

Surgery During Pregnancy

No one expects to need surgery during a pregnancy. As you face this possibility, you probably have a lot of questions. **Talk to your doctor, read this fact sheet, and ask all of your questions.** With more information, you'll feel more comfortable with your options and with what to expect.

Is it safe?

Surgery during pregnancy does pose risks to you and to your developing baby. These risks vary. They depend on the surgery, on your health, and on the health and age of your unborn baby. Your doctor will explain the risks that apply in your situation, as well as the potential benefits of having surgery. Some facts to keep in mind:

- In general, surgery is 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 uncommon. Each year, approximately 75,000 women in the United States have surgery during their pregnancies.
- The anesthesia used for surgery does not cause birth defects. (Anesthesia is the medication used to block sensation 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.
- Your medical team will take special measures to care for you and your baby before, during, and after the surgery. Some of these measures are discussed below.



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 for you and your medical team may include:

- **Discussion**. You'll talk 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.
- **Monitoring**. In addition to monitoring your condition, the team will assess your baby. For example, you may have an ultrasound to check the baby's heart activity and gauge 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.
- Medication. Before surgery, you may be given medication to reduce the acid in your stomach.
 You may also be given a medication to help prevent uterine contractions (labor contractions).

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 prefer to use a regional anesthetic rather than a general anesthetic. (In other words, they may use medication only to numb one region of your body, rather than put you completely asleep.) This may lessen the medication's impact on you and your baby.
- **Positioning**. On the operating table, a pillow may be placed under your hip. This eases the pressure on important blood vessels, and helps make sure that your baby gets enough blood and oxygen.
- Monitoring. During the surgery, 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 necessary and if you're at least 24 weeks into your pregnancy, your baby's heart rate will also be monitored.

What happens after surgery?

When your surgery is over, 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 "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 for developing blood clots, you may be asked to wear special stockings or boots to lower this risk.

Notes

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