

Guideline Obs 28

Division of Surgery
Directorate of Obstetrics and Gynaecology

Pre-Operative Preparation and Assessment for Elective Lower Uterine Segment Caesarean Section

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Definition

Pre-operative care is the preparation and assessment, physical and psychological of a patient before surgery (*Mallett & Dougherty 2000*).

The term “elective” indicates that the decision to deliver the baby by caesarean section has been made during pregnancy and before the onset of labour (*Bennett & Brown 1999*).

Introduction

Pre-operative care is necessary to provide the appropriate physical and psychological care to women who are having elective caesarean section. (*Mallett & Dongherly 2000*). Whilst physical preparation is routine, psychological care differs for each patient since every woman requires different levels of information and support (*Bennett & Brown 1999*).

Guidelines

1. At antenatal clinic when women are booked for elective caesarean section.
 - ◆ The indication for elective caesarean section. will be discussed with her by the consultant (or member of the team)
 - ◆ Consent will be obtained by the medical staff and the operation consent form completed.
 - ◆ M.R.S.A screening to be taken at this appointment. Patient given Information Leaflet.
 - ◆ An appointment to attend the antenatal clinic on the Friday afternoon preceding the surgery will be made for the pre-operative assessment clinic to see the Consultant Anaesthetist.
 - ◆ The patient information leaflet ‘Preparing for your Caesarean section’ will be given to the woman along with blood forms for FBC, Group and Save. The woman should be advised to have the blood tests taken prior to the appointment with the anaesthetist.

2. In the event of Dr. Foster (Consultant Anaesthetist) being on holiday another anaesthetist will cover this session. Should there be no anaesthetist available to attend the take home prescription for antacid therapy (ranitidine 150mg orally at 10pm night before surgery) will be provided and the woman will have their anaesthetic assessment on the morning of surgery.
3. If women are booked late for elective caesarean section and have missed pre-op assessment clinic e.g. booked for caesarean section. on Monday and surgery is scheduled for Wednesday the same week. As well as item (1) above, blood for FBC, Group and save will be obtained and prescription for antacid therapy (ranitidine 150mg orally at 10pm night before surgery) provided. The pre-op assessment sheet will also be completed. These women will have their anaesthetic assessment on the obstetric ward on the morning of their surgery.
4. C.T.G.'s will **not** be undertaken unless clinically indicated.

Procedure

	Action	Rationale
1.	<p>On booking the elective caesarean section the midwife will discuss the necessary pre-operative information with the woman individually and provide a copy of the patient information leaflet 'Preparing for your Caesarean Section'.</p> <ul style="list-style-type: none"> • Inform woman of the need to attend the Pre Operative assessment clinic the Friday before surgery • Nothing to eat or drink from midnight on the day of surgery. • The need for pubic hair removal. This can be done with depilatory cream or an electric shaver. It can be performed by the client at least 48hrs prior to surgery or if the patient prefers she can use the clippers on admission. 	<p>To ensure that the relevant information is received.</p> <p>To be reviewed by Consultant Anaesthetist</p> <p>To reduce the risk of regurgitation and inhalation of stomach contents on induction of anaesthetic.</p> <p>To minimise risk of infection, and ensure patient comfort when dressing is removed. Evidence has shown that hair removal within 48hrs can increase the risk of infection (Surgical Site Infection NICE guidance)</p>

	<ul style="list-style-type: none"> • Obtain MRSA swabs with consent and give information leaflet • Provide the woman with blood forms for FBC, Group and Save. Advise to have bloods obtained on the day of Pre Operative assessment. • Antacid therapy (Ranitidine 150mgs orally) to be collected from pharmacy and to be taken at 10.00 pm the night before surgery. • To attend Obstetric ward at 08.00 am on the day of surgery. 	<p>To screen for MRSA infection and treat if necessary.</p> <p>To check for the presence of anaemia. To ensure blood is available for x- matching.</p> <p>To neutralise stomach contents and assist in the prevention of acid aspiration syndrome (<i>Mendelson's Syndrome</i>).</p> <p>To prepare for surgery</p>
2.	<p>Woman attends the Pre Operative Assessment Clinic.</p> <ul style="list-style-type: none"> • Explanation of anaesthetic procedure and individual anaesthetic assessment is undertaken by Dr.Foster, Consultant Anaesthetist. • Take home antacid therapy prescription to be provided by Dr. Foster for the woman to collect from pharmacy. • MRSA screen results checked by antenatal clinic midwife. • Check if had bloods obtained for FBC, Group and Save. 	<p>To ensure relevant information is given and that the patient will be given the most suitable anaesthetic.</p> <p>To neutralise stomach contents and assist in the prevention of acid aspiration syndrome(<i>Mendelson's syndrome</i>)</p> <p>To check for current MRSA infection and treat if required.</p> <p>To ensure current haemoglobin result will be available and a valid sample is available in case of the need for x- match.</p>

