

Surgical management of miscarriage using general anaesthesia

Introduction

This leaflet gives you information about 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 procedure is done under general anaesthetic (while you are asleep) and involves gently stretching open the neck of the womb (cervix) then removing the parts of the pregnancy left within it using suction and curettage (gentle scraping). The procedure takes about 10 minutes but you will 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 and discuss the operation; you will have the opportunity to ask any questions that you may have. You will then be asked to sign a consent form. You will also have some routine blood tests.

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, although you can drink water up until 2 hours before your operation.

The anaesthetist and surgeon will also come to 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 administer the general anaesthetic.

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Gynaecology

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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.
- 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 needed, or a course of iron tablets will be prescribed.
- In 2 to 3 in 100 cases, the womb 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 needed. 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) into the abdomen.
- Risk of Asherman's syndrome. Asherman's is a rare condition that causes formation of scar tissue within the womb following surgical procedures. Asherman's can lead to menstrual problems and increased risk of fertility issues.

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- There is a small risk of developing an infection after this procedure. You may be given antibiotics at the time of the operation. 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 after 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 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. 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 can 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 an anaesthetic.

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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 your GP. You may also have some abdominal discomfort for 1 to 2 days after your surgery.

It is advisable to take a urinary pregnancy test after 3 weeks to check that it is negative. This is to ensure that the pregnancy loss is complete.

Return to work

You may usually return to work 3 days after your operation. However, this varies 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 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 team on 0300 422 5549.

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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