

Patient FAQs

Lower Segment Cesarean Section



TREE TOP
HOSPITAL

A Lower Segment Cesarean Section (LSCS) is a surgical procedure in which a baby is delivered through a transverse incision made in the lower uterine segment, just above the attachment of the bladder. LSCS is the most common type of cesarean section, favored for its lower blood loss and efficient healing compared to classical (vertical) incisions.

1 Why Is LSCS Performed?

- Fetal distress indicated by abnormal heart rate patterns
- Abnormal fetal presentation (breech or transverse lie)
- Placenta previa blocking the cervix
- Cephalopelvic disproportion (baby too large or maternal pelvis too small)
- Multiple pregnancies (twins, triplets)
- History of previous cesarean section
- Maternal health conditions (e.g., cardiac disease, active genital herpes)
- Umbilical cord complications (prolapse or compression)
- Prolonged or stalled labor (labor dystocia)

2 How Is the Procedure Performed?



Pre-operative preparation

*Consent forms, fasting guidelines, preoperative antiseptic shower
Intravenous line insertion, bladder catheterization, and monitoring of vital signs*



Anesthesia

Spinal or epidural block is most common; general anesthesia may be used in emergencies



Incision

A horizontal (Pfannenstiel) skin incision is made just above the pubic hairline

A transverse uterine incision is then created in the lower uterine segment



Delivery

Amniotic fluid is drained, the baby is gently extracted, the umbilical cord is clamped and cut, and the placenta is removed



Closure

Uterine incision is sutured, followed by closure of the abdominal wall in layers

3 What Types of Anesthesia Are Used?

- **Spinal anesthesia**
Single injection into the lower back, numbing from chest down.
- **Epidural anesthesia**
Catheter-based injection for continuous pain control.
- **General anesthesia**
Reserved for urgent scenarios when rapid delivery is essential.

4 How Long Does LSCS Take?

The entire procedure typically lasts **45 - 60 minutes**.
The actual delivery of the baby usually takes 10 - 15 minutes in a planned LSCS, and even less in emergency situations requiring rapid access to the uterus.

5 What Are the Benefits?

- Provides a controlled environment for delivery when vaginal birth is unsafe
- Reduces maternal and fetal risk in high-risk pregnancies
- Minimizes unnecessary use of antibiotics by confirming viral or obstetric causes
- Allows prompt implementation of infection control measures in cases of maternal infection risk



6 What Are the Risks?



Infection of the incision or uterus (endometritis)



Hemorrhage or need for blood transfusion



Thromboembolic events (blood clots)



Injury to adjacent organs (bladder or bowel)



Anesthesia-related complications



Placental abnormalities (accreta, previa) in future pregnancies



Increased postoperative pain and longer recovery compared to vaginal birth

7 What Is the Recovery Process?

- Hospital stay of 2-3 days for monitoring and pain control
- Restriction of heavy lifting, driving, and strenuous activity for 4-6 weeks
- Management of pain with prescribed medications and gradual return to normal activities
- Expected lochia (vaginal discharge) for up to six weeks, with sanitary pad use only
- Early ambulation and respiratory exercises to prevent complications

8 Can I Have a Vaginal Birth After Previous Cesarean (VBAC)?

Many women with a prior low transverse LSCS incision can safely attempt VBAC if:

- There is no contraindicating uterine scar (e.g., classical incision)
- The pelvis is adequate for vaginal delivery
- There are no other obstetric risks such as placenta previa or multiple gestation
- Labor progresses normally without fetal distress or labor dystocia
- They have had only one previous cesarean; after two or more, future deliveries are typically done by cesarean for safety

9 How Should I Prepare for LSCS?



Attend a preoperative consultation to understand indications, risks, and anesthesia options



Follow fasting instructions (no food or drink 6-8 hours before surgery)



Shower with antiseptic soap the night before or morning of surgery



Pack essentials for a short hospital stay (comfortable clothes, toiletries, baby items)



Arrange support at home for childcare and household tasks during recovery

When to Contact Your Doctor

- Fever above 38 °C or chills
- Redness, swelling, foul-smelling discharge, or pus at the incision site
- Heavy vaginal bleeding or sudden increase in lochia
- Severe abdominal pain unrelieved by prescribed medications
- Shortness of breath, chest pain, or leg swelling (possible thromboembolism)

Quick Reference Table

Topic	Key Points
Indications	Fetal distress, breech, previa, CPD, multiple gestation, prior LSCS
Anesthesia	Spinal, epidural, or general
Duration	45 – 60 min total; delivery in 10–15 min
Hospital Stay	2 – 3 days
Full Recovery	4 – 6 weeks
VBAC Eligibility	Low transverse incision, adequate pelvis, no other obstetric risks
Red Flags	Fever, wound infection, heavy bleeding, thromboembolic symptoms



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