

Cesarean Section

HOW MUCH ACTIVITY CAN I DO AFTER SURGERY?

- No driving while taking narcotic pain medications or if you do not feel strong enough to stop the car in an emergency.
- Gradually advance your activity. You should NOT be bedridden after surgery, stairs are OK.
- Use common sense when starting an exercise routine. Start out slowly 2 weeks after surgery with walking. Strenuous activity should be avoided for 6 weeks.
- No lifting more than 10-15 pounds (the weight of the car seat) for 6 weeks

WHEN CAN I RESUME SEX?

- Intercourse should be avoided for 6 weeks to avoid a serious infection of the uterus or pelvis.
- Nothing should be placed in the vagina for 6 weeks, this includes tampons and douching.

WHEN CAN I TAKE A SHOWER?

- You may shower at any time after surgery. Tub baths should be avoided until your incision is healed and your bleeding has stopped.

HOW SHOULD I CARE FOR MY INCISIONS?

- Keep your incision clean and dry using mild soap and water. Do not scrub the incision, as too aggressive cleaning may cause it to open.
- You should keep your incision open to air or lightly covered
- A small amount of bleeding at the incision is not uncommon. If bleeding persists or you see pus draining from your incision call the office.
- Mild redness, a ridge felt under the incision, and itching are all normal parts of the healing process.

HOW LONG WILL I HAVE BLEEDING?

- Vaginal bleeding after delivery (lochia) is very normal. It will slowly decrease with time and change in color from bright red to brown to yellow. It will be the heaviest during the first 1-2 weeks but may last for up to six weeks. Call the office if you have bleeding that is heavier than a period or saturating more than 2 pads in an hour.
- Another reason to call is if you develop a bad-smelling vaginal discharge.

You will need an appointment:

- 1 week after surgery for incision check
- 6 weeks after surgery for postpartum visit

Call if you experience:

- Fever > 100.4 degrees
- Shortness of breath
- Vaginal bleeding that soaks >2 pads/hr
- Severe pain, not relieved by your pain medications
- Persistent nausea and vomiting
- Increasing pain, redness, or drainage at your incisions

Monday-Thursday 9AM-4PM call [\(907\) 586-1717](tel:9075861717)

After hours call [\(907\) 796-8913](tel:9077968913)

I HAVE CONSTIPATION, WHAT SHOULD I DO?

- Constipation can cause severe pain. Drink a lot of water and eat a high fiber diet. You may take **milk of magnesia** or **docusate** with **Senna** 2 tabs twice daily.

HOW SHOULD I MANAGE MY PAIN AFTER SURGERY?

- **Ibuprofen** 600 mg every 6 hours should be started after surgery. This should be taken every 6 hours for the first week, then on an as needed basis.
- **Hydrocodone/acetaminophen** is for break through pain. You can take 1-2 tabs every 4 hours as needed. It is best to stagger this medication with the ibuprofen so they are not taken at the same time. If you decide to take regular acetaminophen or Tylenol from over the counter, make sure you do not take more than 4,000 mg in 24 hours from all sources.
- Applying ice to the incision is generally better than heat for relieving pain and swelling.
- The "after pains" may be bothersome for first time mothers and more intense with subsequent babies, especially during breastfeeding. Ibuprofen every 6 hours will be the most effective treatment. Expect cramping to continue for the first several weeks after birth and realize that this is the body's natural way to decrease the bleeding from the uterus and the site where the placenta was attached.



3268 Hospital Drive, Suite B
Juneau, AK 99801
(P) 907-586-1717
(F) 907-586-2677

POSTOPERATIVE INSTRUCTIONS

BREASTS:

During pregnancy, your breasts prepare for lactation (milk production) and after birth hormonal changes and infant sucking trigger a surge in milk supply. Nursing on demand every one to three hours for 15 to 20 minutes on each breast should empty the breasts to prevent engorgement and provide proper nutrition and fluids for your infant. Sore nipples and engorgement are common in the early stages of breastfeeding and the most frequent causes for new mothers deciding to stop breastfeeding.

Proper positioning and latching with frequent nursing can help alleviate these temporary and uncomfortable symptoms. Call the lactation consultant at Bartlett (907) 796-8424 for advice if you are having problems. During growth spurts your infant may nurse more frequently for one to two days while the milk supply is catching up with his/her needs.

It is recommended that infants be exclusively breastfed for the first six months to provide optimal nutrition and protection against infections. Breastfeeding can also help with weight loss. When you are breastfeeding it is important to continue eating a well-balanced diet. You actually need more calories while breastfeeding than you did during your pregnancy! It is a good idea to continue your prenatal vitamins while breastfeeding as well as a lot of fluids, 64 to 100 ounces of water a day.

Non-Breastfeeding Mothers: should expect a period of engorgement treatable with form-fitting bras, ice treatments and avoiding stimulation to the breast (pumping or hot showers should be avoided). Tylenol or Ibuprofen may be taken every four to six hours for relief of symptoms. Cabbage leaves placed on your breast may also relieve your symptoms. Symptoms should resolve within 24 to 48 hours although leaking of milk may continue for days or weeks.

POSTPARTUM BLUES:

It is common to have postpartum blues. This is a normal response to many of the hormonal changes, stress and lack of sleep that go with caring for a newborn and physically recovering from the birth. Crying/weepy, sadness, anxiety and a feeling of severe vulnerability are common symptoms but should resolve within 2 weeks. Activities that can be helpful include:

- Getting more sleep (which means asking for help with your infant)
- Try to find time for your own needs, including recreation and social activities with friends, family and your partner. A short period away from infants who are requiring your constant care and attention can be very helpful.

POSTPARTUM DEPRESSION:

Postpartum depression is not uncommon and you should call your physician immediately if you find yourself in a downhill spiral marked by:

- Prolonged crying spells
- Thoughts of harming yourself, the baby or others
- Severe anxiety or panic attacks
- Inability to function or care for your newborn or yourself
- Depressive symptoms lasting longer than two weeks

Please pay attention to your symptoms. It can be helpful to seek a counselor's assistance during this time. Don't hesitate to talk to your doctor about any symptoms or scary thoughts you might be having. If you or someone you know is in crisis and needs immediate help, please call the National Suicide Prevention Hotline 24/7 at 1-800-273-8255.

FIRST MENSTRUAL CYCLE:

Will often occur within the first two months, however, you may not have periods while nursing. The first period may be heavy or prolonged.