

Surgical management of miscarriage under general anaesthetic

We are sorry for your loss and understand that this can be a very difficult time. This leaflet explains more about surgical management of miscarriage and what you can expect when you come to hospital.

If you have any further questions, please speak to the doctor or nurse caring for you.

What is surgical management of miscarriage?

It is an operation to empty your womb to remove the remains of your pregnancy. It is done under general anaesthetic which puts you to sleep. You may hear it referred to as an ERPC (which stands for evacuation of retained products of conception) but it is no longer called this.

Why should I have surgical management of miscarriage?

Surgical management is offered to women in the following situations.

- Delayed miscarriage (where a pregnancy has failed but the pregnancy sac is still in the womb, or where there is no fetal heartbeat but the pregnancy is still in the womb).
- Incomplete miscarriage (where a miscarriage has started but some of the pregnancy tissue remains inside the womb).

With surgical management you know when the miscarriage will happen and can prepare for it. With a general anaesthetic you won't be aware of what's going on or feel any pain during the operation.

What are the risks?

- Up to three women in every 100 get an infection.
- Rarely (up to three in 200 cases), the operation can tear the womb or cause trauma to the cervix (one in 1,000 cases); damage to other organs is rarer still. If the doctors are worried this might have happened they will make a small cut in your tummy and use a laparoscope (like a telescope) to look inside.
- Haemorrhage (extremely heavy bleeding) occurs in up to three in every 1,000 cases.
- Scarring on the lining of the womb is also uncommon (less than one in 200).
- Occasionally the procedure may not remove all of the pregnancy and a second operation is needed.
- For information about the risks of having a general anaesthetic, read our leaflet **Having an anaesthetic**.

Are there any alternatives?

Some women are worried about the risks of anaesthetics, surgery and staying in hospital. There are other options for the management of miscarriage and the nurse will have discussed these with you.

- Expectant management – letting nature take its course so the miscarriage happens naturally.
- Manual vacuum aspiration – an operation using aspiration (gentle suction) to empty the womb while you are awake.
- Medical management – using medication to speed up the process of miscarriage by making your womb contract and push out the pregnancy.

How can I prepare for surgical management of miscarriage?

Your nurse will tell you where to go on the day of your operation. This will be the Day Surgery, Surgical Admissions Lounge or the Gynaecology Ward. Your nurse will tell you what time to arrive and until what time you are allowed to eat and drink.

You will normally be able to go home on the day of the operation. Please make sure that you have an adult to come to take you home by car or taxi (public transport is not acceptable). You must also arrange for an adult to stay with you for at least 24 hours after your operation.

For more information, please see our leaflet **Surgical Admission Lounges (SAL) and Day Surgery Units (DSU) at Guy's and St Thomas' hospitals**.

Some women worry that the diagnosis might be wrong and their baby is still alive. All miscarriages are confirmed by two separate scans but if you are concerned please speak to your nurse or contact the Early Pregnancy and Acute Gynaecology Unit (EPAGU) using the contact details at the end of this leaflet.

What do I do if I have some heavy bleeding before the operation?

If you have had some significant bleeding or have passed some clots since your last scan please contact a nurse in EPAGU for advice. It may be necessary to arrange a scan before your operation if it sounds like you have already miscarried naturally and may no longer need the operation. If EPAGU is not open and you have an appointment for surgery the next day, please attend your appointment as planned.

If, for other reasons, you decide that you no longer wish to have the operation please contact EPAGU as soon as possible.

Giving my consent (permission)

We want to involve you in decisions about your care and treatment. If you decide to go ahead, you will be asked to sign a consent form. This states that you agree to have the treatment and you understand what it involves.

You should receive the leaflet, **Helping you decide: our consent policy**, which gives you more information. If you do not, please ask a member of staff caring for you for a copy.

What happens during surgical management of miscarriage?

The cervix (neck of the womb) is dilated (stretched) gradually. This is usually done when you are asleep but you might be given a medication called misoprostol before the operation to soften the cervix. When you are asleep, a narrow suction tube is inserted into the womb to remove the pregnancy. This takes about 20 minutes.

A sample of the pregnancy remains that have been removed is sent to the pathology department to check that it is normal pregnancy tissue. Unless this is your third consecutive miscarriage there will be no further tests performed. If you would like further genetic testing it is possible to pay for this privately. Please discuss this with your nurse or doctor.

If you want to find out what happens to the pregnancy remains that have been removed please discuss this with your nurse.

We will also check your blood group and if you are rhesus negative you will be given an injection called Anti-D. Please ask your nurse for more information and to find out your blood group.

Will I feel any pain?

