

## Patient and Carer Information

# PATIENT INFORMATION ABOUT SURGICAL MANAGEMENT OF MISCARRIAGE

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**Please read this leaflet carefully. It is important that you take note of any instructions or advice given. If you have any questions or problems that are not answered by the information here, please ask your nurse or doctor.**

## Introduction

We are sorry that you have had a miscarriage. To help you get through this difficult time, you should have already received information on different treatment options from the EPAU nurse.

This leaflet will help you to understand the process of surgical management and gives you information on the benefits and risks to help you make an informed decision.

## What is Surgical Management?

Formerly known as ERPC (evacuation of retained products of conception), it is an operation to remove the pregnancy remains from your uterus (womb) after a miscarriage has been confirmed. It is your decision whether to go ahead with the operation or not and the EPAU nurse/doctor will follow your wishes as much as possible during this difficult time for you and your family. Sometimes surgical management is recommended for specific medical reasons which will be discussed with you.

Surgery is performed under a general anaesthetic so you will not feel anything. It is usually performed on the hospital's emergency theatre list so a guaranteed time cannot be given. However most patients do not usually need to stay in hospital overnight. You should not need any follow up hospital visits after the procedure

## What are the benefits of surgery?

The aim of the procedure is to treat an incomplete or missed miscarriage, or retained placental tissue, when the woman prefers surgical as opposed to medical or natural management. Surgery is performed under a general anaesthetic so there is no pain during the procedure. For many women, the main benefit is that their miscarriage is dealt with quickly and they feel they can move on more easily.

## Are there any alternatives to surgery?

There are other alternatives to surgery:

- Expectant or natural management – this option allows nature to take its course.
- Medical management – this option involves tablets to allow your cervix (neck of womb) to open so that the pregnancy can pass through.

These options are discussed more fully in the leaflet "Patient information leaflet on treatment options for early miscarriage". You should let the EPAU staff know if you feel they may be more suitable for you.

- Surgical management under local anaesthetic – this is also known as Manual Vacuum Aspiration and avoids the need for a general anaesthetic. Further details can be found in the leaflet "Surgical Management of Miscarriage under Local Anaesthetic (MVA)"

## **What does the operation involve?**

Once the surgery has been booked, the EPAU staff will provide you with the date and time to attend either the Day Surgery Unit or Nidderdale Ward. You will have pre-operative checks performed which will include blood and urine tests. You will be asked not to eat or drink anything usually from the night before the procedure.

Once you have been admitted and prepared for theatre, a member of staff will take you to the operating theatre. The operation is performed under a general anaesthetic and usually takes between five and ten minutes. Tablets may be placed in your vagina one to two hours prior to the operation. These open the cervix (neck of the womb), making the procedure more straightforward. The doctor will place instruments in your womb through your vagina to remove the pregnancy remains. You will be given antibiotics during the operation to reduce the risk of infection.

## **Do I need Anti-D?**

If your blood group is Rhesus negative you will need anti-D to prevent antibodies developing.

## **What happens to the pregnancy remains?**

We will ask for your written permission to undertake further examination of the pregnancy remains to ensure that there are no abnormalities. The permission also includes what options you wish to arrange for disposal of the pregnancy remains.

If you have had 3 consecutive miscarriages a follow up appointment after 8 weeks will be arranged. You will be offered further tests to try and establish the reason for your miscarriage.

## **What complications can happen?**

The doctor will try to make your operation as safe as possible. However, as with any surgery, complications can happen. Some of these can be serious and can even cause death. You should ask your doctor if there is anything you do not understand. Any numbers which relate to risk are from studies of women who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

### **1. Complications of anaesthesia**

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

### **2. General complications of any operation**

- Pain – this happens with every operation. Pain after surgical management is similar to period pain and you can usually control it with simple painkillers.
- Bleeding from the vagina. This is usually like a period and settles after one to two weeks. If the bleeding is heavy, a blood transfusion or a further operation may be needed (risk 1 – 2 in 1000).
- Infection in the womb (risk less than 3 in 100). This can be treated with antibiotics.
- Difficulty passing urine. You may need a catheter (tube) in your bladder for a day or two.

### **3. Specific complications of this operation**

- Making a hole in the womb or cervix with possible damage to a nearby structure (risk less than 5 in 1000). If this happens you may need to stay in hospital overnight for close observation in case you develop complications. You may need a further operation to repair any damage (risk less than 1 in 1000).
- Damage to the cervix (risk less than 1 in 100). This is usually only a small tear and is easily repaired with a dissolving stitch.
- An incomplete evacuation. A piece of pregnancy remains can be left inside the womb. This causes persistent bleeding and may need further treatment (risk 5 in 100).

## How soon will I recover?

- **In hospital**

After the operation you will be transferred to the recovery area and then to the ward. You should be able to go home the same day. However your doctor may recommend that you stay a little longer (risk of an overnight stay 1 in 60). If you do go home the same day a responsible adult should take you home in a car or taxi and stay with you for at least 24 hours. You should be near a telephone in case of an emergency. Please contact Nidderdale Ward on 01423 553647 should you be worried or still feel unwell.

- **Returning to normal activities**

You should not drive, operate machinery (this includes cooking) or do any potentially dangerous activities for at least 24 hours. It may take longer and you must have recovered feeling, movement and coordination. If you had a general anaesthetic or sedation, you should also not sign legal documents or drink alcohol for 24 hours. It will take three to four days before you can return to normal activities. While you are still bleeding (up to 2-3 weeks), you may be prone to infection, so you should not have sex and should use sanitary towels rather than tampons.

If you develop any problems such as flu-like symptoms, a fever, severe stomach pains or a heavy or foul-smelling discharge you should let your doctor know.

Do not drive until you are confident about controlling your vehicle and always check your insurance policy.

- **Lifestyle changes**

If you smoke, stopping smoking will improve your long term health. Try to maintain a healthy weight. You have a higher chance of developing complications if you are overweight. Regular exercise should improve your long term health.

- **The future**

There is an 80 to 85% chance you will go on to have a healthy pregnancy next time so your risk of miscarriage is not increased. We would advise waiting until your next normal period and until you both feel ready before trying for another pregnancy.

It is important to grieve and come to terms with your loss. Your general practitioner may be able to refer you to a bereavement counsellor should you need one.

**Telephone Numbers:** EPAU 01423 555373. Nidderdale Ward 01423 553647/3648

## Useful Websites

[www.miscarriageassociation.org.uk](http://www.miscarriageassociation.org.uk)

[www.earlypregnancy.org.uk](http://www.earlypregnancy.org.uk)

If you require this information in an alternative language or format (such as Braille, audiotape or large print), please contact the Early Pregnancy Assessment Unit team

If you require this information in an alternative language or format (such as Braille, audiotape or large print), please ask the staff who are looking after you.