

Evacuation of Retained Products of Conception (ERPC)

Introduction

This leaflet gives you information about what an Evacuation of Retained Products of Conception (ERPC) involves and answers some of the commonly asked questions about this operation.

ERPC

ERPC is performed to remove products of conception from the womb. This may be done for a number of reasons.

The operation involves gently opening the neck of the womb (cervix) by stretching it. The parts of the pregnancy left within the womb are then removed using suction and curettage (gentle scraping). This operation takes about 5 to 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. You will also have routine blood samples taken (full blood count and blood group) and your admission to the ward will be arranged.

You will be advised to have nothing to eat or drink (including sweets and chewing gum) for 6 hours before your surgery, except sips of water, which you may have until 2 hours before your operation.

You will be given information about your operation and you will be able to ask any questions that you may have. You will then be asked to sign a consent form.

The anaesthetist and surgeon will also come to see you before your operation. The anaesthetist is responsible for giving you a general anaesthetic, so that you are asleep for your operation. There is a small risk associated with any general anaesthetic. You will have the chance to discuss this with the anaesthetist.

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Patient Information

You will be walked to theatre, or taken on a trolley. The anaesthetist will put a small needle into the back of your hand or arm to inject the general anaesthetic. If you have any further questions, please ask a member of staff.

What are the benefits of ERPC?

The benefits of having an ERPC are that it removes the products of conception, allowing you to recover quickly, usually with minimal bleeding afterwards. Return to work and normal life is usually possible within a few days.

What are the risks?

When you are asked to sign the consent form, the person obtaining consent will explain the operation and inform you of any risks. There are a few risks associated with having an ERPC:

- There may be some blood loss during this operation.
- On rare occasions (1 to 3 in every 1000 cases) this loss is heavy enough that a blood transfusion may be needed, or a course of iron tablets will be prescribed, which needs to be completed.
- In 4 in every 100 cases, the womb (uterus) may not be completely emptied. If, after the operation, there is continued bleeding and or pain, please contact your GP. There may be a need to repeat the operation.
- There is a 1 in 1000 chance that the uterus can be perforated at the time of the operation. This means a small hole is accidentally made in the womb wall and is usually recognised by the surgeon. In rare circumstances damage can also occur to the bowel, bladder or a blood vessel. Further surgery may be needed and this may require a longer stay in hospital, but it should not have any long-term effects. Further surgery may involve having a laparoscopy or mini-laparotomy. Laparoscopy is the insertion of laparoscope (camera) through a small incision into the abdomen. Laparotomy is an incision into the abdomen.

Patient Information

- In 4 out of every 100 cases there is a risk of developing an infection after an evacuation. You may be given antibiotics at the time of the operation. It is advisable not to use tampons after the operation (you can use again with your next period) and not to have sexual intercourse until the bleeding has settled. If you notice that your discharge is offensive smelling or you feel hot and flushed, you should see your GP as soon as possible. The GP may take some vaginal swab tests and give you a course of antibiotics. It is important to have any infection treated, as untreated pelvic infection may lead to you being unable to become pregnant again.
- Following surgery there is a very small risk of developing a pulmonary embolism (bloods clot in the lungs) or a deep vein thrombosis (blood clot in the leg). Should you have any chest pain, shortness of breath or any leg swelling then please urgent medical advice from NHS 111.

After your operation

You will wake up in the recovery room next to the theatre. You will have an oxygen mask on your face. 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 can go home 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 as the operation, a responsible person must accompany you home and stay with you for 24 hours. You must not drive for 24 hours after a general anaesthetic.

You may have some light bleeding for 7 to 14 days. If it continues or you have pain, an unpleasant discharge or you are feverish, you should contact your GP.

Patient Information

You may also have some slight abdominal discomfort for a day or two after your surgery.

We advise you to take a urinary pregnancy test 3 weeks after your procedure to check that you are not pregnant (a negative test).

We also advise you not to have unprotected sexual intercourse until your pregnancy test is negative.

Return to work

Usually, you will be able to return to your normal activities 3 days after your operation.

However, this varies from person to person and some women feel the need to take more time both for physical and emotional reasons.

Contact information

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

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