Anaesthesia for Caesarean Section
An information guide
Anaesthesia for Caesarean Section

Key points:
• One in five babies is born by caesarean section
• The most commonly used anaesthetic is spinal.
• If you have a spinal anaesthetic you are awake and can share the experience with your birth partner.
• Occasionally you may need to be put to sleep for your operation i.e. have a general anaesthetic.

Types of anaesthesia
There are two main types; you can either be awake or asleep. Most caesareans are performed under spinal anaesthesia – you are awake but sensation from the lower part of the body is numbed. It is usually safer for mother and baby and allows both you and your partner to experience the birth together.

Spinal anaesthesia
The most commonly used method is the spinal block. It may be used in planned and in most emergency sections. The nerves that carry feeling from your lower body (and messages to make your muscles move) are contained in a bag of fluid inside your spine. Local anaesthetic is put inside this bag of fluid through a very fine needle. A spinal works quickly with a small dose of anaesthetic, but only lasts for a limited period. This is usually more than enough time to complete the operation, even if there are complications.

You may have read about combined spinal-epidural or CSE. We do not routinely use these.

What are the advantages of spinal anaesthesia?
• It is usually safer for you and your baby than a general anaesthetic
• You and your partner can share in the birth
• You won’t be sleepy afterwards
• You will have better pain relief afterwards
• Your baby will be born more alert.

What are the disadvantages of spinal anaesthesia?
• Rarely the spinal may not work perfectly so a general anaesthetic is necessary. This may occur even if your tummy is numb before surgery starts
• It can make you feel dizzy or sick. This is because it can lower your blood pressure.
• It may make you feel shaky
• Rarely, it may cause tingling down one leg. Very rarely, this may last for weeks or months.
• It may cause headache in about 1 in 200 women. This will be temporary
• It may cause itch during and after the operation. This can be treated.
• It may result in tenderness in your back over the injection site for a few days. It does not cause long term backache.
• Serious complications are very rare, but include pins and needles down the leg, leg weakness and stroke.

General anaesthesia
If you have a general anaesthetic you will be asleep for the operation. This may be needed if:
• spinal anaesthesia is unsafe, for example in severe infection or if your blood cannot clot properly
• the operation is an emergency and there is not enough time for the spinal to work
• the anaesthetist is unable to place the spinal injection or if it does not work well
• the surgery is more complicated than usual.

Before the operation
You should be seen by an anaesthetist before your caesarean section. This may be in the antenatal clinic, on the morning of your surgery or, if your operation is unplanned, just before your
operation. They will check your medical history and any previous anaesthetics. They will also discuss the anaesthetic choices with you and answer any questions. We cannot guarantee that you will be able to see an anaesthetist in the antenatal clinic but they will try and meet with you then if necessary. You will be given medicine to neutralise stomach acids.

**When you come into theatre**

Equipment will be attached to measure your blood pressure, heart rate and the amount of oxygen in your blood. This does not hurt. The anaesthetist will insert a drip into your veins to give fluid during your operation. They will do this using a local anaesthetic to numb your skin.

**What will happen if I have spinal anaesthesia?**

You’ll be asked to sit or lie on your side, curling your back. The anaesthetist will paint your back with sterilising solution, which feels cold. They will then find a suitable point in the middle of the lower back and will give you a little local anaesthetic injection to numb the skin. This sometimes stings for a moment.

For a spinal, a fine needle is put into your back; this is not painful. Sometimes, you might feel a tingling going down one leg as the needle goes in, like a small electric shock. Please mention this, but it is important to keep still while the spinal is being put in. When the needle is in the right position, local anaesthetic and a pain-relieving drug will be injected and the needle removed. It usually takes just a few minutes, but if it is difficult to place the needle it may take longer. Once the injection is in you will be asked to lie on your back and the table will be tilted to the left to take the weight of the baby off your tummy.

If you already have an epidural for pain relief in labour then the anaesthetist may be able to ‘top it up’ with a stronger dose of local anaesthetic down the epidural catheter.
If the section is very urgent it may be decided that there is not enough time for the epidural to be extended and a spinal or general anaesthetic may be recommended.

