

**Patient  
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# Surgical management of miscarriage

## Introduction

The aims of this leaflet are to explain what surgical management of miscarriage involves and answer some commonly asked questions about this operation.

## What does the operation consist of?

Surgical management of miscarriage 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, and then removing the parts of the pregnancy left within the womb under suction and with curettage (gentle scraping). This procedure takes approximately 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, take routine blood samples (full blood count and blood group), organise your admission to the ward and arrange for your operation to be carried out.

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

You will be informed about your operation and will be asked to sign a consent form.

You will be given the opportunity to ask any questions you may have at this time. The anaesthetist and surgeon will also come to see you before your operation. The anaesthetist is responsible for giving you anaesthetic so that you are asleep during the operation. They will also ensure your welfare during the operation.

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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 some medication which is called a general anaesthetic. For more information, please ask a member of staff.

**What are the benefits?**

The benefits of the operation are that the operation relieves the body of 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 procedure, and inform you of any risks. 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
- There may be some blood loss during this procedure. 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 required, or a course of iron tablets will be prescribed, which needs to be completed
- In 2 to 3 in 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 procedure.
- There is a 1 in 200 chance that the uterus can be perforated at the time of the procedure. This means a small hole is accidentally made in the womb wall. This is usually recognised by the surgeon and further surgery may be required. 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 (cut) into the abdomen.

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- There is a risk of developing an infection after this procedure (on average 1 to 3 in 100 cases). You may be given antibiotics at the time of the operation. It is advisable not to use tampons for the bleeding after the operation and not to have sexual intercourse for 10 to 14 days after the procedure. 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 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.

### After your operation

You will wake up in the recovery room next to theatre, wearing an oxygen mask and your blood pressure will be taken regularly. When you have recovered from the anaesthetic you will be sent back to the ward. Initially, 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 procedure, 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 person must accompany you home and stay with you for 24 hours. You must not drive after an anaesthetic.

You may experience 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 your GP. You may experience some slight abdominal discomfort for a 1 to 2 days after your surgery.

### Return to work

You may usually return to work 3 days after your operation. However, this varies from person to person, and some may feel the need to take more time off work, both for physical and emotional reasons.

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If a laparoscopy has been performed, it is advisable to take 1 week off before returning to work. If a laparotomy has been performed, you will need to take 6 weeks off work.

**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 Gynaecology Advanced Nurse Practitioner via Ward 2a.

**Ward 2a**

Gloucestershire Royal Hospital  
Tel: 0300 422 6668

**Further information**

Other written information is available from the hospital:

- GHPI0870 Early Miscarriage
- GHPI0502 Information and support following 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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