Patient agreement to investigation or treatment

Caesarean section

Authors: Maternity Department

Brief description:

- You have been recommended a Caesarean Section for the birth of your baby. A Caesarean section is when the baby is 'delivered' through an incision (cut) in the abdomen (tummy).
- Here, we explain some of the aims, benefits, risks and alternatives to this procedure. We want you to be informed about your choices to help you to be fully involved in making any decisions.
- Please ask about anything you do not fully understand or wish to have explained in more detail.
- If you would like this information in another format or language or would like help completing the form, please ask a member of our staff.
- **Let us know**: Please let us know if we need to cancel any appointments for any reason (including illness) so your 'slot' can be used by others. Direct dial telephone to cancel an appointment in the Delivery Unit: 01223 217217 (or switchboard 01223 245151 and extn: 3217).

Please bring this form with you to hospital

- You will be asked to read this form carefully, and you and your doctor (or other appropriate healthcare professional) will sign it to document your consent.
- All our consent forms are available on the Addenbrooke's website: http://www.addenbrookes.org.uk/consent
- Guidance for health professionals can be found on the Addenbrooke's intranet site http://nww.addenbrookes.nhs.uk/consent
- Remember, you can change your mind about having the procedure at any time.

For staff use:

Does the patient have any special requirements? (eg requires an interpreter or other additional communication method)

....

....

About caesarean section

A vaginal delivery is the most common way to give birth. However, a Caesarean section is often advised and performed in certain situations. A Caesarean section is when the baby is 'delivered' through an incision (cut) in the abdomen (tummy). The relative safety of Caesarean sections has seen a rise in the number of women delivering in this way; most maternity units in the UK deliver between 15 to 25% of babies by Caesarean section. A Caesarean may be planned in advance (elective Caesarean section) or be performed at short notice, particularly if there are complications in labour (emergency Caesarean section).

An elective Caesarean section is usually performed one week before the baby's due date. This ensures that the baby is sufficiently mature before delivery.

Before your procedure

- You will be seen at the antenatal clinic by the midwife, and will usually see one of the consultants.
- At this clinic, we shall ask you for details of your medical history and carry out any necessary clinical examinations and investigations. This is a good opportunity for you to ask us any questions about the procedure, but please feel free to discuss any concerns you might have at any time.
- You will be asked if you are taking any tablets or other types of medication - these might be ones prescribed by a doctor or bought over the counter in a health food shop. It helps us if you bring details with you of anything you are taking (for example: bring the packaging with you).
- The choice of the type of anaesthetic for your operation will be discussed with you during the pre-operative visit by your anaesthetist.
- You will normally be admitted to hospital on the day of the procedure.

- **Prevention of Surgical Site Infection (SSI) (for applicable procedures only)**

  In order to prevent infection, hair from the area where you are being operated on may need to be removed.

  Hair removal from the site of the operation up to sixty minutes before surgery reduces the risk of infection. This means that the hair removal procedure is usually carried out on the operating table. The skin is then cleaned with an appropriate skin preparation solution. This can leave a colouration to the skin which can be washed off.

  You must not shave the area that is being operated on yourself; this will be carried out in the operating theatre. Shaving at home, or the night before surgery, increases the risk of infection as no matter how careful you are the skin may become irritated and this could increase the risk of infection.

It may be necessary during the procedure to shave other areas of your body if appropriate to allow equipment/machines, for example diathermy machines (used to seal blood vessels), to stick to your skin to achieve the best and safest performance.

Reference:

Department of Health. High Impact Intervention No 3: Preventing surgical site infection. Saving Lives: reducing infection, delivering clean and safe care: DH June 2005.

