

Title: Caesarean Associated Recovery Enhancement (CARE)

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Approved by:

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What is Enhanced Recovery?

Enhanced Recovery is an initiative to improve the care provided to women who are due to have a planned caesarean section

This initiative provides the opportunity for women to go home the day after a planned caesarean section. This will be known as Caesarean Associated Recovery Enhancement (CARE).

The aim of the initiative is to:-

- Improve pre-operative information
- Reduce pre-operative fasting
- Facilitate resumption of oral fluids
- Encourage early mobilisation
- Remove the urinary catheter and IV cannula the day of the surgery
- Improve women's satisfaction with post-operative analgesia
- Discharge home the day after the planned LSCS

Roles and responsibilities in relation to CARE prior to surgery

Medical Staff

- Elective Caesarean leaflet given and discussed
- Obtain consent for the operation
- Benefits and risks of surgery are discussed
- Prescribe pre-meds on outpatient prescription form (ranitidine 150mgx2 metoclopramide 10mg x1) explain the need to collect from hospital pharmacy. Explain to bring the tablets to the pre-assessment appointment
- Book appointment for pre-assessment clinic
- Ring Labour Ward to book an elective LSCS slot

Midwifery Staff pre-assessment clinic

- Ante-natal check
- Obtain MRSA groin swab if indicated
- Obtain MRSA nasal swab if not already obtained previously if indicated
- Obtain bloods for FBC/GS
- Prepare paper work
- Give time 07.30/date to attend Labour ward
- Discuss pre-operative fasting information
- Discuss birth plan

One of the main differences to our previous protocol is the pre-operative fasting instructions:

- The night before, it is recommend that a carbohydrate-rich supper (such as rice, pasta or pizza)is eaten
- At 22.00 pre-meds are to be taken (X 1 Ranitidine).
- A light diet can be eaten until 02.00 such as toast or cereal

NO MORE FOOD AFTER 0200 .CONTINUE TO DRINK WATER ONLY

At 6am on the morning of the surgery the last remaining tablets (X 1 ranitidine and X 1 Metoclopramide) is to be taken with some water, followed by a drink of ONE of the following to enhance recovery:

- BLACK TEA/COFFEE (max 400mls) + 2 SUGARS – with a SMALL amount of milk (15mls)
 - SMALL CARTON OF RIBENA (max 400mls)
 - SMALL CARTON OF CLEAR APPLE JUICE (max 400mls)
- **Following this drink continue to drink ONLY water until 06.30.**

NO MORE FOOD OR WATER AFTER 6.30am

Day of operation

The women are asked to attend Labour Ward at the given time and bring another spare drink (ONE from the list above). Should the caesarean section be delayed the woman will be advised to drink the drink. This will aid recovery. Always check with the anaesthetist before offering this drink.

Roles and responsibilities in relation to CARE following surgery

Medical Staff

- **Decide if patient suitable to have catheter removed 6 hours following surgery**
- **Decide if patient suitable for consideration for discharge the following day**
- **Document the decision on the. Sign out page in the perioperative record**

Please follow pathway below for post natal care

(Further information regarding what will happen on the day of surgery is explained in the caesarean section patient information leaflet and the Your Choice of anaesthesia leaflet. Your Choice of anaesthesia leaflet is available on line at www.oaformothers.info)

1. SUPPORTING MATERIAL

- 1.1 SharePoint guideline on LSCS
- 1.2 Bladder management flow chart
- 1.3 Post-operative analgesia management
- 1.4 Peri-operative LSCS checklist
- 1.5 CARE theatre pathway (See appendix 1)
- 1.6 CARE recovery pathway (see appendix 2)
- 1.7 CARE postnatal ward pathway (see appendix 3)

2. GUIDANCE AND ADDITIONAL INFORMATION AND REFERENCES

- I. Royal College of Obstetricians and Gynaecologists - 0207 772 6200 - <http://www.rcog.org.uk>
- II. National Institute of Clinical Excellence (NICE) www.nice.org.uk/guidance/CG132/NICEGuidance
- III. Obstetric Anaesthetists' Association - 020 8741 1311 - <http://www.oaa-anaes.ac.uk>
- IV. Royal College of Anaesthetists - www.oaformothers.info
- V. Delivering Enhanced Recovery. NHS Enhanced Recovery Partnership Programme. *DH*, London, March 2010 www.rcoa.ac.uk/erp-summary

C.A.R.E

Elective Caesarean Section Theatre Pathway

List Management - The Morning of Surgery

Encourage patients to drink clear fluids (400mls of clear apple juice, Ribena or black tea or coffee with sugar) up to 2 hours before surgery if their Caesarean section is likely to start after 10:00. Always check with anaesthetist first.