If you are given tablets or pessaries before the operation, you may have some painful tummy cramps and some bleeding as the cervix opens. There are no cuts or stitches and having a general anaesthetic means you will not feel anything during the operation itself.

What happens after surgical management of miscarriage?

You may bleed for up to two to three weeks after the operation. Bleeding may stop and start but should gradually tail off. If it stays heavy, gets heavier than a period or you feel worried, dizzy or unwell please contact EPAGU. In an emergency you can call NHS 111 or attend the Emergency Department at St Thomas' Hospital (open 24 hours a day).

The anaesthetic may make you feel a bit sleepy during the first 24 hours. You should not drive during this time and if you drink alcohol it will affect you more than normal.

You can expect some crampy, period like pain in your lower abdomen on the day of the operation. You may get milder cramps or an ache for a day or so afterwards. When leaving the hospital you will be given some painkillers to help with these pains. If the painkillers are not working and you are in significant or continuous pain please contact EPAGU or go to the Emergency Department.

What do I need to do after I go home?

- We advise you to use sanitary pads and not tampons to reduce the chance of an infection. Please contact EPAGU if you have any signs of infection such as a raised temperature, flu-like symptoms or a vaginal discharge that looks or smells bad.
- You can have sex as soon as you both feel ready but we advise you not to have sex until your bleeding has stopped.
- You will be given a prescription for some painkillers when you leave the hospital. Please follow the instructions on the packet and take them if you need to.
- You can have a shower or bath as normal after your operation, but at first it is better to have someone with you in case you feel dizzy.

- When you return to work depends on how you feel. It is advisable to have a few days rest after the operation and for some women it can take longer to come to terms with their loss. Your GP can provide a sick note if you need it.

Will I have a follow-up appointment?

There will not be a routine follow-up appointment unless this is your third consecutive miscarriage. However, if you have any questions or concerns please contact either your GP or EPAGU.

If this is your second miscarriage we can offer you a reassurance scan (from six weeks) for your next pregnancy. Please contact EPAGU to arrange this.

When can I try to get pregnant again?

We advise you to wait for at least one period before trying for a new pregnancy. Some people prefer to wait longer as miscarriage can be a very upsetting time and they feel they need longer to recover. If you require contraceptive advice please discuss this with your GP. If you are planning a pregnancy after your first period, we advise you to take folic acid (400 micrograms daily). This is available from your local pharmacy.

Useful sources of information

The Miscarriage Association

Provides information and support for women that have had a miscarriage.

t: 01924 200799 (Mon-Fri 9am-4pm) e: www.miscarriageassociation.org.uk

Royal College of Obstetricians and Gynaecologists

Provides information on women's healthcare.

e: www.rcog.org.uk

National Institute of Health and Clinical Care (NICE)

Includes information for the public about ectopic pregnancy and miscarriage in early pregnancy.

e: www.nice.org.uk/guidance/CG154

Contact us

If you have any questions or concerns about surgical management of miscarriage, please contact Early Pregnancy and Acute Gynaecology Unit (EPAGU) on 020 7188 0864 (Monday to Friday, 8.30am to 6.30pm, Saturday, Sunday and bank holidays 9.30am to 3.15pm).

In an emergency you can contact NHS 111 on telephone number 111 or attend the Emergency Department at St Thomas' Hospital (open 24 hours a day).

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.guysandstthomas.nhs.uk/leaflets

Pharmacy Medicines Helpline

If you have any questions or concerns about your medicines, please speak to the staff caring for you or call our helpline.

t: 020 7188 8748 9am to 5pm, Monday to Friday

Your comments and concerns

For advice, support or to raise a concern, contact our Patient Advice and Liaison Service (PALS). To make a complaint, contact the complaints department.

t: 020 7188 8801 (PALS) **e:** pals@gstt.nhs.uk

t: 020 7188 3514 (complaints) **e:** complaints2@gstt.nhs.uk

Language Support Services

If you need an interpreter or information about your care in a different language or format, please get in touch:

t: 020 7188 8815 **e:** languagesupport@gstt.nhs.uk

NHS 111

Offers medical help and advice from fully trained advisers supported by experienced nurses and paramedics. Available over the phone 24 hours a day.

t: 111

NHS Choices

Provides online information and guidance on all aspects of health and healthcare, to help you make choices about your health.

w: www.nhs.uk

Get involved and have your say: become a member of the Trust

Members of Guy's and St Thomas' NHS Foundation Trust contribute to the organisation on a voluntary basis. We count on them for feedback, local knowledge and support. Membership is free and it is up to you how much you get involved. To find out more, and to become a member:

t: 0800 731 0319 **e:** members@gstt.nhs.uk **w:** www.guysandstthomas.nhs.uk/membership