During the procedure

- Your partner can be present during the Caesarean section if you are having an epidural or spinal anaesthesia (this means when you are awake). If, for any reason, you need to have a general anaesthetic, your partner will be asked to leave the theatre.
- Once you are anaesthetised, the obstetrician will make a small horizontal incision in your skin above your pubic bone (called a 'bikini cut'), and then makes a second incision into the lower section of your uterus. The baby is delivered in a few minutes and passed to either a midwife or a paediatrician to be checked. After the placenta (afterbirth) is delivered, the obstetrician closes the incision. If your baby is very small or unwell, he/she might need to go straight to the special care baby unit. For all other babies, your partner can hold him/her while the placenta is being delivered and you are being sutured (stitched).
- Each layer of muscle and skin that has been cut then needs to be closed using sutures (stitches), staples or clips. This part of the operation takes about 30 minutes.

After the procedure

- You might have drains (tubes) coming from your wound. These collect tissue fluid from the wound in a small collecting chamber. They will usually be removed after 24 hours.
- Your catheter will be left in position for 12 to 24 hours, until you are more mobile.
- **Eating and drinking**: You may have small sips of water after the procedure, and when you feel well enough you can resume a light diet.
- **Getting around and about**: Most women are up, about and on their feet within 24 hours of a Caesarean section. We will help you control your pain from the wound with pain-killers.
- **When you can leave hospital**: Most mothers leave hospital two or four days after a Caesarean birth. The actual time that you stay in hospital will depend on how quickly you recover from your operation, other medical problems and the health of your baby.
- **When you can resume normal activities including work:**
  - **Driving**: Please follow the doctor's or midwife's advice, and check with your car insurers who can tell you when you should be able to drive again.

- **Time off work**: We advise you to not resume work for six weeks after the operation, although most mothers will be taking maternity leave for longer.
- **Special measures you need to take after the procedure**: A physiotherapist will see you on the ward to discuss early post-natal exercises before you leave.
- **Check-ups and results**: Your midwife will discuss with you any follow up arrangements before you leave the hospital.

Intended benefits of the procedure

- Caesarean section is recommended for the safety of the mother and baby.

Who will perform my procedure?

- This procedure will be performed by an obstetrician trained in the procedure.

Alternative procedures that are available

- The advantages and disadvantages of a vaginal delivery will be discussed with you.

Serious or frequently occurring risks

A Caesarean section followed by sterilisation is a very safe operation both for the mother and her baby. However, in common with any major surgery there are some potential risks.
The main risks of **Caesarean section** are:

- Development of heavy bleeding at the time of surgery
- Injury to other organs
- Infection in the wound or bladder after delivery; usually this can be controlled with antibiotics
- Development of a thrombosis (blood clot) in the leg veins after delivery
- Risks for subsequent pregnancies include: placenta praevia (where the placenta lies wholly or partly in the lower part of the uterus).

Your obstetrician and midwife will ensure that the appropriate measures are taken to reduce your risk of the development of complications.

Information and support

- You might be given some additional patient information before or after the procedure, for example: leaflets that explain what to do after the procedure and what problems to look out for. If you have any questions or anxieties, please feel free to ask a member of staff.
- If you have any concerns, please contact the Delivery Unit: 01223 217217 (or switchboard 01223 245151 and extn: 3217).

Types of anaesthesia

There are two main types: you can either be awake or unconscious. Most caesarean sections are done under regional anaesthesia, when you are awake but sensation from the lower body is numbed. It is usually safer for mother and baby and allows both you and your partner to experience the birth together.

Regional anaesthesia: there are three types of regional anaesthesia:

- **Spinal**: the most commonly used method. It may be used in planned or emergency operations. The nerves and spinal cord that carry feelings from your lower body and control muscle movement are contained in a bag of fluid inside your backbone. Local anaesthetic and pain relieving drugs, similar to morphine, are injected inside this bag of fluid using a very fine needle.
- **Epidural**: A thin plastic tube is placed outside the bag of fluid, near the nerves carrying pain from the uterus. It is often used to give pain relief during labour. It can be topped up with stronger local anaesthetic if a caesarean section is required. In an epidural a larger dose of local anaesthetic is needed than in a spinal, and it takes longer to work.
- **Combined spinal-epidural**: a combination of the two. The spinal can be used for the caesarean section. The epidural can be used to give more anaesthetic if required, and sometimes to give pain relieving drugs after the operation.