As the injection starts to work your legs will begin to feel heavy and warm and may tingle. Your tummy will then feel numb as the local anaesthetic takes effect and blocks sensation to cold and pain. The anaesthetist will check how far this block has spread before the surgeon starts the operation. It is sometimes necessary to change your position to make sure the anaesthetic is working well. Your blood pressure will be taken frequently. If your blood pressure drops then you may feel sick. Mention this to the anaesthetist and he will treat it.

A screen separates you and your birth partner from the operation site. You may hear noises in the background as things are got ready. You will have a catheter inserted into your bladder and antibiotics to reduce the risk of wound infection.

During the operation you should not feel pain but will probably feel pulling or pressure. Some women describe it as like washing in a washing machine.

The anaesthetist will assess you, and if you are uncomfortable, give more pain relief. Occasionally it is necessary to give you a general anaesthetic, even if the block appeared adequate when the anaesthetist tested it before the start of the operation.

It usually takes about 10-15 minutes before the baby is delivered and another 30-60 minutes afterwards to complete the operation. There are, however, many reasons why it may take longer than this.

After your baby is born you will be given a drug called syntocinon to make the muscles of your womb tighten and reduce bleeding. You may be given a painkilling suppository in the back passage whilst you are still numb.
After the operation you will be transferred back onto your bed. If all is well you can go back to the ward. Occasionally you may remain in the labour ward for a few hours for observation. Your partner and baby can usually be with you and you can begin breastfeeding if you like.

Your anaesthetic will gradually wear off and you may feel a tingling sensation in your legs. Within a couple of hours you will be able to move again. You will be given regular painkilling tablets. If you need more pain relief, ask the midwife who will give you morphine, either as a syrup or by injection. Some ladies feel very itchy after the spinal and treatment for this is available.

The day after your operation an anaesthetist will visit you to ask for your comments and check for any problems.

**What will happen if I have general anaesthesia?**
Your partner will not be able to come into theatre with you. You will be given an antacid to drink and a catheter inserted into your bladder. The anaesthetist will give you oxygen to breathe through a facemask for a few minutes.

Once everybody is ready, the anaesthetist will give the anaesthetic into your drip and you will drift off to sleep in a few seconds. Just before you go off to sleep the anaesthetic assistant will press lightly on your neck. This is to prevent stomach fluid getting into your lungs.

When you are asleep, a tube is put into your windpipe to prevent stomach contents from entering your lungs and to allow a machine to breathe for you. The anaesthetist will continue the anaesthetic throughout the operation. At the end of the operation a pain relieving suppository may be given before you wake up.

When you wake up, your throat may feel uncomfortable from the tube and you may feel sore from the operation. You may feel sleepy and perhaps sick for a while. You will be given a patient controlled
analgesia machine which provides pain relief when you press the button. You will also be given regular tablets for pain.

You may return to the ward or remain on the labour suite for observation for a few hours. Your baby and partner can be with you and it is usually possible to start breastfeeding if you wish.

Having a baby by caesarean section is usually safe and can be a very rewarding experience. We hope that this booklet will enable you to make an informed choice for your caesarean section.

If you have any questions please ask your midwife. If you wish, you can meet with an anaesthetist in the antenatal clinic to discuss any issues.

For more information:
- NICE guidelines, intrapartum care. www.nice.org.uk/CG055
- NHS choices. www.nhs.uk

This leaflet is partly based on the Obstetric Anaesthetists’ Association “Anaesthesia for your Caesarean Section” booklet. The OAA is not responsible for the contents of the local leaflet.” Further information and references are available on www.oaa-anaes.ac.uk.

If you have a smartphone then use a QR reader or ‘Redlaser’ app from your smartphone to scan the barcode below. This will allow access to the obstetric anaesthetists association’s leaflets in English and 35 other languages.
If English is not your first language and you need help, please contact the Ethnic Health Team on 0161 627 8770.

For general enquiries please contact the Patient Advice and Liaison Service (PALS) on 0161 604 5897.

For enquiries regarding clinic appointments, clinical care and treatment please contact 0161 624 0420 and the Switchboard Operator will put you through to the correct department / service.

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