

YOUR QUESTIONS ANSWERED

SOAP
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Information for Patients about Anesthesia for your Cesarean Delivery

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We believe it is important for pregnant women to be able to make fully informed, empowering decisions.

Every cesarean delivery (also called c-section or cesarean section) is unique.

Every institution will have its own policies and protocols. This information is to help you as a guide and should not override an institution's practices.



Why do I need anesthesia for my cesarean delivery?

A cesarean delivery (also called a “cesarean section” or “c-section”) is a surgery that involves a cut on the abdomen to deliver your baby. There are many reasons women have cesarean deliveries. Some are planned ahead of time and others need to happen urgently as an emergency. Because it is a surgery, you will need some form of anesthesia to help make you comfortable during your cesarean delivery.

What is regional anesthesia for a c-section?

Regional anesthesia is anesthesia that is used on a part or region of the body to help relieve pain or provide anesthesia for surgery. For cesarean deliveries, this means a spinal or an epidural procedure. Both spinal and epidurals are placed in your back using medications that prevent you from feeling the pain of the cesarean delivery. They allow you to be awake during the birth of your baby, and only a small amount of medicine reaches your baby.

What is the difference between a spinal and an epidural?

Both a spinal and an epidural involve placement of medication in the back, causing numbness and pain relief in the abdomen and legs. A spinal is a single injection of medication into the fluid that surrounds your spinal cord. This medicine works quickly and lasts for several hours. Because we inject the medication below where the spinal cord ends, the risk of touching the spinal cord or causing you to be paralyzed is very low. An epidural is a small tube (like an IV tube) placed in a space just outside of your spinal cord. This allows more medicine to be given at any time. Your anesthesia provider will help advise which of these types of anesthesia is best for your cesarean delivery.

What if I already have an epidural for labor pain and I need a cesarean delivery?

Many women have epidurals placed for pain relief during their labor, but not all of these women end up delivering vaginally. If you already have an epidural in place but need a cesarean delivery, your anesthesia provider can give stronger medicine through the epidural tube (like giving medicine through an IV tube) that can allow your cesarean delivery to be done safely and comfortably. Your anesthesia provider will check several times to make sure you are not feeling pain before your cesarean delivery. If the epidural is not helping enough to relieve pain and cause numbness, you may need a different type of anesthesia (another epidural or general anesthesia) to ensure safety and comfort during your surgery.



How is the anesthesia procedure done? Does it hurt? Is it dangerous to move? How long does it take?

Both the spinal and epidural procedures are similar, done with you seated on the edge of your bed or lying on your side. A small needle is used to put numbing medicine in your skin. Next, the epidural or spinal needle is used to find the correct space in your back. During the procedure, you may feel pressure or discomfort in your back. Your anesthesia provider will make sure you are comfortable throughout the procedure and will give you more numbing medicine if you need it. Small movements during one of the procedures are very unlikely to cause any harm. However, large movements can make the procedure take longer or increase the risk of complications, like a headache after the procedure. If you feel you have to move during the procedure, it is important to tell your anesthesia provider first. The risk of permanent nerve damage or paralysis is very low. The procedure usually takes about 15-20 minutes, but it can take longer if you have certain conditions like scoliosis.

Is there any reason I can't get a spinal or epidural because of my medical history or medications I take?

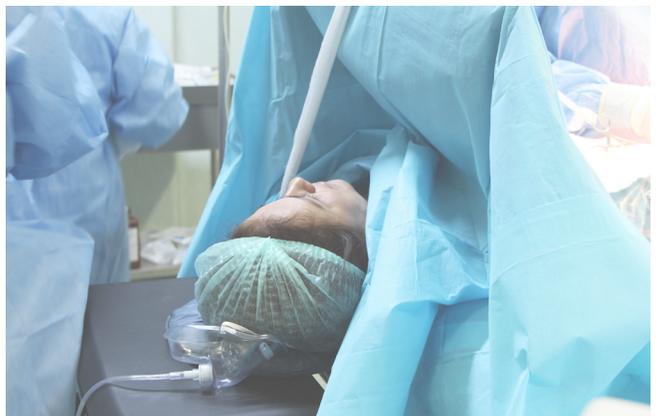
Women who take blood thinners, have a history of abnormal bleeding or certain other blood conditions may not be able to get an epidural or spinal. Sometimes the bones in your back or previous back surgeries can make spinal or epidural placement more difficult or unsafe. Your anesthesia provider will look at your medical history carefully to check if these procedures can be performed safely.

Does the anesthesia ever run out?

Spinals and epidurals are commonly used for cesarean deliveries and work for the entire surgery almost all of the time. Rarely, the medicine does not work as expected. This is one reason why an anesthesia provider will stay with you during your entire cesarean delivery to make sure you are safe and comfortable. If the spinal or epidural does not work as expected, one of these procedures may be performed, extra pain medicine may be given through your IV, or you may need general anesthesia.

Can I be asleep for my c-section?

While the birth of a child can be an exciting time for any parent, a cesarean delivery which is done in an operating room can be very stressful. Usually, a spinal or epidural is the safest type of anesthesia for you and your baby because the medicine stays almost entirely within your body and does not reach your baby. Sometimes, small amounts of medication to help with stress (being nervous or afraid) can be given to you if this feeling is very uncomfortable, but is generally avoided until after your baby is born. General anesthesia is a type of anesthesia where you are





completely asleep for surgery. This involves strong medications given through the IV and a breathing tube is placed in your throat. While general anesthesia is sometimes needed and can be performed safely, there are higher risks of complications to you and baby when compared to spinal and epidural anesthesia.

I do not want to feel anything during my cesarean delivery. Will I?

While spinal and epidural anesthesia blocks pain sensations during surgery, you may feel pressure or discomfort at different times during your cesarean delivery. Your anesthesia provider will check to make sure you are numb several times before allowing the surgery to start. Your anesthesia provider will also monitor you during your entire cesarean delivery to make sure you stay comfortable.

What happens if I feel pain during my cesarean delivery?

Occasionally, you may experience pain during your cesarean delivery. If this happens, your anesthesia provider may give medications through the IV (or your epidural if you have one). These medicines usually work within a few minutes. If they do not work, general anesthesia may be the safest option for you.

Who can be with me during my cesarean delivery?

Every hospital is different, but many will allow your partner to be with you during your cesarean delivery. They are usually allowed to be seated at the head of your operation table with you. You and your partner will not be able to see the surgery because a surgical drape will be between your head and the surgery site.

How will I get pain relief after my cesarean delivery?

Long-acting pain medication is usually given in your spinal or epidural to help with the pain after your cesarean delivery. It should help the surgical pain for the first 24 hours afterwards. It is usually given along with IV or oral pain medications.

Will anesthesia for my cesarean delivery affect my ability to breastfeed?

Almost all medicines given for anesthesia for cesarean deliveries will have no effect on your ability to breastfeed. If strong IV or oral pain medications called opioids are necessary, these medicines can be present in very small amounts in your breast milk. If opioid medicines are used, it is best to avoid breastfeeding when you are sleepy and it may be best to monitor your body after breastfeeding for any signs of extra sleepiness.

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