General anaesthesia

If you have a general anaesthetic you will be unconscious for the caesarean section. It is used less often nowadays. It may be needed for some emergencies; if there is a reason why regional anaesthesia is unsuitable or if you prefer to be asleep. Your partner will not be able to be present at the birth if you require a general anaesthetic.

Advantages of regional compared with general anaesthesia

- Spinals and epidurals are usually safer for you and your baby
- They enable you and your partner to share in the birth
- You will not be sleepy afterwards
- 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

- Spinals and epidurals can lower the blood pressure, though this is easily treated with the fluids given through your drip and by giving you drugs to raise your blood pressure.
- In general they take longer to work than a general anaesthetic

- Occasionally they make you feel shaky
- Rarely they don't work perfectly; so a general anaesthetic is needed.

Also regional anaesthesia may cause

- Itching during the operation from the morphine like pain killer used
- Local tenderness in your back for a few days
- Headache in less than 1 in 100 women – this can be treated, occasionally by another injection in your back
- Tingling down one leg (in 1 in 10 000 spinals this may last several weeks or months). Permanent nerve damage is even more rare, it occurs in about 1 in 100 000.

Spinals and epidurals do not cause chronic backache. Backache is common after childbirth, especially if backache occurred before or during pregnancy. Epidurals and spinals do not make it more common.

It is now useful to describe what happens when an elective caesarean section is planned.

Pre-operative assessment

- Normally you will visit the hospital before you come in for your operation. The midwife will see you and take a blood sample for tests and explain what to expect.
- You will also be given some tablets to reduce the acid in your stomach and prevent sickness; you need to take one the night before the operation and one on the morning of the operation.
- It is important that you do not eat or drink for at least six hours before your operation; this is to ensure your stomach is empty and that if you were to vomit while under anaesthesia, you would not inhale food particles that could damage your lungs.
- In order to ensure your safety, your operation will be postponed if you do not follow these instructions. You may be allowed home, to return to hospital on the morning of your operation.

The anaesthetist's visit

- The anaesthetist will come and see you, normally on the morning of your operation. They will review your medical history and any previous anaesthetics and may need to examine you. The anaesthetist will also discuss the anaesthetic choices with you and answer your questions.

Coming to theatre

- You will normally walk to theatre with your birthing partner and midwife. Before coming to theatre you will need to put on a hospital gown and have a wrist & ankle band with your personal details. Your partner will change into theatre clothes with a white hat on, coming to theatre.

What will happen if you are having a regional anaesthetic?

- Normally this is either done in the anaesthetic room or in the operating theatre. Your birthing partner is usually welcome to stay with you throughout.
- A cannula, "the drip", will be placed in a vein in either your hand or wrist with some local anaesthetic. Equipment to monitor your blood pressure and heart rate will be attached at this stage.
- You will be asked to either sit or lie on your side, curling your back. The anaesthetist will clean your back with sterilising solution. He or she will then find a suitable point between two of the bones in the middle of your back and inject local anaesthetic to numb the skin.
- Then, for a spinal, a fine needle is passed through this numb area and into the spinal fluid. Sometimes you might feel a tingling going down one leg as the needle goes in, like a small electric shock. You should mention this but it is important that you keep still. Next, local anaesthetic and a pain relieving drug are injected. It usually takes just a few minutes, but if it is difficult to place the needle, it may take slightly longer.
- For an epidural, a larger needle is needed to allow the epidural catheter to be threaded into the epidural space but otherwise you will be positioned the same as for a spinal.
- You will know the spinal or epidural is working when your legs begin to feel tingly, heavy and numb. Numbness will spread gradually up your body. The anaesthetist will check with either a cold spray or by testing touch sensation that you are ready for the operation. Sometimes it is necessary to change your position to make sure the anaesthetic is working well. Your blood pressure will be checked frequently.
- You will be lying on the theatre table with it either tilted to the left or with a wedge placed under your right hip. This is to prevent your baby pressing on the blood vessels in your abdomen which can make your blood pressure drop.
- If you feel sick at any point you should mention this to the anaesthetist. It is often caused by a drop in your blood pressure and the anaesthetist will be able to give you appropriate treatment.
- When ready, you will be moved into the operating theatre.

