Caesarean section – your guide to recovery

Information for patients, relatives and carers
This leaflet answers common questions about having a caesarean section. If you would like further information, or have any particular worries, please do not hesitate to ask your nurse or doctor.

In all cases, a doctor will explain the procedure to you and answer any questions you may have.

In most cases it will be possible for a friend or relative to accompany you for all or part of the procedure. Please ask your nurse or doctor.

**What is a caesarean section?**
A caesarean section is an operation to deliver your baby. Depending on the reasons for this operation, it may be planned before or around your due date, or carried out as an emergency.

During the operation a cut is made to the lower abdomen just above the pubic bone and is about 10-12cm long. It usually takes five to ten minutes to deliver the baby and then another 40-50 minutes to complete the operation. Delivery will be quicker in an emergency.

If your surgery has been planned and is uncomplicated you will be offered an ‘Enhanced Recovery Programme’ which may mean you will be ready to go home 24hrs following surgery.
The first 24 hours after a caesarean section

- We encourage early ‘skin to skin’ contact between mother and baby. Should this not be possible eg if baby needs assistance with breathing then we will try to provide this as soon as possible.

- You will be observed by your midwife until you are discharged home to ensure that you are recovering well. Initially this will be on the labour ward and then you will be transferred to the postnatal ward (5 South ward).

- You will be given support and assistance to breastfeed should you wish to.

- Pain relief will be offered to you regularly.

- You will be encouraged to get out of bed and walk around as soon as you have full sensation back in your legs (please see physiotherapy advice below for the easiest way to get out of bed).

- You can eat and drink as soon as you feel hungry or thirsty.

- A thin, flexible tube called a catheter will remain in your bladder for 12 hours. It is inserted before your caesarean section to avoid injury to the bladder during surgery. After the catheter has been removed, your first two urine samples will be collected by your midwife and measured.

This is to ensure that you are emptying your bladder as normal. You should pass urine when you feel the need to go or within four hours after the catheter has been removed. Drinking plenty of
fluids will help with this (1.5-2 litres per day if bottle feeding, 2-3 litres per day if breastfeeding).

- Once your catheter is removed, we recommend beginning the gentle abdominal and pelvic floor exercises shown below.

- After surgery, you are at an increased risk of blood clots in the legs and lungs. You will be given a daily blood thinning injection, as well as be advised to wear your compression stockings to help prevent this.

- You will have some vaginal bleeding. Use sanitary pads rather than tampons to avoid infections and tell someone if it becomes very heavy.

- It is still possible to have a vaginal birth after caesarean section for your second baby, should you wish to. Once you are pregnant for the second time, your delivery options will be discussed at your antenatal appointments.
**Getting out of bed**
The easiest way to get out of bed and protect your abdominal muscles is by bending your knees up and rolling onto your side.

Once on your side, lower your legs off the bed and push yourself up into a sitting position using your hands. You should have someone with you the first time you get out of bed. The movement may feel uncomfortable initially but it should get easier.

**Wound care**
- Unless you have a PICO dressing (stays on five to seven days), your dressing will be removed 24hrs after your caesarean section. This is best done by yourself, or with your midwife, after you have had a shower and got the
dressing wet. Once wet, the dressing should peel off easily.

- Gently clean and dry your wound daily. Have a shower and wash as normal, avoiding putting soap directly on the wound and then pat dry with a towel afterwards.

- Monitor your wound for signs of infection eg increasing pain, redness or discharge, particularly if it becomes smelly. If you have any of the above (or other) concerns about your wound after you have left hospital then please return to the labour ward on the 5th floor of the Royal Free Hospital for assessment.

- We advise you to wear loose, comfortable clothes and cotton underwear. Aim for your underwear to sit either above or below your wound to aid healing.

- You will be advised whether your stitches are dissolvable or whether your stitches/staples will need to be removed by your community midwife five days after your caesarean section.

- Your wound will eventually form a scar. It will look red and be noticeable to begin with but should fade with time.

When can I go home?
The length of time you stay in hospital after a caesarean is usually longer (an average of two to three days) than after a vaginal birth (average one to two days). However, if you are recovering well and do not have any complications, you may be able to go home sooner.

You need to have eaten and had something to drink, passed urine and wind, been able to walk around before you can be
discharged. Your baby also needs to have had a ‘top to toe’ check by a paediatrician prior to discharge.

You will need to arrange for someone to take you home as you will not be able to lift your baby into their car seat or drive.

**General advice post-caesarean section:**

- Avoid pregnancy for 12-18 months to allow the scar tissue to heal fully.

- You can resume sexual intercourse when you feel able to; please note it is possible to become pregnant 21 days after your caesarean, therefore please see your GP to discuss a reliable contraceptive method.

- We advise that you do not drive for four to six weeks. Before you start driving again, please check with your insurance company that you are covered and ensure you are safe to perform an emergency stop. Ensure that you are able to concentrate on driving without discomfort.

