Planned caesarean section

01 What is it?

A caesarean section allows the baby to be delivered through an incision in the abdomen and the uterus. Here, it is planned in advance.

This sheet, given to you by Dr Gatri, is intended to supplement the explanations given during your consultation. Do not hesitate to ask her if you have any questions.

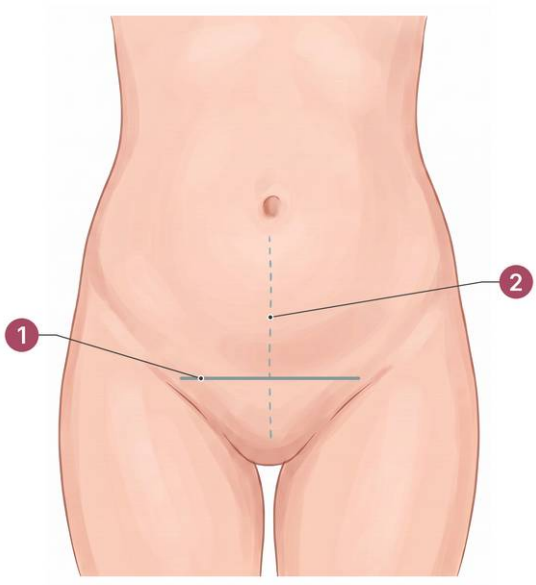

FIGURE 1 — Opening the abdomen (diagram, front view).

1. Usually: horizontal
2. Sometimes: vertical

Front view: the right of the image is the patient's left side.

Diagram Wagram Clinic, 2026.

This sheet is based on the patient information sheet of the CNGOF "Césarienne programmée" (2017), adapted to the practice of the clinic.

02 Why this procedure?

A caesarean section is proposed when conditions in the mother or the child are not favourable for a vaginal birth. Your doctor has explained to you orally the reasons for it, its benefits and its drawbacks.

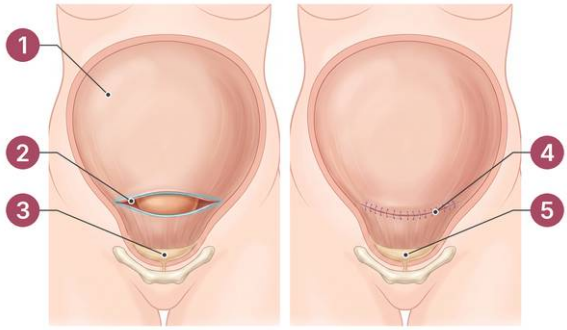

FIGURE 2 — Opening the uterus, then closing it with stitches (diagram, front view).

1. Wall of the uterus
2. Opening the uterus allows the baby to be born
3. Bladder
4. Closed with stitches
5. Bladder

Left: the opening; right: the closure. In blue-green: the edge of the opening.

Front view: the right of the image is the patient's left side.

Diagram Wagram Clinic, 2026.

03 How does the procedure take place?

The operation is performed under regional anaesthesia (epidural or spinal). It lasts about 45 minutes to 1 hour.

The abdomen is usually opened through a horizontal incision; a vertical incision is sometimes preferable, because of your history or particular circumstances. Opening the uterus allows the baby to be born; the baby is handed to the midwife or paediatrician. The walls of the uterus and abdomen are then closed with stitches.

04 What the procedure does not guarantee

Recovery after a caesarean section and the hospital stay are a little longer than after a vaginal birth. However, you will be able to breastfeed and care for your baby as after a normal birth.

05 Risks and complications

A caesarean section is a common operation, which is straightforward in most cases.

During the operation, exceptionally, organs near the uterus may be injured (bladder, urinary tract, bowel, blood vessels) and require specific surgical management. In the exceptional case of life-threatening bleeding from the uterus, a transfusion of blood or blood products may be needed. If medical and surgical treatments for the bleeding are ineffective, it may very exceptionally be necessary to remove the uterus (hysterectomy) to stop the bleeding.

After the operation, the first 24 hours are often painful and require painkillers. A haematoma or an infection (abscess) of the scar may occur; simple local care is usually enough. A urinary infection is not uncommon and is usually mild.

Except in particular cases, an anticoagulant treatment is prescribed during the hospital stay to reduce the risk of phlebitis (a clot in a vein of the legs) or pulmonary embolism; it may be continued for some time.

Exceptionally, severe bleeding or a severe infection may occur in the following days and require specific treatment, or even a further operation.

As with any surgery, a caesarean section may very exceptionally involve a risk to life or serious after-effects.

06 Alternatives

A caesarean section is proposed when a vaginal birth is not favourable, for you or for your baby; the reasons for this choice are discussed with your doctor.

A caesarean section does not prevent you from having other pregnancies. Except in certain cases, a vaginal birth can most often be considered for subsequent pregnancies.

07 Contraindications

Certain risks may be increased by your condition, your history or a treatment taken before the operation. It is essential to inform the doctor of your history (personal and family) and of all the treatments and medicines you are taking, as well as any allergies.

Smoking increases the risk of complications of any surgery; stopping 6 to 8 weeks before the operation removes this additional risk. If you smoke, talk to your doctor, your surgeon and your anaesthetist, or call Tabac Info Service on 3989.

08 Before the procedure

A pre-anaesthetic consultation is always carried out before any operation.

In most cases, you will be admitted to hospital the day before the caesarean section.

You must fast for 8 hours before the operation.

After any premedication, you will be taken to the operating theatre. A final obstetric examination is generally carried out before the anaesthesia. A drip will be set up, then the anaesthesia given.

09 After the procedure and your instructions

You will be monitored for a few hours in the recovery room or the delivery room before returning to your room.

A urinary catheter and the drip usually stay in place for the first 24 hours, rarely longer. A small drain is sometimes left for a few days under the wall of the abdomen. An anticoagulant treatment may be started.

You stay in hospital for 4 days after the caesarean section.

Moderate vaginal bleeding is normal after the operation and may last up to 3 weeks. It is recommended to wait until the bleeding has stopped before resuming sexual intercourse.

Showers are possible a few days after the operation; wait 3 weeks before taking a bath.

10 When to seek medical advice without delay

Once you are back home, if pain, bleeding, vomiting, fever, pain in the calves or any other abnormality appears, it is essential to inform your doctor.

The follow-up consultation takes place 3 to 4 weeks after the operation.

It is wise to wait a year before starting a new pregnancy.

11 Your questions for Dr Gatri

This information sheet probably cannot answer all your questions. In any case, do not hesitate to ask your doctor any question that comes to mind, either orally or in writing.