The operation

- A screen will separate you and your partner from the surgeons.
- The anaesthetist will stay with you throughout to ensure you are comfortable and safe.

- A midwife will insert a tube (urinary catheter) into your bladder to keep it empty during the operation. This is usually removed the next morning.
- Once the operation is underway you may feel pulling and pressure, but you should not feel pain. Women have described it like "someone doing the washing-up in my stomach". The anaesthetist will assess you throughout the operation and can give you more pain relief if required. Whilst it is unusual, it is sometimes necessary to give you a general anaesthetic.
- From the start it takes about 10 to 15 minutes before your baby is born. Immediately afterwards the obstetrician will pass your baby to the midwife, who will dry and quickly examine him or her in the cot on the far side of theatre. A paediatrician may also be present. After this, you and your partner are usually able to hold your baby.
- Immediately after the birth, a drug called Syntocinon is put into your drip to help your uterus contract and deliver the placenta. An antibiotic is also routinely given to reduce the chance of wound infection. The obstetrician will take approximately another 30 minutes to complete the operation.
- At the end of the operation a pain relieving suppository is usually given. This gives good pain relief as the spinal wears off.

When the operation is over

- You will be transferred onto your bed and then taken to the recovery room on delivery suite. Here we monitor your blood pressure for at least two hours to ensure all is well. Your baby and partner can usually be with you.
- The spinal anaesthetic will gradually wear off over the next few hours and you often feel tingling in your legs. Within a couple of hours you will be able to move them again. When you feel ready to stand out of bed for the first time after the operation, you should make sure that there is someone to assist you.
- Most women need pain relieving drugs for a few days after the Caesarean section. It is important that you are comfortable so that you can recover quicker from the surgery. It is usual to be prescribed regular pain relieving tablets three to four times a day. The midwives will be able to give you further pain relief if required.

What will happen if you need a general anaesthetic?

- The need to not eat and drink and to take your tablets to reduce stomach acid is exactly the same as for a caesarean section under regional anaesthesia. In addition, upon arrival in the operating theatre, you will be given an antacid to drink. Monitoring for your blood pressure, heart rate and measuring the oxygen levels in your blood will be attached.
- The anaesthetist will give you oxygen to breathe through a face mask for three minutes. Next the anaesthetist will give the anaesthetic through the drip and you will rapidly lose consciousness. Just before you lose consciousness we will press lightly on your neck. This is to prevent stomach contents getting into your lungs.
- When you are unconscious a tube is placed into your windpipe to allow a machine

to breathe for you and to prevent stomach contents from entering your lungs. The anaesthetist will continue to give you the anaesthetic throughout the operation and ensure your continued safety.

- When you wake up your throat may feel uncomfortable from the tube, and you may feel sore from the operation. You will also feel sleepy for a couple of hours. You will be taken to the recovery area where you will meet up with your baby and partner. You may be given a patient controlled analgesia (PCA) pump which allows you to inject a small amount of morphine pain killer into your drip at the press of a button when you feel sore.

Some reasons why you may need a general anaesthetic

- Your baby may need to be delivered so urgently that there is not time for regional anaesthesia to work.
- In certain conditions when blood cannot clot properly, regional anaesthesia is best avoided.
- A very abnormal back may make regional anaesthesia impossible.
- Occasionally spinal or epidural anaesthesia does not work properly.

