performed under general anaesthesia. This means you will be put to sleep; this is only done when regional anaesthesia is unsuitable or unsafe.

### Spinal Anaesthesia

This is the most common form of anaesthesia for a Caesarean Section. It involves using a fine needle to inject local anaesthetic and pain relieving medicines (Fentanyl or Morphine) into your lower back. The anaesthetic is injected into an area called the subarachnoid space – this is a fluid filled space that surrounds your spinal cord and the nerves that come from it. The medicines injected will temporarily numb your nerves to block pain messages. Once the injection has finished, the needle is removed. There will not be anything left in your back.

The spinal anaesthetic will be given to you in either the anaesthetic room or the operating theatre. A drip (intravenous cannula) is placed into your arm. Your anaesthetist will then



position you either sitting up, or lying on your side. Your anaesthetic nurse will attach equipment to monitor your pulse and blood pressure. Your partner will be able to sit close by to support you.

The numbness from the spinal will develop quickly. Eventually you will be numb from your nipples down to your toes. Your legs will be very heavy and you may not be able to move them for several hours. However, during the operation you may still be aware of pushing and pulling. This should not be painful. You may also notice some heaviness in the chest and may feel short of breath at different times during the operation. This is quite common and generally goes away by itself. Very rarely, a woman may experience pain during the operation. If you are worried or distressed by what you are feeling, you should let your anaesthetist know straight away and they will attend to your concerns. About 1 in 50 women are put to sleep (general anaesthesia) because of pain during the Caesarean.

### Epidural Top-Up

If you have already had an epidural commenced after being admitted to labour ward, and emergency Caesarean Section is needed, this can be performed under an epidural block. Your anaesthetist can 'top-up' the epidural with a mixture of strong local anaesthetic and either Fentanyl or Morphine. This usually achieves sufficient numbness for your operation. If the 'top-up' does not result in sufficient numbness, the epidural may be removed and a spinal anaesthetic used instead. Epidural top ups are reliable, however, about one in 20 women are put to sleep, because of pain, during the Caesarean.

### General Anaesthesia

A general anaesthetic means you will be asleep for your Caesarean Section. This may be required when it is unsafe or not possible to perform a spinal anaesthetic or epidural top-up. The details of the general anaesthetic procedure along with the risks will be explained to you by your anaesthetist before you go to sleep. Over the last few years in this hospital, about 5 in every 100 women having a Caesarean Section required a general anaesthesia.

### Possible side effects and complications of Spinal Anaesthesia

Your anaesthetist will try to make your anaesthesia as safe as possible. However, complications can occur and although rare, some of these can be serious.

- **Low blood pressure** - This can make you feel light headed or sick. It is important to let your anaesthetist know straight away as it can be easily treated.
- **Headache** – A headache is quite common after any operation, however a spinal or epidural can cause a particular kind of headache. This is related to fluid leaking from the bag of fluid that surrounds the spinal cord. It occurs in about 1 in 100 patients and can vary from mild to severe. Occasionally this headache requires special treatment.

- **Itch** – The addition of Fentanyl or Morphine to the spinal or epidural can cause an itch. This is usually mild but occasionally can be troublesome and need treatment to keep it under control.
- **Unexpected high block** – The local anaesthetic spreads higher than the intended level. You may experience low blood pressure, shortness of breath and, rarely, loss of consciousness. The risk of this is about 1 in 2,000 and may require you to be looked after in the Intensive Care Unit.
- **Failure of block** – A spinal anaesthetic usually works well after the first injection. About 1 in 50 do not and you may require a second injection, or an alternative, such as general anaesthesia.
- **Nerve Injury** – Nerve injury associated with spinal or epidural anaesthesia is generally temporary and gets better with time. The risk of this occurring is 1 in 1,100 patients. Permanent nerve injury occurs in about 1 in 23,000 patients. Permanent spinal cord injury causing paralysis maybe related to bleeding or infection. The risk of this is less than 1 in 100,000 patients.

### **Pain Control after your Caesarean Section**

Your anaesthetic will use a range of medicines to make sure you have effective pain control after your Caesarean Section. The exact choice depends upon your anaesthetist and your needs. This may include:

- Morphine added to your spinal or epidural to give you effective pain control for up to 24 hours.
- Oral pain medicine such as paracetamol, oxycodone, and non-steroidal anti-inflammatory tablets.
- Patient Controlled Analgesia (PCA) used after general anaesthesia. This is where an infusion of either morphine or fentanyl is started and you control the amount of pain-relieving medicine you receive.
- You will also be given medicine to control nausea and itch, should you need it.

**If you have any questions please talk to your Anaesthetist or Midwife**