

After Cesarean Section

HOME CARE INSTRUCTIONS

Taking care of your incision

- You may shower or bathe
- You do not need to keep the incision covered, but if it is draining, a gauze bandage may protect your clothing.
- Minor drainage of clear yellow or red-yellow fluid from the incision is normal. Thick yellow drainage or reddish skin can mean you have an infection. Call your midwife.
- If the surgical staples are still in place, your midwife will remove them on Day 4 or 5.
- During the first 6 weeks after surgery, you can usually expect that your surgical scar will heal over. It will continue to soften over time and continue to fade during the next year.

Managing pain

- Pain from the incision is normal. It will vary from day to day. At first it will hurt when you move, but the pain should gradually go away over time.
- Crampy abdominal pain and bloating is common. This should also slowly improve. Eating several small meals instead of fewer large ones may help prevent bloating.
- Severe abdominal pain that does not improve over time or vomiting in addition to the pain are not normal. Call your midwife.
- You may be given a prescription for pain medicine when you leave the hospital. It is usually a narcotic such as Percocet or Tylenol 3. It is good to try Regular or Extra Strength Tylenol or an NSAID (ibuprofen for example) for minor pain and use narcotics for major pain.
- The homeopathic Arnica is useful in reducing inflammation. The recommended dose is 3 tables 3 times a day.

Activity

After the first week post birth, it is okay to walk, climb stairs, ride as a passenger in a car and do what you normally do around the house.

To allow your wound to heal better, wait 6 weeks before lifting anything that weighs over 10 pounds, except your baby of course! You can lift your baby in the car seat but best not to carry it for long periods. Avoid driving for at least 2 weeks. Pain at the

Types of Pain Medicine

Narcotics are good pain relievers, but may cause constipation. They may make you unable to think clearly, drive, or operate machinery safely. Do not take with alcohol. Do not take narcotics if you plan to drive.

Non Steroidal Anti-Inflammatory Medicines (NSAIDs) include ibuprofen, advil, and motrin, among other medicines. No effect on mental capabilities, but they can cause stomach upset or bleeding if taken for prolonged periods.

Tylenol has no effect on mental capabilities, but can cause liver damage if you take it more often than two regular strength tablets every four hours.

incision or using narcotic pain medicines may make your driving unsafe. It is normal to feel tired after major surgery let alone new motherhood, and you will probably need more sleep than usual.

Diet

You can eat the foods you normally eat if you are not on a special diet. Eating several small meals instead of fewer large ones is often better tolerated. It is important to drink plenty of fluids.

Bowel Movements

- Immediately after intestinal surgery, bowel movements may not be regular. It is common to have loose, watery stools for several days. If watery diarrhea lasts for more than a few days, call your surgeon's office.
- Fiber bulking agents (Metamucil, Citrucel) may be helpful. These products are not laxatives. They work by absorbing water into the stool to increase its bulk. They can help with loose stool as well as constipation. You must drink 6-8 glasses of water a day to allow the fiber to work in the intestine. Avoid caffeine and alcohol.
- If you have abdominal pain and bloating, nausea, vomiting, and are unable to pass gas or have bowel movements, do not wait to see if it will go away. Call your midwife.

Urinating

- A foley catheter was placed into your bladder when you had surgery; it is not unusual to have minor discomfort during urination for several days after the catheter has been removed. If this discomfort lasts longer or becomes worse, it may be a sign of infection. Call your midwife.
- Occasionally the bladder does not empty properly after surgery. This is usually a temporary problem. If you are urinating small amounts every hour or so, please call your surgeon's office. Occasionally it is necessary to place another foley catheter for a few days.

Follow up

Call you midwife if you have...

- Reddish skin around your incision or thick yellow drainage.
- Severe abdominal pain that does not improve with pain medicine, or crampy abdominal pain with vomiting.
- Fever higher than 101.5° or 38.5C.
- Have nausea or vomiting and cannot keep liquids down.
- Are unable to pass gas or have bowel movements.

You may either have to see the obstetrician at their office or possibly go to the emergency departments to be seen by the Obstetric Resident on call.

Adapted from The Learning Center. HC-0836 (12/04) Vanderbilt University Medical Center. This information is intended for education of the reader about medical conditions and current treatments. It is not a substitute for examination, and care provided by your midwife, physician, or a licensed healthcare provider.