Risks of general anaesthesia

Common complications

- Feeling sick and vomiting after surgery. Sickness can be treated with anti-vomiting drugs (anti-emetics), but it may last from a few hours to several days
- Sore throat if you have had a tube in your airway to help you breathe.
- Pain during injection of drugs.

Uncommon complications

- Muscle pains if you have been given a drug called suxamethonium. This is a muscle relaxant which is given for emergency surgery when your stomach may not be empty.
- Damage to teeth, lips or tongue if the anaesthetist finds it difficult to get the breathing tube in the right place.
- Awareness. The risk of you becoming conscious during your operation is approximately 1 in 900. Monitors are used during the operation to record how much anaesthetic is in your body and how your body is responding to it. These normally allow your anaesthetist to prevent your anaesthetic becoming too light.

Rare or very rare complications

- Serious allergy to drugs. Allergic reactions will be noticed and treated very quickly. Very rarely these reactions lead to death even in healthy people.

- Deaths caused by anaesthesia are very rare, and are usually caused by a combination of four or five complications together. There are probably about five deaths for every million anaesthetics in the UK.
- Equipment failure. Vital equipment that could fail includes the anaesthetic gas supply or the ventilator. Monitors are now used which give an immediate warning of problems, and these failures rarely have serious effects.

Emergency Caesarean section

- It may become necessary to deliver your baby urgently by emergency caesarean section.
- When possible this will be performed under regional anaesthesia. If you already have an epidural catheter for pain relief in labour, then this may be topped up with stronger local anaesthetic. This will normally give excellent anaesthesia for the operation. Alternatively a spinal anaesthetic may be performed.
- General anaesthesia may be necessary if your baby needs to be delivered very urgently, regional anaesthesia is inappropriate or the spinal or epidural has not been fully effective.

Addenbrooke's is smoke-free. You cannot smoke on site. For advice on quitting, contact your GP or the NHS smoking helpline free, 0800 169 0 169

Please ask if you require this information in other languages, large print or audio format: 01223 216032 or patient.information@addenbrookes.nhs.uk

Informacje te można otrzymać w innych językach, w wersji dużym drukiem lub audio. Zamówienia prosimy składać pod numerem: 01223 216032 lub wysyłając e-mail: patient.information@addenbrookes.nhs.uk
Polish

Se precisar desta informação num outro idioma, em impressão
de letras grandes ou formato áudio por favor telefone para o 01223 216032 ou envie uma mensagem para: patient.information@addenbrookes.nhs.uk
Portuguese

Если вам требуется эта информация на другом языке, крупным шрифтом или в аудиоформате, пожалуйста, обращайтесь по телефону 01223 216032 или на вебсайт patient.information@addenbrookes.nhs.uk
Russian

若你需要此信息的其他語言版本、大字體版或音頻格式，請致電 01223 216032
或發郵件到：patient.information@addenbrookes.nhs.uk
Cantonese

Bu bilgiyi diger dillerde veya büyük baskılı ya da sesli formatta
isterseniz lütfen su numaradan kontak kurun: 01223 216032
veya asagıdaki adrese e-posta gönderin:
patient.information@addenbrookes.nhs.uk
Turkish

এই তথ্য বাংলায়, বড় অক্ষরে বা অডিও টেপে পেতে চাইলে দয়া করে 01223 216032 নম্বরে ফোন করুন বা patient.information@addenbrookes.nhs.uk ঠিকানায় ই-মেইল করুন।

Bengali

Document history

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Consent form 1

Patient agreement to investigation or treatment

For staff use only:
Surname:
First names:
Date of birth:
Hospital no:
Male/Female:
(Use hospital identification label)

Responsible health professional/job title

....

❑ Special requirements ....
(For example, other language/other communication method)

Name of proposed procedure or course of treatment

Caesarean section **Side (left/right)**..............

