

Postoperative Care Instructions

Caesarean Section/C-Section



The following guidelines are intended to address the most common questions we hear from patients following Caesarean Section, otherwise known as C-section, deliveries. However, every body is different, and it's important that you call with any questions.

Post-Operative Visit

Patients who delivered by Caesarean Section will need to be seen at the office approximately two weeks after delivery. If you do not already have an appointment, call our office soon after discharge to make this appointment.

Additional information regarding activity, diet, sexual intercourse, and when to return to work is below.

Activity

- Rest is essential after surgery, especially the first few weeks after delivery. You may gradually increase your activity over the next few weeks, but rest when you tire or feel discomfort.
- Walk as often as you feel able; it is an excellent way to gain strength and help bowel function. You may climb stairs, if necessary, but do so at a slow pace using a hand-rail or wall for stability.
- Do not resume any strenuous activity (lifting more than 10-15 pounds), sports or exercise until released by your provider, generally in about six weeks.
- Avoid driving for at least two weeks and until you are off all narcotic pain medication.
- Sexual intercourse can usually be resumed approximately six-to-eight weeks after delivery, depending on findings at your postpartum appointment.

At times you may become frustrated or impatient because you are not feeling as well or doing as much as you would like, but this is a normal reaction and will pass with time. Fatigue may take the longest to disappear and often takes several weeks to return to normal. Remember, everyone recovers at her own rate. Some days will be better than others. Be patient and kind to yourself. Give yourself time to regain your strength and energy. Accept help when it is offered!

Diet

- Resume a normal, well-balanced diet, as tolerated.
- It is most important to remain hydrated, so try to drink at least 8-10 glasses of water each day.
- Pain medications, if prescribed, may contribute to constipation. Try to incorporate a high-fiber diet (bran, fruit, prune juice) in addition to regular water consumption to promote normal bowel function. However, the following products may be used if you are experiencing constipation: Milk of Magnesia, Colace, Fibercon or Dulcolax.

Vaginal Discharge

Expect that you may have a bloody or colored discharge for several weeks. It is important to refrain from sexual intercourse and avoid using tampons or douching and only use pads until the discharge stops, and you are released by your provider. If bleeding becomes free-flowing, or if you are saturating a pad an hour for two or more hours, or if discharge becomes odorous, our office should be notified.

Incision Care

If staples have been used to close your incision, they will usually be removed before discharge from the hospital and steri-strips or surgical glue will be applied. You may remove bandages from your incision(s) after 24 hours. You may remove steri-strips or surgical glue when they start to peel up or flake off, usually in about a week. It is acceptable for your incision to get wet while cleaning, but other than bathing, it is important to keep your incisions clean and dry, to assure good healing. You may experience itching, bruising, a pulling sensation, and/or numbness around the incision, all of which are normal. If your incision become increasingly painful, hot, red, swollen or if you notice drainage, please call our office.

Bathing

You may shower, when you feel comfortable, but it is best to avoid baths, soaking in a tub, or swimming for at least two weeks.

Pain Management

- After delivery, expect to tire easily or have some discomfort. You may especially be sore around the incision made in your abdomen. An ice pack can help with pain and swelling, or you may also use a heating pad as needed.
- Breast swelling and tenderness is normal after delivery. You can help ease tenderness by nursing or pumping, and putting cold washcloths on your breasts between feeding. For sore or tender nipples, lanolin can be helpful after feeding. If you're not breast-feeding, wear a tight and supportive bra to help alleviate pain of engorgement.
- Non-steroidal anti-inflammatory drugs (NSAIDS) such as Ibuprofen (Motrin or Advil) or Tylenol work best to control post-operative pain. You may use these alternately with your prescription pain medication. You should be able to gradually reduce the number and frequency of narcotic pain medication, and wean off as soon as possible.
- Be aware that narcotic pain medication may impair your judgment. Do not drive while using narcotic pain medication.
- We do not fill pain medication after office hours or on weekends, so please make sure you plan ahead and call our office and speak to a Triage Nurse.

(continued care instructions on back)



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Postpartum Blues

After delivery, you may find yourself going through a roller coaster of emotions. You might feel worried, anxious, or very tired during the first few weeks after delivery. Called the “baby blues,” this comes from hormone changes. If you feel this way beyond a couple of weeks, though, call our office.

Work

Most patients recover sufficiently to return to work and resume normal activities in approximately six weeks, but complete recovery may take 8-12 weeks.

When to Call Your Doctor

If at any time advice or assistance is needed, call our office number day or night.

Call our office immediately if you experience:

- Persistent heavy bleeding (saturating a pad an hour for two or more hours)
- Foul smelling or odorous vaginal discharge
- Progressively worsening pain
- A temperature above 100.4 F
- Swelling, redness, tenderness, drainage or opening of your incisions
- Any unusual or persistent pain in the abdomen, back or legs
- Swelling in your hands, face, or eyes
- Have a headache that does not go away or becomes worse
- Vision changes, such as you cannot see for a short time, see flashing lights or spots, are sensitive to light, or have blurry vision
- If your breast(s) become red and tender, or if you develop fever/chills
- You become very sad, depressed, or withdrawn, are having feelings of harming yourself or your baby, or are having trouble caring for yourself or your baby

