



**CESAREAN SECTION
WITH OR WITHOUT STERILIZATION**

**260-432-4400 Surgery Scheduling: ext 6304
After Hours: (260) 432-4400
Toll-free: 866-432-4400**

Patient _____ Doctor _____

Arrival Time _____ Surgery Date/Time _____

Dupont Hospital Lutheran Hospital PRMC/Parkview North Hospital

Adams County Memorial Hospital Community Memorial Hospital Paulding County Hospital

Other _____

Before Surgery

1. **You should have nothing to eat or drink after _____ (8 hours before surgery). This includes no chewing gum or sucking on mints.**
2. If you begin labor or your membranes rupture prior to your scheduled C-section, go to the birthing center at which you are planning to have your baby. The nurse will notify your physician or the doctor on call that you are there.

After Surgery

1. No driving for two weeks. You may ride in a car during this time.
2. No lifting anything heavier than your baby, no exercises and no sexual relations until after your post partum check up.
3. If not already scheduled, call the office to schedule a post partum visit _____ weeks after surgery.
4. If you have questions regarding your C-section, please notify the office, either through the internet patient portal at www.heradvantage.com or call the surgery scheduling office where you see your doctor.

Surgery and Insurance

Pre-Certification Specialist will:

1. Call your insurance company to see if prior authorization/pre-certification for medical necessity is required.
2. Provide the necessary medical information to obtain prior authorization/pre-certification. Obtaining prior authorization/pre-certification is never a guarantee of benefits or payment.

The patient should:

1. Be sure your physician and hospital/out-patient facility are participating providers in your insurance plan. If the physician or surgery facility is not a participating provider, you need to determine what your penalty is for using an out of network provider.
2. Confirm what benefits are available to you for this surgery.
3. It's best that any time you have a conversation with someone from your insurance company, record the date, the phone number you called, the name of the person with whom you spoke and what they told you.

Billing Information:

1. For surgeries that require hospital admission, companies allow a set number of days depending on diagnosis, surgery, etc. Many insurance companies review with the hospital or our office if you exceed the number of days allowed, but to be sure there are no problems, have a family member call the company and notify them if you stay longer than the assigned number of days.
2. After surgery you and/or your insurance company will be billed by our office, the hospital, the anesthesiologist, the pathologist and various other miscellaneous care providers. Your total surgery cost will be the sum of all these charges.
3. Please provide our office with a current insurance card and your charges will be filled directly with your company. We are participating providers in many insurance plans, but if there is any question about your particular plan, call your insurance company.
4. If you do not have insurance, or your insurance will not pay for your surgery, please call the insurance and billing department at 260-432-4400 to arrange a payment plan.
5. FMLA and short term disability forms will be completed for you at a nominal charge. Please contact our office at extension 6412 for any questions.

Prior to surgery day:

You will be asked to use a medicated wipe on arrival to the hospital to decrease infection.

Please do not shave any area of the body at least 2 days prior to your planned surgery date as the wipes may cause irritation to newly shaved areas.

If needed your pubic area may be clipped by staff during your preparatory time before surgery.

Admission to the Birthing Center

1. You should check in at the desk in the foyer of the birthing center. From there you will be escorted to your room; in most cases this will be the room you will remain in for your stay.
2. Blood work will be drawn after your arrival. If needed to confirm the baby's position, x-ray or ultrasound may be done.
3. You will be instructed on any pre-operative preparations that will be done by the nurse (e.g. placement of an IV in your hand or arm, etc.). Your baby's heart rate will be checked.
4. The anesthesiologist will talk to you and explain your options of anesthesia (spinal, epidural or general). Most often the spinal anesthetic is used.

Surgery Suite

1. Personnel will be wearing surgical scrubs, gowns, caps, masks and eye protection.
2. The surgery area is cool. You will be covered with surgical drapes and blankets that will keep your body temperature stable.
3. If you have spinal or epidural anesthesia, it will be administered in the operating room. The anesthesiologist will numb your lower back, insert the needle, inject the medication and remove the needle. Because the area has been numbed you are unlikely to feel the insertion of the spinal needle. Numbness of the lower body usually begins within minutes. Sedation will also be given by the anesthesiologist through your IV if needed. You may have **one** support person in the surgery room with you if you have spinal or epidural anesthesia.
4. If you have a general anesthetic, it will be started through your IV. After you are asleep, an endotracheal tube may be inserted into your throat and gas anesthesia will be used to keep you asleep. An anesthesiologist will monitor you carefully during this time. You may **not** have a support person in the room with you if you choose to have general anesthesia
5. A urinary catheter will be placed after anesthetic is started.
6. Your support person will be asked to remain outside the operating suite until after you have your anesthetic in place, then he/she will be seated near you. This person can usually remain with you during the entire time, but it is ultimately up to staff/physician discretion.
7. A NICU nurse and respiratory therapist will attend the baby after delivery. It is their decision to allow baby to remain with you or to transfer to the nursery. Most infants are stable enough to stay with mom in the recovery area and breastfeeding while there is encouraged. Staff will be able to assist you.
8. Cameras (video or still) may or may not be allowed depending on the facility.
9. Time in the operating room for a Cesarean section is approximately 1 hour.

