

**Title: Caesarean Associated Recovery Enhancement (CARE)**

**Authors:** Elaine Appleby - Amanda Wilson-Thompson

**Approved by:** O&G CGCG 28.4.14

**Review date:** 28.4.16

**Version:** 2

Minor changes only 7.5.14

## **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. Although obstetric enhanced recovery is new to Bradford Royal Infirmary Women's and Newborn Unit, similar initiatives have been successfully introduced in other parts of the UK.

This initiative is to provide a choice for women to go home after 24 hours following a planned caesarean section who fit the criteria and who actively want to participate in their own recovery process. This will be known as Caesarean Associated Recovery Enhancement (CARE)

### **CARE exclusion criteria**

- . Expected high blood loss at LSCS
- . Expected GA at LSCS (e.g. patient request or unable to have spinal)
- . Patient doesn't wish to have Enhanced Recovery
- . Foetal abnormalities
- . Planned delivery <37wks
- . Maternal medical problems e.g.
  - Moderate/severe PET or PIH
  - Poorly controlled epilepsy
  - Cardiac disease
  - Diabetes – excluding diet control
  - Any condition likely to require prolonged post-op stay in hospital
- . More than 2 previous LSCS
- . Previous other major uterine/abdominal surgery (i.e. likely to increase operating time or risk of complications)
- . Placenta praevia or other uteroplacental abnormality (i.e. likely to increase op time or complications)
- . BMI >37
- . Anaemia <100
- . Multiple pregnancy
- . Gold star patient
- . One-stop patient

#### **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**

##### **Medical Staff**

- Ensure women fit the enhanced recovery criteria as above
- Enhanced recovery 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 Enhanced Recovery LSCS slot

#### **Midwifery Staff pre-assessment clinic**

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

One of the main differences is the pre-operative fasting instructions:

- The night before, it is recommended 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.

(Information regarding what will happen on the day of surgery is explained in the caesarean section patient information leaflet, the CARE leaflet and the Your Choice of anaesthesia leaflet. Your Choice of anaesthesia leaflet is available on line at [www.oaaformothers.info](http://www.oaaformothers.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](http://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](http://www.oaformothers.info)
- V. Delivering Enhanced Recovery. NHS Enhanced Recovery Partnership Programme. *DH*, London, March 2010 [www.rcoa.ac.uk/erp-summary](http://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)



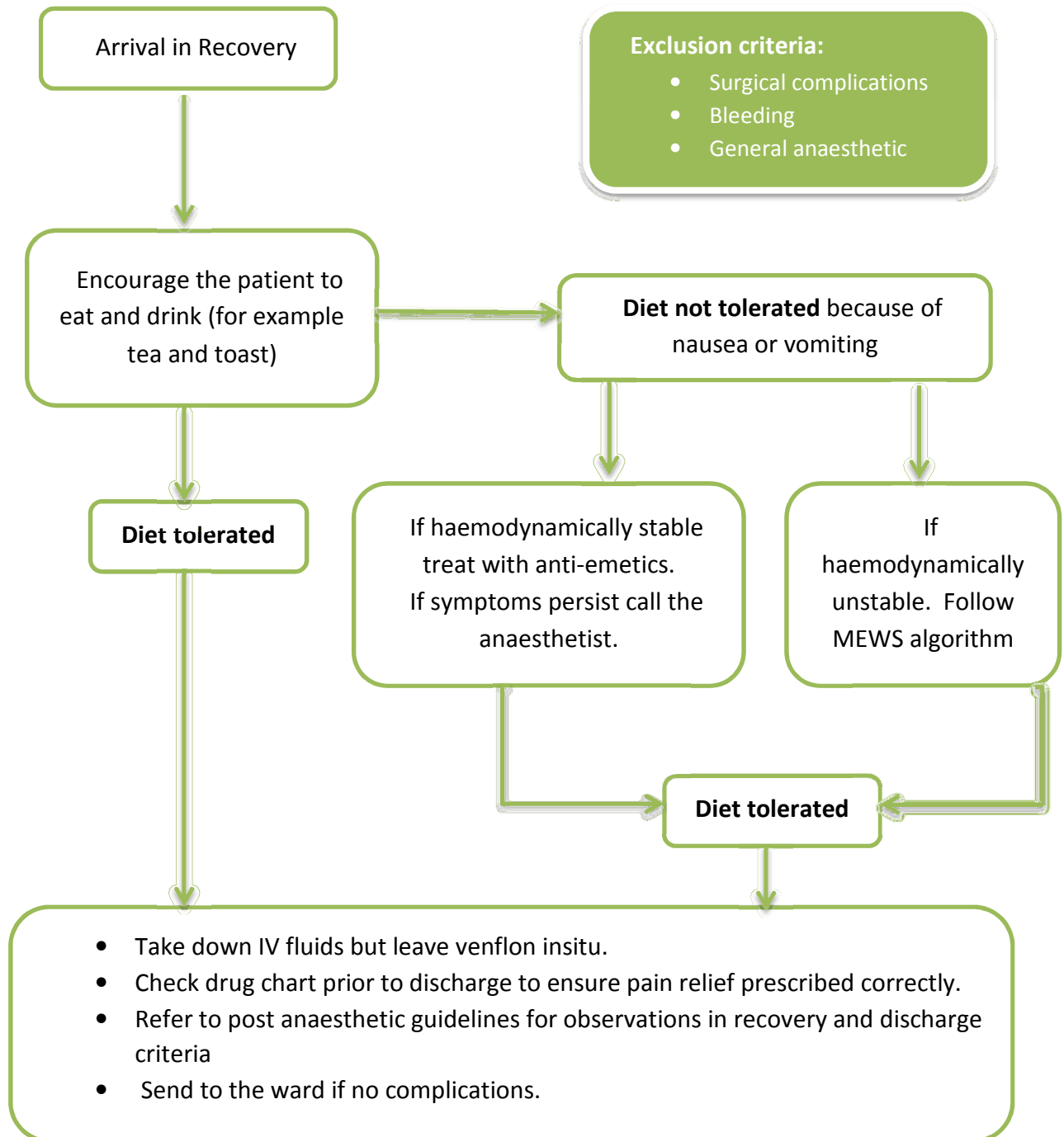
Post Operative  
Analgesia in Maternity

### 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)



### **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 venflon

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)**