3.	<p>Individual antenatal examination is performed and documented on the Pre-op assessment sheet on admission to ward. (Appendix 1).</p> <ul style="list-style-type: none"> • Temperature, Pulse, Respiratory rate, Blood Pressure, Urinalysis and presence or absence of oedema. • Abdominal examination and fetal heart auscultation. <p>Facilitation of questions and assess pre-operative education.</p>	<p>To provide data for comparison postoperatively and to check maternal wellbeing prior to surgery.</p> <p>To assess fetal well being.</p> <p>To ensure the woman understands the nature of the surgery and reduce anxiety.</p>
4.	<p>Blood results to be followed up by midwives on Maternity ward and cross matching of blood to be arranged if haemoglobin is less than 9g/dl.</p>	<p>To ensure blood is available if necessary and avoid delays.</p>

References

- Manual of Clinical Nursing Procedures 5th ed. Edited by J. Mallet and C. Bailey (2000) ch.30, p.446 – 450. Blackwell Science : Oxford.
- Mayes Midwifery. A Textbook for Midwives 12th edition. Edited by B.R. Sweet and D. Tiran (1997) chp.55, p.691 – 692
- Baiiere Tindall : London Myles Textbook for Midwives 13th edition, Edited by V.R. Bennett, L..K. Brown (1999) ch. 28, p.558
- Surgical Site Infection (Prevention and treatment of surgical site infection NICE clinical guideline 74.

Process for audit

There are no specific audit criteria for this guideline but it will be audited as required dependent on clinical indications.

APPENDIX 1

**WRIGHTINGTON, WIGAN & LEIGH NHS FOUNDATION TRUST
OBSTETRICS & GYNAECOLOGY DIRECTORATE
SURGICAL DIVISION**

PRE-OPERATIVE ASSESSMENT SHEET

NAME:	CONSULTANT:
UNIT NUMBER:	DATE OF BIRTH:

DATE OF PRE-OPERATIVE ASSESSMENT:

TIME:

ASSESSMENT UNDERTAKEN BY:

NAME:

SIGNATURE:

OBSERVATIONS: (TO BE PERFORMED ON ADMISSION TO WARD)

Temperature:

Pulse:

Blood Pressure:

Oedema:

Urinalysis:

Any history of urine or bowel problems:

Current medication:

ABDOMINAL EXAMINATION:

Fundus

Lie

Presentation

Position

Fetal Heart Rate

INVESTIGATION	DATE TAKEN	RESULT	SIGNATURE
MRSA Screening			
FBC, Group & Save		Hb: Platelets: Group: Antibodies:	
Group & Cross match if placenta praevia			

PREVIOUS HISTORY

Any history of any medical or surgical problems?

Please outline below:

TYPE OF OPERATION:

Elective Caesarean Section
Other

REASON FOR OPERATION:

DATE PLANNED:

TYPE OF ANAESTHESIA:

General
Spinal
Epidural

Any previous anaesthetic problems:

No
If yes, please indicate

Seen by Anaesthetist:

Date:

Name:

Time:

INFORMATION/EDUCATION (TO BE DISCUSSED UPON BOOKING LUSCS)

Explain forthcoming surgery
Attempt to allay fears and anxieties
Pre-op admission and any necessary preparation
Expected length of stay/visiting hours

Explanation re: Pre med i.e. Zantac
Time of admission to ward
Post. op care and expectations

Preparing for your Caesarean section leaflet given

Name:

Signature:

Any further information sought/given:

Date of admission:

Ward: