



## Patient Information

# Surgical Management of Miscarriage

### What is surgical management of miscarriage?

This is a method of emptying the womb and completing a miscarriage for you with the use of a general anaesthetic.

### What are the risks of this surgery?

- Anaesthetic risk – the anaesthetist will discuss this with you before the operation
- Perforation of the womb and other pelvic organs – this may lead further surgery (five in 1000 women)
- Damage to the cervix (one in 1000)
- Excessive bleeding leading to further treatment
- Infection (localised pelvic infection three in 100 women)
- The need for a further procedure if any tissue remains

### What will happen?

The first part of surgical management involves taking blood to confirm your blood group and to check that you are not anaemic. You will then be required to sign a consent form for the procedure

Chlamydia is an infection that can cause pain, irregular bleeding and in the long term, damage to the fallopian tubes causing fertility problems. Sometimes women can have Chlamydia with no symptoms. Screening for the infection can be done by taking a simple swab and will be asked to consent for this swab to be taken.

### What medication will I be given?

Misoprostol will be given to you to insert on the morning of the operation. The nurse will instruct you how to insert them. This medication will help to soften the neck of the womb and allow it to open more easily. If theatre is delayed for any reason you may find bleeding and discomfort will increase whilst waiting.

Do not eat or drink 6 hours before the operation, brush your teeth with toothpaste or chew gum. You can have a small glass of water at 06.30hrs to take any pain relief such as



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paracetamol 500mg (two tablets) and ibuprofen 400mg if not allergic or asthmatic (ibuprofen and the group of drugs they belong to, may worsen asthma). You should arrive on the Unit at 07.00 hrs.

## How long will I stay in hospital?

The operation is carried out as a day case and you will stay in the unit. The majority of cases are carried out by 10.00 am but due to unexpected emergencies your operation may be delayed for a few hours.

In rare cases can even be cancelled until the next day.

The operation takes about 10 to 15 minutes but you will be away from the ward for 1 to 2 hours. When you return to the ward you may have a needle in the back of the hand for a drip to help rehydration.

- Abdominal pain – let the nurse know if you have pain and she will get you some pain relief.
- Expect some vaginal bleeding.

You will be offered water when you return to the ward, tea/coffee and toast an hour later. You will be encouraged to get up and dressed one or two hours after the operation. If your blood pressure is stable, you have passed urine and not bleeding too heavily you will be allowed home.

Most women go home about 2-4 hours after their operation.

We encourage partner/friend/husband to come in with you on the unit, but they are not allowed in the theatre area.

Bring with you a dressing gown and some slippers, book or magazine. Please leave valuables at home.

If you have synthetic nails please ensure one is removed from an index finger to allow measurement of your oxygen levels via the nail bed.

## Discharge home

Either the Nurse or Doctor will discharge you. If you have any questions that have not been answered you should ask at this time.

- Post anaesthetic written advice will be given to you.
- Expect some bleeding for up to two weeks after discharge home – it should decrease like a period. And may stop and start.
- If the discharge becomes heavy or you have a raised temperature, offensive (smelly) discharge you may contact the Unit or your own GP
- You may get your period 4-6 weeks following surgery



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- If you have had a Chlamydia screen please ring the unit for your results one week after surgery
- Do expect some abdominal discomfort – it is advisable to have some paracetamol and /or ibuprofen at home. If allergic to these, seek advice before you leave.

Repeat a pregnancy test two weeks after the operation and if the test is positive call EPU/EGU on the number below. A positive test may indicate your pregnancy hormone levels are still high or a small amount of pregnancy tissue may be left behind. A negative test indicates the procedure was complete and requires no further action.

**If you have any questions or concerns please feel free to ring us on:**

**01793 605257**



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From 1st January 2019 smoking will not be permitted on any NHS site in England. Smoking will not be permitted within any of our buildings or anywhere outside on our sites. Smoking facilities will not be provided. Please be considerate of others when vaping in hospital grounds.

**This information sheet is available to order in other languages and formats. If you would like a copy, please contact us on 01793 604031 or email [gwh.pals@nhs.net](mailto:gwh.pals@nhs.net)**

#### **Document Control**

Division: Women & Children's  
Department: Gynaecology  
Approved Date: 21 March 2019  
Next Review Date: April 2022  
Document Number: W&C - PIL0039