**Patient information**
**Scheduled caesarean section**

You will be welcomed at the labour ward by a midwife. Remember to bring your "Helsekort for gravide" - pregnancy health records.
If you take any medications, it is important that the medication list is updated.

**Have you been treated at a hospital outside the Nordic region, or been in a refugee camp during the last year?** If the answer is YES, contact your GP/family doctor as soon as possible to be tested for MRSA/ VRE/ESBL/. For more information about MRSA/VRE/ESBL, see [www.fhi.no](http://www.fhi.no), search for "information for patients with MRSA/VRE/ESBL " (informasjon til pasient med MRSA/VRE/ESBL)

**Before the operation**

* **Hygiene**In order to prevent infection in the operation area, you must take a shower on the day of the operation. Pay special attention to the genital area, navel, hands, and feet. Do not use body lotion. Remove all jewellery at home; nail polish must also be removed. Piercing jewellery should be removed 4 weeks before the day of the operation. To reduce the risk of infection, it is important that you don't remove pubic hair, or hair around the operation site for 4 weeks before the operation. Our personnel will aid you in necessary hair removal on the day of the operation.
* **Fasting**

It is vital that you fast so that we can give you an anaesthetic - meaning that you must not eat or smoke after midnight. You can drink water, tea, coffee, carbonated drinks, and fruit juice (without pulp) freely 06:00 on the day of the operation.

* **Enema**If you tend to be constipated we recommend that you take a “Klyx/Microlax” (small enema) the evening before the operation.
* **Klexane/Fragmin**

If you use Klexane up to 40 mg daily; Do not take Klexane on the morning of the operation day.

If you use more than 40 mg daily in your pregnancy; don’t take your evening dose the night before, neither the morning dose on the operation day.

**The day of the operation**

You will meet at the labour ward (Fødeavdelingen) 1st floor at the agreed time (this is determined during the preliminary examination). Normally you will be taken to the operating theatre between 07:45 and 11:00. The baby's father, or another person to whom you are close, can accompany you. You will be given a spinal anaesthetic (epidural or spinal block). This is best for you and your baby. It only takes a few minutes from the operation starts until the baby is born. A midwife carries the baby to a side room to dry him/her off. Shortly after you will be given your baby to hold close for skin contact as long as the baby and you are comfortable, and vital signs are normal.
The operation lasts about 45 minutes.

**After the procedure** You will stay in the recovery room (1G) for a few hours after your baby is born, normally you will have your baby with you.We wish to help you to start breastfeeding as soon as possible after the procedure. Then you will be moved to a maternity ward where you will stay for 3 days, as long as there are no complications. In the maternity ward you will most likely share a room with another woman.

During the first few days, you will need pain relief medication, which is normally given in tablet form. It is important that you get up as soon as is possible. This allows the digestive system to get going more quickly after the operation, and you will have less wind pains. It also helps prevent blood clots; you will be given blood thinner injections as well (anticoagulant).

Most women have an operation scar across the lower stomach. The skin will be stitched with a self - dissolving thread.

In addition we have applied steri-strips plaster (surgical tape). These should remain in place for about 2 weeks, or until they come loose by themselves. You can take a shower the day after the surgery.

During the first weeks, you must be careful regarding heavy lifting and carrying - meaning more than 5-10 kg, and wait a while before doing strenuous exercise. This is to allow the wound to heal, and to avoid developing a hernia.

Cleansing/bleeding is normal for 3-8 weeks after the caesarean. Avoid bathtubs, tampons, and intercourse until the wound has healed and the bleeding has ceased.

**Complications**There is risk of complications in any surgical procedure, both during and after the operation. General anaesthetic/other types of anaesthetic also involve a small risk.

* Bleeding and infection can occur. Injury to the intestines and bladder can happen, but only very rarely.
* Blood clots can occur despite we give you blood thinning medication (anticoagulant).

Contact your GP/family doctor or the emergency clinic (Legevakten) if you have a fever, heavy bleeding, or increasing pain. The same applies to swollen legs or increasing shortness of breath.

Symptoms of infection in the surgery site are: redness, tenderness, increased drainage of wound fluid and fever. If you experience these symptoms during the first weeks after returning home, it is important that you contact your doctor/the emergency clinic (Legevakten)

After approximately 4 weeks you will receive a letter from the Department for Communicable Diseases Control (Smittevernavdelingen) at the hospital. In the letter you will be asked if your surgery scar has healed well. The information you provide is treated confidentially, and is used for work in preventing infections after caesarean sections.

**Welcome to the Women's Clinic!**

Kvinneklinikken SUS, August 2023
[www.sus.no/kvinneklinkken](http://www.sus.no/kvinneklinkken)