- Try not to lift anything heavier than your baby for six weeks. If you have a toddler you are advised not to lift them either, if at all possible. Try to encourage toddlers to climb up to you when you are sitting down or crouch down to their level when cuddling.

- If you want to cough, sneeze or laugh, lean forward and support the scar with your hands or a small towel. This should feel more comfortable for you.

- Try to avoid activities that cause strain through your tummy or lower back for the first six weeks such as vacuuming, lifting or straining on the toilet where possible.
• After six to eight weeks, if you are healing well, you can begin low impact exercises eg Pilates, yoga and swimming.

• You should wait at least 12 weeks before returning to any high impact exercise eg running, aerobics or any form of jumping (we recommend that you have full strength back in your pelvic floor first). Please note that if you are breastfeeding (or stopped less than three months ago) you are at a slightly higher risk of injury with these activities and may wish to avoid them for a little bit longer.

Talk to your midwife or GP if you experience any of the following symptoms after your caesarean section

• pain on passing urine (as this could indicate a urinary tract infection)
• leaking urine (as this could indicate a problem with your bladder or muscles)
• inability to pass urine or pushing/straining to do so
• painful, heavy and/or irregular vaginal bleeding (which could indicate inflammation of the lining of your womb)
• chest symptoms (eg cough or shortness of breath)
• leg symptoms (eg painful, swollen calf) as this could indicate a blood clot either in the lung or in the leg

Physiotherapy exercises
On the day of your caesarean and once your catheter has been removed, we would recommend you start the exercises listed below. These exercises help to strengthen your muscles, improve circulation, reduce swelling and relieve backache and should be performed for at least 12 weeks after your caesarean.
When you do these exercises, it is important not to let your tummy bulge or dome. If this happens then you should do the exercise more gently and build up the movement as you become stronger.

**Deep abdominal muscle exercise**

Your deep abdominal muscles wrap around your lower tummy and back like a corset.

Try the following two exercises to help strengthen them:

1. Place your hands on your lower tummy, gently tighten your tummy away from your hands and towards your back. Hold this for ten seconds then let go. You should be able to breathe normally whilst doing this exercise. Aim to do this exercise 10 times each and repeat it three times a day.

2. Start by lying on your back with your knees bent. Place your knees together and tighten your deep abdominal muscle (see previous exercise). Keep your tummy
muscles pulled in and your shoulders still then let your knees slowly roll to one side and then bring them back to the middle. Relax the tummy. Repeat this exercise to the other side. Aim to do this 10 times to each side and repeat it three times a day.

**Pelvic floor muscle exercise**

The pelvic floor is a group of muscles that form the base of the pelvis. These muscles are very important as they help to control our bladder and bowels, and support the vaginal walls.

To exercise the pelvic floor, tighten the muscle around the back passage and vagina as though stopping passing wind and urine at the same time. You can exercise these muscles in any position but make sure you are relaxed and comfortable.

Try the following two exercises three times a day to help strengthen your pelvic floor muscles:

1. Squeeze the muscles in and hold steady for up to ten seconds. Repeat the exercise 10 times (fully relax the muscle in between every squeeze).

2. Squeeze the muscles in, pause, then let go. Repeat the exercise 10 times (fully relax the muscle in between every squeeze).

It is common to not be able to feel your pelvic floor muscles as much after a caesarean section.

It can take 12 weeks to see the first strength changes in these muscles and six to 12 months to ensure the muscles have returned to their best. You will eventually want to practice your exercises in different positions to make the exercises harder (standing, standing with legs apart). After this, regular pelvic floor
exercise should ensure that you maintain this strength for life and help avoid any bladder and bowel concerns in the future.

Day-to-day use of your pelvic floor muscles

- your pelvic floor muscles should be relaxed for most of the day
- you should squeeze your muscles whilst you cough, sneeze, laugh, lift or if you have an urge to go to the toilet
- you should relax your muscles when on the toilet
- you may want to try a 10 second squeeze after you have finished passing urine or have opened your bowels

Further questions
If you have any new bladder or bowel symptoms after birth, please let your midwife, doctor or GP know. They may recommend that you see a specialist pelvic health physiotherapist.

The pelvic health physiotherapy service at the Royal Free Hospital covers:

- women who have delivered their baby at the Royal Free Hospital from birth until three months after delivery
- women with any bladder and bowel symptoms who are registered with a Camden GP

You can self-refer in person at the physiotherapy reception on the lower ground floor or by telephone on 020 7830 2127.

Alternatively, your GP can refer you to your local service.
More information
For more information about maternity services at the Royal Free London, please visit our website:
www.royalfree.nhs.uk/services/services-a-z/maternity-services

Your feedback
If you have any feedback on this leaflet or for a list of references for it, please email: rf.communications@nhs.net

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