

Surgical Management of a Miscarriage

Gynaecology

Introduction

We are very sorry that you have experienced a miscarriage.

This leaflet has been designed to support you and explain one of the options for managing your miscarriage (surgical management). Please ask a member of the team any questions you may have about the information in this leaflet.

What is surgical management of miscarriage?

Surgical management of a miscarriage is an operation performed when you have been diagnosed with a miscarriage. This is also known as an evacuation of retained products of conception.

This procedure may be performed when a pregnancy has failed to develop properly or when the fetal heartbeat has stopped. It may also be performed if you have had bleeding and there is still some pregnancy tissue remaining inside the womb.

The procedure involves dilating (opening) the neck of the womb (cervix). A small suction tube is then inserted through the cervix into the womb to gently remove any tissue inside.

This procedure takes about 10 to 15 minutes and it is performed under a general anaesthetic (you are put to sleep).

The tissue removed is sent to the laboratory to be analysed to confirm pregnancy and you will be asked to sign a consent form.

What happens about gaining my consent?

We must seek your consent for any procedure or treatment beforehand. Your doctor will explain the risks, benefits and alternatives where relevant before they ask for your consent. If you are unsure about any aspect of the procedure or treatment proposed please do not hesitate to ask for more information.

What are the benefits of having this procedure?

The aim of the procedure is to treat an incomplete or missed miscarriage, 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 may be able to move on more easily.

The prevention of infection is a major priority in all healthcare and everyone has a part to play.

- Please decontaminate your hands frequently for 20 seconds using soap and water or alcohol gel if available
- If you have symptoms of diarrhoea and/or vomiting, cough or other respiratory symptoms, a temperature or any loss of taste or smell please do not visit the hospital or any other care facility and seek advice from 111
- Keep the environment clean and tidy
- Let's work together to keep infections out of our hospitals and care homes.

Are there any risks of surgery?

All management options for miscarriage and all operations have potential risks. Surgical management of miscarriage is generally a safe procedure, but we are obliged to inform you of the possible complications.

- **Infection**
Sometimes, infection can occur and signs of this include raised temperature, offensive discharge, abdominal pain, increase in bleeding and flu-like symptoms. You should seek medical advice if you experience any of these symptoms after the operation. Treatment is with a course of antibiotics, but occasionally, you will need to be admitted back into hospital
- **Heavy bleeding**
If very heavy bleeding occurs, then you may need a blood transfusion
- **Perforation**
This is when there is unintentional damage to the womb. If this occurs, then further surgery to correct or examine any damage may be needed
- **Retained pregnancy tissue**
The aim is to remove all pregnancy tissue completely during surgery, but occasionally, the womb may not be completely emptied. This can cause prolonged and heavy bleeding. If your bleeding continues for more than 2 weeks after surgery, you should contact the Early Pregnancy Unit
- **Asherman's Syndrome**
This is a rare condition that can occur following surgery. This is when scar tissue can form, causing the front and back walls of the uterus to stick to one another. This can in very rare cases affect your ability to become pregnant again
- **Anaesthetic Risks**
The risk from having an anaesthetic is usually small, but you should be aware that all operations carry a risk of death. Deaths caused by anaesthetics are very rare. There is probably about 1 death for every 100,000 anaesthetics for every 100,000 anaesthetics given in the UK (Royal College of Anaesthetics 2017). However, the risk does increase depending on your general health and medical conditions. Each specific procedure carries an individual risk depending on many factors such as your age, size and current health. This can be discussed with your doctor.

All of the risks mentioned will be discussed with you before you agree to surgery and your questions will be answered.

Are there any alternative treatments?

Other treatment options are available and these will be discussed with you before making a decision on your treatment. These include:

- **Expectant management**
Waiting for miscarriage to occur naturally
- **Medical management**
Medication is given vaginally to induce miscarriage
- **MVA - manual vacuum aspiration**
A similar procedure to the surgical evacuation, however it is performed under a local anaesthetic, you would be awake throughout the procedure.

Please speak to a clinical nurse specialist in the Early Pregnancy Unit for more information.

The choice about which treatment is best for you will be made together with your doctor or specialist nurse. This will be based on the risks and benefits of the treatment and individual circumstances.

What preparation should I expect before surgical management of miscarriage?

Your doctor will ask you to sign a consent form to give us permission to perform surgery. This is to make sure that you understand the procedure and that you are aware of any risks associated with it. We will also ask you some questions about what you would like us to do with the pregnancy tissue when it is removed. You will be asked to sign a 'sensitive disposal' form, so that we can carry out your wishes.

We may need to perform blood tests to check that you are not anaemic and to check your blood group. You will also have some swabs taken to check for MRSA: a bacteria that can live in the nose and on the skin, that generally causes no harm. However this may need treatment prior to surgery.

What happens on the day of my operation?

Your operation will usually take place in the afternoon and you will be advised which ward to attend and the time you should arrive.

