Use of main theatres for urgent obstetric surgical cases when delivery suite theatre is busy

Standard Operating Procedure

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Approved by	**Maternity Governance Meeting**
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Aim and scope of Standard Operating Procedure

To provide operational guidance on management of cases where surgical intervention is necessary but obstetric theatres are busy.

Target Staff Categories

All Maternity Staff

Key amendments to this Standard Operating Procedure

Date	Amendment	Approved by:
17th Jan 2020	Updated document	Maternity Governance Meeting
November 2023	Guideline Review – updated times for elective LSCS lists.	MGM

Introduction

Most of the obstetric emergencies requiring surgical intervention are operated upon in obstetric theatres. In a situation when obstetric theatre is in use main OT may need to be used in urgent cases (see below).

Main OT is not an alternative to an obstetric theatres and it should not be used as a second obstetric theatre for elective/ semi-emergency cases.

Using main operating theatres (OT) for urgent obstetric surgical cases when delivery suite theatre is busy

- Most of the obstetric emergencies requiring surgical intervention are operated upon in obstetric theatres. From Monday-Thursday 08:00-18:00 when Elective Lists are in progress the Intervention Room will be staffed by scrub/circulating staff and by anaesthetics/recovery staff in order to reduce the likelihood of urgent cases needing to be transferred to Main Theatre.

- In a situation when obstetric theatre is in use and staff are unavailable for the Intervention Room main OT (mainly CEPOD) may need to be used in urgent cases (see below).

- Obstetric staff should make every effort to continually review and prioritize the cases in delivery suite to avoid a situation in which a less urgent case is taken to obstetric theatre (e.g. emergency CS for prolonged labour stage) when another urgent surgical intervention is suspected or imminent within next 45 minutes (e.g. labouring women with pathological CTG and borderline normal FBS).

- Good communication is vital for arranging OT for emergency obstetric use. The pathway in appendix 1 - explains the process of arranging for OT and theatre team in such a case.

- Senior obstetric and anaesthetic staff should be alerted sooner than later.

- All main theatres are mainly in use during working hours and though OT space may be available out of hours staff need to confirm it is functional and safe before use. In addition arranging an alternate theatre team and other relevant staff can be a time consuming process both during and out of working hour.

Indications for using main OT for obstetric cases:

1. For category 1 caesarean sections (CS) when obstetric theatre is in use and or cannot be made ready to use within next 10 minutes.

2. For clinical conditions/ complications requiring urgent surgical intervention when obstetric theatre is in use and or cannot be made ready to use within next 10 minutes e.g. surgical explorations (EUA / repair in cases of ongoing PPH / urgent exploratory laparotomy).

3. For evacuation of retained products of conception.

4. For EUA / resuturing of gaped caesarean section / episiotomy wound.

5. For a specific case where it was pre-planned (after a multidisciplinary team meeting involving the main theatre team) to be performed in main theatres due to certain clinical conditions.

**Preferred Operating Theatre for 1 & most of 2 is obstetric theatre (WRH)*
Preferred operating theatres for 3-5 and some of 2 is main OT (WRH)

Pathway for arranging a non-obstetric operating theatre (OT) for an urgent obstetric surgical case when delivery suite theatre is busy

A - What are the urgent obstetric surgical cases?

- Category 1 CS
- Category 1 Clinical Condition

Category 1 CS (When there is immediate threat to life of woman or fetus).
Target decision to delivery interval (DDI) for category 1 CS is 30 minutes however:

- certain clinical situations will require a much quicker DDI than 30 minutes and units should work towards improving their efficiency
- undue haste to achieve a short DDI can introduce its own risk, both surgical and anaesthetic, with the potential for maternal and neonatal harm.

Category 1 Clinical condition (when there is immediate threat to life of a women)

These are the clinical conditions/ complications requiring urgent surgical intervention e.g. EUA & cervical / perineal tear repair / in cases of ongoing PPH, urgent exploratory laparotomy if internal bleeding suspected.