Recovery Room

1. Your L&D nurse will be monitoring your immediate post-operative care. She will be checking your blood pressure, pulse and respirations frequently. She will check your dressing for drainage and your pad for bleeding as well as massaging the fundus (top) of the uterus.
2. Once you wake up or the spinal wears off (3 – 4 hours), you may have abdominal or back pain and can receive pain medication by injection or through a pump connected to your IV (PCA pump).
3. If you are nauseated, tell the nurse, as medication is available. If you had a general anesthesia, you may be drowsy and will drift in and out of sleep for the next hour or so. After one hour, you will be moved from the recovery room to your own room.
4. Again, if baby is with you in recovery area, you are encouraged to nurse or spend time bonding.

Post Partum Care at Home

1. Post-operatively you may be uncomfortable from the abdominal incision and may have general muscle aches and back pain. Moving may cause discomfort, but it is important that you move, cough and deep breathe when the nurse instructs you to. All these activities help prevent post-operative pneumonia and/or blood clots.
2. Your incision will be closed with metal staples, dissolvable staples or sutures. If dissolvable staples or sutures under the skin are used, you will have steri strips over your incision. You may remove these after one week. **If staples were used to close your incision, they may be removed prior to discharge and steri-strips will be applied or you may need to make an appointment to follow up at 7 days post surgery in our office for their removal.** You may shower with the steri-strips in place. Keep your incision clean by letting soapy water run over it and rinsing it well, followed by allowing it to thoroughly air dry. Steri-strips may be removed when they begin to peel or after 7 days.
3. Avoid lifting anything heavier than your baby until after your post partum check up – this includes laundry baskets, grocery sacks, children, pets, etc. Also avoid strenuous activities such as vacuuming, pushing a grocery cart, gardening, mowing the yard, shoveling snow, etc.
4. Climbing stairs should be limited for about one week. This is not dangerous but is tiring and your balance can be compromised by pain medication. Plan your activity so you are close to a bathroom and do not make unnecessary trips up and down stairs. You may go upstairs to sleep.
5. No driving for two weeks, or while you are taking prescription pain medication (whichever is longer). If at two weeks you are still tender, wait another week. You may be a passenger in a car as soon as you feel able. Please wear your seat belt.
6. Do not resume intercourse until after your post-operative appointment.
7. Do not use tampons, douches or vaginal creams (unless ordered). Use only non-deodorant pads or panty liners.
8. Showers are preferred until your vaginal bleeding has stopped and your incision is healing well (at least one week). After this time, a warm tub may help relieve those residual aches and pains.
9. It is not uncommon to have low back and/or low abdominal pain, which should gradually diminish over two to three weeks. It is permissible to use a heating pad as needed at home. If the pain increases, you are probably overdoing. Re-evaluate your daily activities, increase your rest time and concentrate on taking good care of yourself. It may take at least two months to regain all your strength. Do not be alarmed if you tire easily.
10. When you no longer need prescription pain medicine, you may use Tylenol, ES Tylenol or Ibuprofen for discomfort. Do not drink alcohol during the time you are on pain medication.
11. You need a well-balanced diet with a good intake of protein to help the healing process – this is not a time to diet. Frequent small meals may be more appealing initially.

12. Keep your bowels and bladder working well by drinking plenty of water and juices. If needed, an over the counter stool softener such as Surfak, Colace, etc. may be used daily. Stool softeners are not habit forming. Laxatives such as Milk of Magnesia or Dulcolax are appropriate for occasional use. Over the counter anti-gas medications such as Milicon, Gas X or Phazyme can be helpful, if needed.
13. It is not uncommon to experience slight, temporary hair loss following having anesthesia.
14. The typical time off work is 4 – 6 weeks, depending on the type work you do.

Cautions

Please contact the office, either through the internet patient portal or by phone, if:

1. You experience excessive bleeding, such as soaking a pad every hour or are passing clots larger than a fifty-cent piece.
2. You develop signs of infection with fever over 100 degrees, associated muscular aching, headache or general feeling of ill health.
3. The incision is excessively tender, increasingly red or swollen or draining a large amount of fluid.
4. Urinary frequency, urgency or pain persist or increase. In this situation, a urinalysis may be necessary. After having surgery and a catheter, some bladder discomfort and pressure is normal.
5. You have any foul vaginal discharge.
6. You have any excessive pain that is not getting better.

If at any time you need to call the doctor after office hours, please call the Physician's Answering Service at (260) 432-4400. They will have the doctor on call return your call. If no one calls within one half-hour, please place the call again. In case of emergency, go to the hospital emergency room approved by your insurance.