Gloucestershire Hospitals NHS Foundation Trust

Patient Information

Surgical management of miscarriage using general anaesthesia

Introduction

This leaflet gives you information about the surgical management of miscarriage and answers the commonly asked questions about this operation.

What does the operation involve?

Surgical management of miscarriage is performed to remove products of conception from the womb (uterus). This may be done for a number of reasons.

The operation is performed using a general anaesthetic (while you are asleep) and involves gently stretching open the neck of the womb (cervix). The parts of the pregnancy left within the womb will then be removed using suction and curettage (gentle scraping). The operation will take about 10 minutes but you will be in hospital for a few hours.

Before your operation

A doctor or nurse practitioner will ask you some questions in order to record your medical history. The operation will be discussed with you. Some routine blood test will also be taken.

You will have the opportunity to ask any questions that you may have before being asked to sign a consent form.

You will already have been advised not to have anything to eat or drink (including sweets and chewing gum) for 6 hours before the surgery. You can drink water up until 2 hours before your operation.

The anaesthetist and surgeon will see you before your operation. The anaesthetist is responsible for giving you anaesthetic during the operation.

You will be walked or taken on a trolley to theatre. The anaesthetist will put a small needle into a vein in the back of your hand or arm. This will be used to give the general anaesthetic.

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Patient Information

What are the benefits?

The benefits of the operation are that it removes the products of conception, allowing you to recover quickly, usually with minimal bleeding afterwards. You will usually be able to return to your normal daily activities within a few days.

What are the risks?

When you are asked to sign the consent form the possible risks of the operation will be explained to you.

There are a few risks associated with having surgical management of miscarriage:

- There is a small risk associated with any general anaesthetic. You will have the chance to discuss this with the anaesthetist before the operation.
- There may be some blood loss during the operation. This tends to increase with the number of weeks of pregnancy. On rare occasions, this loss is heavy enough that a blood transfusion may be needed, or a course of iron tablets prescribed.
- In 4 out of every 100 cases, the womb may not be completely emptied. If, after the operation, there is continued bleeding and/or pain, please contact the Early Pregnancy Assessment Team. There may be a need to repeat the procedure.
- There is a risk that the uterus can be perforated during the operation (1 in every 1000 cases). This means a small hole is accidentally made in the womb wall and is usually recognised by the surgeon. Further surgery may be necessary. A longer stay in hospital would be needed but it should not have any long-term effects.

  Further surgery may involve having a laparoscopy (keyhole surgery) or mini-laparotomy (larger cut). Laparoscopy is the insertion of laparoscope (camera) through a small incision (cut) in the abdomen.
- Risk of Asherman's syndrome. This is a rare condition that causes formation of scar tissue within the womb following surgical procedures. Asherman's can lead to menstrual problems and an increased risk of fertility issues.

- There is a small risk (4 in every 100 cases) of developing an infection after this operation. You may be given antibiotics at the time of the operation to help reduce this risk.

  It is advisable not to use tampons for the bleeding after the operation. We also advise you not to have sexual intercourse for 10 to 14 days following the operation and not until the bleeding has settled. We also suggest that you do not have unprotected sexual intercourse until you have had a negative pregnancy test result.

  If you have a vaginal discharge and it is offensive smelling, or you feel hot and flushed, you should contact the Early Pregnancy Assessment Unit on the contact number given to you. You may have some swab tests taken and given a course of antibiotics. It is important to have any infection treated. An untreated pelvic infection may lead to you being unable to become pregnant again.

After your operation

You will wake up in the recovery room. You will be wearing an oxygen mask. Your blood pressure will be taken regularly.

When you have recovered from the anaesthetic you will be taken back to the ward. At first you will feel drowsy and may need to sleep. If you have any discomfort, please let your nurse know and you will be given pain relief.

If your blood group is rhesus negative you will be given an injection of anti-D immunoglobulin to protect future pregnancies.

Discharge from hospital

Usually, you will be able to go home about 2 hours after the operation, providing that you are comfortable, your blood pressure is normal, there is no heavy bleeding and you have passed urine.

If you are going home on the same day of operation, a responsible adult must accompany you home and stay with you for 24 hours. You must not drive for 24 hours after having an anaesthetic.

Patient Information

You may have some light bleeding for 7 to 10 days. If it continues or you have pain, an unpleasant discharge or you are feverish, you should contact the Early Pregnancy Unit on the contact number provided. You may also have some abdominal discomfort for 1 to 2 days after your surgery. Pain relief, such as paracetamol, can be taken to help with this.

To make sure that the pregnancy loss is complete, it is advisable to take a urinary pregnancy test 3 weeks after the operation to check that it is negative.

Return to work

You should be able to return to work or your usual daily activities 3 days after the operation, this will vary from person to person. Some people feel the need to take more time off, for physical and emotional reasons.

If a laparoscopy has been performed, it is advisable to take 1 week off before returning to your usual activities or work place.

If a laparotomy has been performed, you will need to take 6 weeks off work or resume your usual daily activities after 6 weeks.

Follow up

A hospital clinic appointment is not routinely arranged. If you have any problems, please contact your GP.

Contact information

If you have any further questions, please contact your GP or the Early Pregnancy Team of Advanced Nurse Practitioners on 0300 422 5549.

Patient Information

Further information

Other written information is available from the hospital:

- GHPI0870 Early Miscarriage
- GHPI0502 Information and support following the loss of your baby before completion of 24 weeks

Please ask a nurse if you would like a copy of either of the above leaflets.

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Making a choice

Shared Decision Making

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.

Ask 3 Questions

To begin with, try to make sure you get the answers to three key questions if you are asked to make a choice about your healthcare.

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?

These resources have been adapted with kind permission from the MAGIC Programme, supported by the Health Foundation

* Ask 3 Questions is based on Shepherd HL, et al. Three questions that patients can ask to improve the quality of information physicians give about treatment options: A cross-over trial. Patient Education and Counselling, 2011;84: 379-85

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https://aqua.nhs.uk/resources/shared-decision-making-case-studies/