You will also be advised to stop eating and drinking before your operation and this is usually for a minimum of 6 hours. You will be informed of the precise time depending on when you are scheduled for surgery.

When you arrive onto the ward, you will be asked to confirm your consent with a doctor and the procedure will be explained to you again. You will have time to ask any further questions about the operation. An anaesthetist will also assess you before the operation and discuss the general anaesthetic with you. We will then ask you to change into a hospital gown and remove any jewellery, contact lenses, glasses or dentures.

You may need a pair of elasticated stockings (TEDS). The stockings help to prevent clots (thrombosis) in your legs. If you are required to wear these stockings, you will need to keep them on all the time you are in hospital. You will be advised how long you will need to continue to wear them once you are discharged from hospital.

A member of staff will escort you to theatre and a cannula (a small plastic tube) will be inserted into a vein to administer the general anaesthetic. The whole procedure takes approximately 10 to 15 minutes. You will wake up in the recovery area once the operation has finished. When you are fully awake, you will be escorted back to the ward.

What happens after the operation?

The nursing staff will monitor you regularly to make sure you are recovering well from the operation. You may feel a little drowsy initially. You can eat and drink when you feel well enough. It is important that you are able to pass urine after the operation and once you have done so, you will be able to go home.

If your blood group is Rhesus negative, we recommend you have an injection of 'anti-D' after your surgery. This stops you from forming antibodies, which can have consequences for future pregnancies.

What happens after I go home?

It is advised that you are escorted home and that a responsible adult stays with you overnight.

For 24 hours after a general anaesthetic, you are recommended to avoid:

- Driving
- Riding a bike
- Operating machinery
- Smoking or drinking alcohol
- Participating in any sports

- Heavy lifting
- Signing legally binding documents.

What should I expect following the procedure?

You may feel slight discomfort similar to period pain for a few days, but we will make sure you have pain relief during this time.

It is recommended you use sanitary towels and not tampons until your next period.

Your next period may be irregular, heavier, lighter or longer than usual. You should also note that it may be up to 6 weeks before you have your next period.

When can I start trying for another pregnancy again?

You can start trying for a pregnancy as soon as you feel ready. We advise waiting until after your next normal period. This will make dating your pregnancy more accurate.

Where can I get further support?

Following a miscarriage, you may feel a mixture of emotions and it is normal to feel sad and to grieve. These feelings can continue for longer than you expect them to. You may find the support groups listed at the end of this leaflet useful. You may also want to speak to your GP, who can refer you for further support or treatment.

Contact telephone Numbers

Early Pregnancy Unit

(09:00 to 17:00 Monday to Friday excluding bank holidays)

01902 694606

Early pregnancy Bereavement Nurse

(09.00 to 17.00 Monday to Friday excluding bank holidays. There is a voice mail facility.)

The Miscarriage Association

01924 200799

Website: www.miscarriageassociation.org.uk

Babyloss

www.Babyloss.com

SANDS

(Stillbirth, miscarriage and Neonatal death support)

Helpline telephone- 0808 164 3332

Helpline email-helpline@sands.org.uk

References

Royal College of Anaesthetists (2017) 5th Edition

Risks associated with your anaesthetic. Section 15: Death or Brain Damage.

NICE (National Institute For Clinical Excellence) 2019. Ectopic pregnancy and miscarriage: diagnosis and initial management.

NICE guideline. Published: 17 April 2019 www.nice.org.uk/guidance/ng126

English

If you need information in another way like easy read or a different language please let us know.

If you need an interpreter or assistance please let us know.

Lithuanian

Jeigu norėtumėte, kad informacija jums būtų pateikta kitu būdu, pavyzdžiui, supaprastinta forma ar kita kalba, prašome mums apie tai pranešti.

Jeigu jums reikia vertėjo ar kitos pagalbos, prašome mums apie tai pranešti.

Polish

Jeżeli chcieliby Państwo otrzymać te informacje w innej postaci, na przykład w wersji łatwej do czytania lub w innym języku, prosimy powiedzieć nam o tym.

Prosimy poinformować nas również, jeżeli potrzebowaliby Państwo usługi tłumaczenia ustnego lub innej pomocy.

Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਰੂਪ ਵਿਚ, ਜਿਵੇਂ ਪੜ੍ਹਨ ਵਿਚ ਆਸਾਨ ਰੂਪ ਜਾਂ ਕਿਸੇ ਦੂਜੀ ਭਾਸ਼ਾ ਵਿਚ, ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

ਜੇ ਤੁਹਾਨੂੰ ਦੁਭਾਸ਼ੀਏ ਦੀ ਜਾਂ ਸਹਾਇਤਾ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

Romanian

Dacă aveți nevoie de informații în alt format, ca de exemplu caractere ușor de citit sau altă limbă, vă rugăm să ne informați.

Dacă aveți nevoie de un interpret sau de asistență, vă rugăm să ne informați.

Traditional Chinese

如果您需要以其他方式了解信息，如易读或其他语种，请告诉我们。

如果您需要口译人员或帮助，请告诉我们。