For each patient

Administer central neuraxial diamorphine by epidural or spinal

Prescribe regular analgesia

As per post-operative analgesia guidelines (double click icon to open)



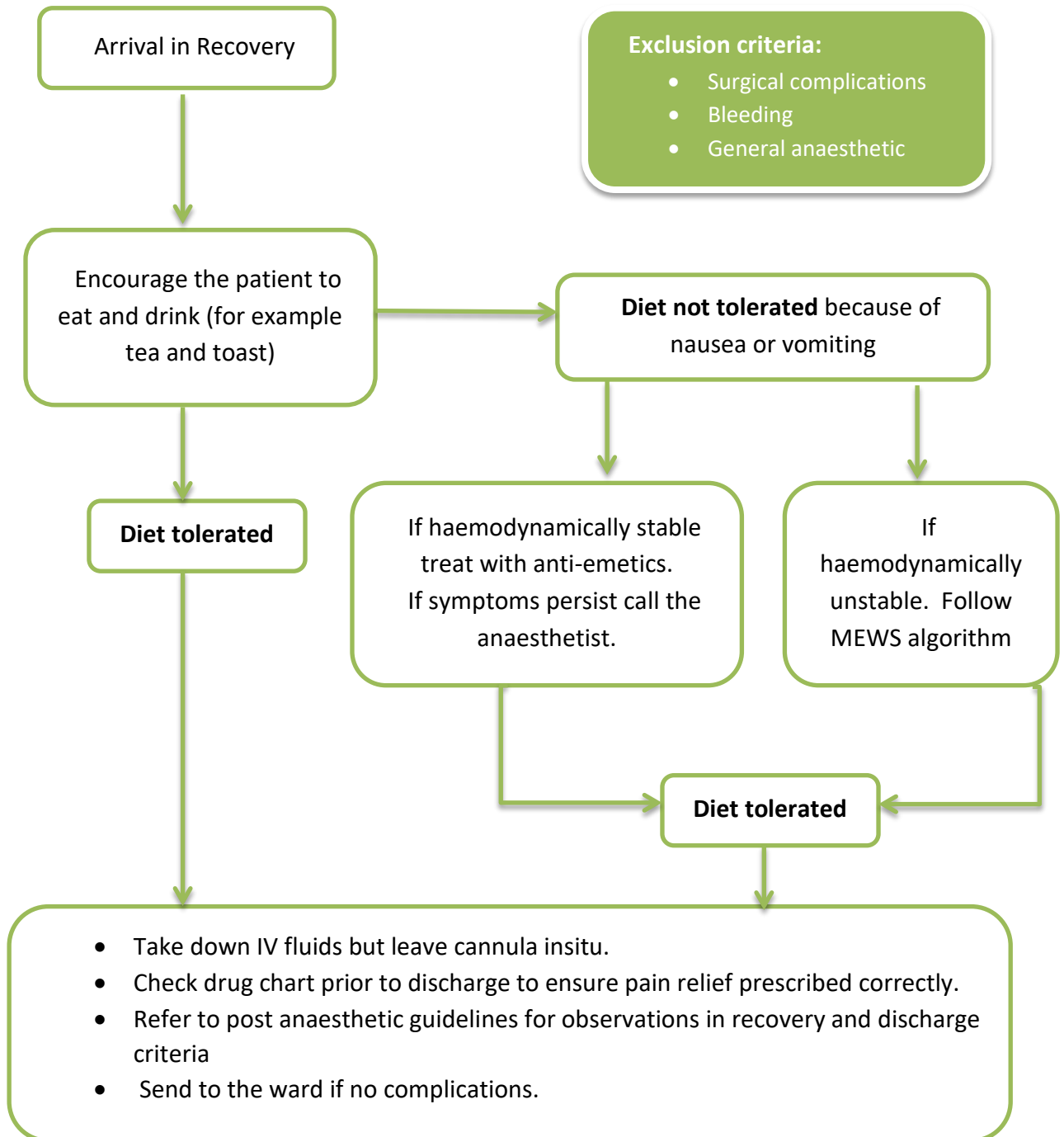
Post Operative
Analgesia in Maternity

Urinary Catheter

Aim to remove catheter 6 hours from insertion

C.A.R.E

Recovery Pathway



C.A.R.E

Postnatal Pathway

Arrival on postnatal ward: Record the time in the notes

Analgesia

Follow post-operative analgesia guidelines (double click icon to open)



Post Operative
Analgesia in Maternity

Mobilisation

Encourage all patients to mobilise with supervision as soon as possible with or without a urinary catheter

Catheter removal 6 hours from insertion

Follow guideline for bladder management plan after delivery
(See flowchart on next page)

Remove cannula

Thromboprophylaxis refer to VTE guideline

Prior to discharge, ensure women have been taught how to self-administer low molecular weight heparin

Guideline for Bladder Management Plan after Delivery (Catheter in-situ)