Statement of health professional

(To be filled in by a health professional with an **appropriate knowledge of the proposed procedure**, as specified in the Hospital's consent policy)

I have explained the procedure to the patient. In particular, I have explained:

- The intended benefits of the procedure: Caesarean section is recommended for the safety of the mother and baby.
- Any serious or frequently occurring risks from the procedures including those specific to the patient: Development of heavy bleeding at the time of surgery, injury to other organs, infection in the wound or bladder after delivery and placenta praevia
- Any extra procedures that might become necessary during the procedure

❑ Blood transfusion ❑ Other procedure (please specify) ....
....

I have discussed what the treatment / procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

- The following information leaflet has been provided: Caesarean section ....

.... Version/Date/Ref: 3/March 2009/ CF243......................

This procedure will involve:

❑ General and/or regional anaesthesia ❑ Local anaesthesia ❑ Sedation

Health professional's signature: ....Date: ....

Name (PRINT): .... Job title: ....

Contact details (if patient wishes to discuss details later)

❑ I have offered the patient information about the procedure but s/he has declined information.

Statement of the interpreter (if appropriate)

I have interpreted the information to the best of my ability, and in a way in which I believe s/he can understand:

Interpreter's signature... Date: ....

Name (PRINT):..

Important notes: (tick if applicable)

❑ The patient has withdrawn consent (ask patient to sign/date here) ....

❑ See also advance directive/living will

Copy accepted by patient: yes / no (please circle)

For staff use only:
Surname:
First names:
Date of birth:
Hospital no:
Male/Female:
(Use hospital identification label)

Statement of patient

Please read this form carefully. If your treatment has been planned in advance, you should already have your own copy, which describes the benefits and risks of the proposed treatment. If not, you will be offered a copy now. Do ask if you have any further questions. The staff at Addenbrooke's are here to help you. **You have the right to change your mind at any time before the procedure is undertaken, including after you have signed this form.** Training doctors and other health professionals is essential to the continuation of the Health Service and improving the quality of care. Your treatment may provide an important opportunity for such training, where necessary under the careful supervision of a senior doctor. You may, however, decline to be involved in the formal training of medical and other students without this adversely affecting your care and treatment.

Please read the following:

I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia.)

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person undertaking the procedure will, however, have appropriate experience.

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

I have been told about additional procedures which may become necessary during my treatment. I have listed below any procedures that **I do not wish, without further discussion, to be carried out.**

I understand that any tissue (including blood) removed as part of the procedure or treatment will be anonymised and may be used for teaching or quality control, and stored or disposed of in a manner regulated by appropriate, ethical, legal and professional standards.

I understand that all research will be approved by a research ethics committee and undertaken in accordance with appropriate ethical, legal and professional standards.

I understand that the research may be conducted within a hospital, university, not for profit organisation or a company laboratory.

Please tick boxes to indicate you either agree/disagree to the three points below. **Yes** ☐ **No** ☐

I agree that tissue (including blood) not needed for my own diagnosis or treatment can be used for **research which may include genetic research. If you wish** to withdraw your consent for the use of your tissue (including blood) for research, please contact the Patient Advice and Liaison Service at Addenbrooke's Hospital.

I confirm that the risks, benefits and alternatives of this procedure have been discussed with me and I have read and understood the above and agree to the procedure (or course of treatment) on this form.

Patient's signature:... Date: ....

Name (PRINT): ....

If the patient is unable to sign but has indicated his/her consent, a witness should sign below. Young people may also like a parent to sign here (see guidance notes).

Witness' signature: .... Date: ....

Name (PRINT): ....

Confirmation of consent (to be completed by a health professional when the patient is admitted for the procedure, if the patient has signed the form in advance)

On behalf of the team treating the patient, I have confirmed with the patient that s/he has no further questions and wishes the procedure to go ahead.

Signature……. .... Date: ....

Name (PRINT): .... Job Title: ....