 瑪麗醫院 QUEEN MARY HOSPITAL	Department of Obstetrics and Gynaecology	Document No.	OGOB0007(I)-E
		Last review date	Sept 2017
	Subject Preoperative Information Sheet for Lower Segment Caesarean Section	Next review date	Sept 2020
		Approved by	Obstetrics Team, QMH
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Department of Obstetrics & Gynaecology – The University of Hong Kong

**PREOPERATIVE INFORMATION SHEET
FOR
LOWER SEGMENT CAESAREAN SECTION**

Indication _____

Nature of operation

The procedure


- General / Regional anaesthesia
- Low horizontal/ Lower midline incision
- Peritoneal cavity entered
- Separate bladder from uterus
- Womb cavity entered by transverse incision over lower segment of womb
- Baby delivered, occasionally with the use of forceps
- Placenta removed
- Womb wound and abdominal wound closed
- Clinical photos and/or video may be taken during the operation for education or documentation purpose, please let the medical staff know if you object to this

Effects of the procedure

- Presence of abdominal wound
- Breast feeding should not be affected but initial establishment of breast feeding may be slightly more difficult than after a normal delivery
- Coitus should not be affected
- Future fertility is not affected but there are some implications to future pregnancy (see below)

Risks and complications may include, but are not limited to the followings:

- Complications related to anaesthesia
- Excessive bleeding, which may require blood transfusion (0.5%)
- Injury to neighbouring organs especially the bladder, ureter and bowel (0.1%)
- Minor skin cut to the baby (1%)
- Wet lung of baby (3-4%, higher if LSCS performed before 38 weeks)
- Wound complications (including infection, 2% and hernia)

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- Infection of the uterus (1%)
- Thromboembolic complications (< 1%)
- Retained products of gestation
- Need for further surgery such as laparotomy, suction evacuation (0.5%)
- Remote possibility of removal of womb in case of uncontrolled bleeding (0.8%)

Implications to future pregnancy

- Rate of successful vaginal delivery following one Caesarean section 72-76%
- Risk of uterine scar rupture
- A slightly higher risk of placenta praevia and placenta accrete

Repeated Caesarean section is advised if there are two previous Caesarean sections
 If you choose to have Caesarean delivery and then go into labour before the operation, your obstetrician would assess whether it is safe to proceed with the Caesarean delivery. If the baby is close to being born, it may be safer for you and the baby to have a vaginal delivery.

Alternatives to Caesarean section (if applicable) discussed:

If operation is not done, the possible consequences are as followed:

I acknowledge that the above information concerning my operation have been explained to me and discussed with me by the medical staff and I fully understand them. I have been given the opportunities to ask questions pertinent to my condition and management and satisfactory answers have been provided by medical staff.

Patient's Label

Signature _____

Date _____