B - What are the requirements for performing an urgent obstetric surgical case in non-obstetric theatre:

Operating Theatre
Anaesthetist
Anaesthetic Assistant
Scrub practitioner
Circulating Practitioner
Surgeon Obstetrician & assistant
Midwife (with the exception of postnatal cases)

It is the responsibility of the obstetrician who decides to perform the CS to ensure that the section can be performed in a place of safety with the above requirements met. This can be delegated to the Band 7 midwife/delivery suite co-ordinator but the line of communication and responsibility must be made very clear

C - How to arrange a non-obstetric theatre for an urgent obstetric surgical case?

(Follow flow charts Appendix 1)

In hours:

- Phone **main theatre** Ext. 30243 / 39246 This is the reception desk number. Say that you have an urgent CS to perform and need to use an operating theatre together with an anaesthetic assistant. You will need to liaise with the theatre manager or the scrub co-ordinator to confirm availability of a theatre.
- Clarify whether a scrub midwife is available or the theatre has to provide scrub staff.
- Inform the anaesthetist bleep 701
- Remember that all main theatres may be busy, in which case the consultant obstetrician should be informed who should review the clinical situation regarding the urgency of caesarean section.

Out of hours:

- Call **Theatres** Ext. 30243 / 39246. There may be a delay in replying if there is an emergency case being operated on. Explain the need for a theatre for an emergency section (This may take at least 5 minutes)
- If theatres are busy and by definition maternity theatre is busy, then there is no **anaesthetic assistant** available. There are no on-call staff.

- Inform **anaesthetist** bleep 701 It is the obstetric anaesthetist responsibility to contact another competent anaesthetist to do the second case (This may take at least 15 minutes up to 40 minutes if an anaesthetist is called from home.)
- The patient can be moved to the nominated theatre, but anaesthetising CANNOT take place until a competent anaesthetist and anaesthetic assistant are available.
- This whole process can take approximately up to one hour from decision making before the baby is delivered.
- If main theatre/ CEPOD is busy a scrub and circulating practitioner will need to be provided by the maternity department as main theatres do not have on call scrub staff.
- The theatre staff should consider coming down to intervention room rather than shifting the patient upstairs to CEPOD theatre. This should be organised by the Delivery Suite Co-ordinator.

Remember this will be a dynamic and complex situation, reassessment of the urgency and availability of the obstetric theatre may be necessary.

Appendix 1
How to arrange main theatre for an urgent obstetric surgical case at Worcestershire Royal Hospital

- Obstetric Theatre busy
- Category 1 CS / Clinical situation requiring operation theatre

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- Call theatres Ext. 30243 / 39246
- Speak to theatre manager or the scrub co-ordinator to confirm availability of a theatre.
- Clearly explain the need for urgent theatre requirement

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In Hours

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Clearly say that you need
- operating theatre
- An anaesthetic assistant.
- Clarify whether a scrub midwife is available or the theatre has to provide scrub staff.

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- Inform obstetric anaesthetist 701
- Obstetric anaesthetist to contact another competent anaesthetist to do the second case.

Out of Hours/ Weekends
- There may be a delay in replying if there is an emergency case being operated on.

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Clearly say that you need
- operating theatre
- an anaesthetic assistant
- If main theatre/ CEPOD is busy a scrub and circulating practitioner will need to be provided by the maternity department as main theatres do not have on call scrub staff.

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- Inform obstetric anaesthetist bleep 701.
- Obstetric anaesthetist to contact another competent anaesthetist to do the second case. (This may take at least 15 minutes up to 40 minutes if an anaesthetist is called from home).

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- The patient can be moved to the nominated theatre but anaesthetising CANNOT take place until a competent anaesthetist and anaesthetic assistant are available.
- This whole process can take approximately up to one hour from decision making before the baby is delivered

*If main theatres are used for any urgent obstetric surgical case due to unavailability of obstetric theatre it should be reported on Datix as an incident.