

Surgery During Pregnancy

Is surgery during pregnancy safe?

Surgery during pregnancy does come with risks to you and to your baby. These risks vary depending on the type of surgery, on your health, and on the health and age of your unborn baby. Your doctor will explain the risks that apply to your situation, as well as the potential benefits of having surgery. Keep in mind that:

- Surgery is usually safest during the second trimester. During this time, the risk of miscarriage or preterm labor is less than at other times in your pregnancy.
- Surgery during pregnancy is not unusual. Each year, approximately 75,000 women in the U.S. have surgery during their pregnancies.
- The anesthesia used for surgery does not cause birth defects. Anesthesia is the medicine used to block pain and keep your body still during surgery.
- Your medical team will include experts in surgery, obstetrics (pregnancy and childbirth), and anesthesia. They will work together to ensure the safest possible surgery and recovery for you and your baby. Some of these measures are described in this handout.

What happens before surgery?

Preparation for surgery during pregnancy depends on the reason for surgery, whether it's an emergency, and the stage of your pregnancy. Basic steps may include:

- Talking with your doctor. Your doctor will
 explain the risks and possible benefits of surgery as
 they apply to you and to your baby. Your doctor
 will also explain your options. If you choose to have
 surgery, your surgeon will explain the surgical plan
 to you and your family.
- The team will monitor your condition and assess your baby. For example, you may have an ultrasound to check the baby's heart activity and the baby's age. The timing of this assessment depends on many factors. You might have it the day before surgery or even during surgery.
- You may be given medicine to reduce the acid in your stomach. This reduces the chance that you might breathe some of the acid contents of your stomach into your lungs during surgery. You may also be given a medicine to help prevent uterine contractions (labor contractions).



What do I need to do next?

- Discuss the risks and possible benefits, and alternatives with your doctor.
- 2 As you learn more about your specific surgery, take notes.
- 3 Ask your doctor about any questions you have.



What happens during surgery?

Your doctor will explain the process for your specific surgery, but generally, you can expect these safety measures:

- Anesthesia. Because of your pregnancy, your team may choose to use a regional anesthetic rather than a general anesthetic. (Regional anesthetic is medicine that only numbs one region of your body, instead of putting you completely asleep.) This may lessen the medicine's impact on you and your baby.
- **Positioning**. A pillow may be placed under your hip during surgery. This eases the pressure on important blood vessels and helps make sure that your baby gets enough blood and oxygen.
- Monitoring. Your medical team will pay close attention to your blood pressure and to the level of oxygen in your blood. Both of these are important in determining your baby's oxygen levels. If you're at least 24 weeks into your pregnancy, your baby's heart rate may also be monitored.

What happens after surgery?

After surgery, you'll be taken from the operating room to another area of the hospital to recover. Depending on the type of surgery you've had and the stage of your pregnancy, you may go to an obstetric area or to the regular post-surgery area.

As you recover, you can expect that you and your baby will continue to be monitored carefully. Your baby's heartbeat will be checked again. Also, since pregnant women are at risk of developing blood clots, you may be asked to wear special stockings or boots to lower this risk.

Questions for my doctor	
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*	My follow-up appointment		
	Date/Time:		
	Place:		
	Doctor:		

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