



YOUR QUESTIONS ANSWERED

SOAP
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Non-Obstetric Surgery

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WHAT IS NON-OBSTETRIC SURGERY?

Non-obstetric surgery is any surgery or procedure performed during pregnancy that is not related to the pregnancy.

About 1 in 100 pregnant patients will need surgery during their pregnancy. The most common reasons are conditions like appendicitis or gallbladder inflammation.

You should always receive a necessary surgery, regardless of your trimester.

Elective surgeries, like cosmetic or non-emergency procedures that can wait, are usually delayed for at least 6-8 weeks after childbirth.

Pregnant patients and babies usually have good outcomes after surgery during pregnancy.

WHEN WILL I HAVE MY SURGERY?

If your surgery is an emergency, you need to have your surgery right away.

If the problem is not an emergency, but cannot wait until after your delivery, your surgery will ideally be scheduled during the second trimester, since this is when the risks of miscarriage, preterm labor, and premature delivery are lowest.

Surgery in the first trimester (from conception until 12 weeks of pregnancy) is avoided when possible due to a small increase in the risk of miscarriage and because this is the period when your baby's organs are being formed.

In the third trimester (28-40 weeks of pregnancy), there is a risk of going into labor and the chance of premature delivery increases.

Regardless of when in your pregnancy you are having surgery, your anesthesia team will be focused on keeping you and your baby safe.

WHAT ANESTHESIA WILL I HAVE?

Depending on the type of surgery, you may be awake or may need to go to sleep.

If the surgery is on one of your limbs, or on the lower part of your belly, you may be able to get numbing medication to make those parts of your body numb. Those types of anesthesia are known as nerve blocks, spinal, or epidural anesthesia. Spinal and epidural anesthesia require an injection in the lower back – this is like the anesthesia used in childbirth. The medications given for nerve blocks, spinals, and epidurals are safe for you both you and your baby.

If you need general anesthesia (where you are completely asleep), most anesthesia medications are safe for you and your baby. Your anesthesia provider will talk with you and decide which medications are best for you and your baby based on your medical history. You may be given medications by mouth or in your intravenous (IV) catheter before you go to sleep. The most common medications given before surgery can help calm your nerves, help with pain, or decrease the acid in your stomach.

Your anesthesia team will monitor you closely during your surgery to keep you safe and comfortable.

HOW WILL MY BABY BE MONITORED?

In early pregnancy, you will have a fetal heart rate checked before and after surgery.

In later pregnancy, you will usually have both a fetal heart rate checked and monitoring for uterine contractions before and after surgery.

Sometimes, monitoring of your baby will happen during the operation. This decision depends on how many weeks pregnant you are, the type of surgery you are having, and the type of obstetric and newborn baby specialists available.

WHAT ELSE SHOULD I EXPECT?

In most cases, you will have compression (squeezing) devices on your legs during surgery, and sometimes you will get an injection before (and sometimes after) surgery to decrease the risk of blood clots.

Depending on how many weeks pregnant you are, and your specific medical situation, your doctor may talk to you about steroid injections that help with fetal lung development.

The length of time you have to stay in the hospital after your surgery will depend on your specific situation.
