How can I help reduce Healthcare Associated Infections?

Infection control is important to the wellbeing of our patients, and for that reason we have infection control procedures in place. Keeping your hands clean is an effective way of preventing the spread of infections. We ask that you, and anyone visiting you, use the hand sanitiser available at the main entrance of the hospital and at the entrance to every clinical area before coming into and after leaving the clinical area or hospital. In some situations hands may need to be washed at the sink using soap and water rather than using the hand sanitiser. Staff will let you know if this is the case.

www.buckshealthcare.nhs.uk
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If you require a translation of this leaflet please contact the Early Pregnancy Unit
Advice sheet for surgical management of miscarriage
This leaflet is to help you prepare for your admission and when you go home after your operation.

Please report to:
Day Surgery Unit at Stoke Mandeville Hospital at 07.30am on..........................................................

Telephone No:...............................  
• Ensure that you have nothing to eat from midnight the night before your operation. You may, however, have water up to 6.00am. This will reduce your risk of vomiting or regurgitating food while you are under anaesthetic.
• Bring a dressing gown and slippers. You will need to wear a sanitary towel, so you will need appropriate underwear.
• Do not wear make-up or nail varnish and remove all jewellery (except a wedding ring).
• Please do not bring valuables into hospital.
• You should arrange for a responsible adult to accompany you home and remain with you for at least 24 hours.

What is surgical management of miscarriage (SMM)?
This is the medical term for removing any parts of your pregnancy that may remain in your womb following a miscarriage.

What happens?
On your admission, the person with you will be given a telephone number and advised an approximate time to telephone and arrange to collect you. However someone may stay with you on the pre-operative ward until you go to theatre. When you have left the ward they are welcome to stay on that ward if they wish until you are ready to go home.

Please note: You will be cared for post-operatively on another ward. Visitors are not allowed until you are nearly ready for discharge.

We continually strive to improve the quality of information given to patients. If you have any comments or suggestions regarding this information booklet, please contact:

Women & Children’s Directorate  
Buckinghamshire Healthcare NHS Trust  
Stoke Mandeville Hospital  
Mandeville Road  
Aylesbury  
Buckinghamshire  
HP21 8AL

Please Note:
This leaflet explains some of the most common side-effects that some people may experience. However, it is not comprehensive. If you experience other side-effects and want to ask anything else related to your treatment please speak to the Early Pregnancy Unit on the numbers above.
A question that is often asked is what will happen to my baby? On most occasions we don’t see a recognisable baby as they are usually very small. Any tissue obtained is sent to the Histology Laboratory for inspection.

After histological inspection, all the remains of the pregnancy tissue are treated with the greatest respect. They are buried together in an area shared by other babies at Aylesbury Cemetery in the presence of the Hospital Chaplain and Funeral Director. This service is performed once a month. Many parents find it comforting to know that their baby is buried beside other babies.

Please be aware this is not a service attended by parents and it will not be possible to locate exactly where the grave is as there are no headstones.

If you would like to consider more personal options or arrange burial yourself please speak to the EPU or Gynae staff about this.

If you have any concerns or are unsure of what to do please do ring for advice.

Early Pregnancy Unit (Monday - Friday 0800 - 1300)
Stoke Mandeville Hospital 01296 316469
Wycombe Hospital 01494 425553
Ward 15 (all other times) 01296 316500/316365

Before your operation, the doctors will have explained the procedure to you, including the risks and taken your written consent.
You will be given some tablets (vaginal pessaries) to insert in the vagina prior to the procedure. These tablets soften the cervix and help reduce any damage to it or the womb.
You will be given a light general anaesthetic.

The operation is performed through the cervix (neck of the womb) and the procedure takes 5-10 minutes.

The operation is scheduled for the morning. If it is delayed in the case of an emergency, there is a small risk you may start experiencing some crampy abdominal pain with or without vaginal bleeding whilst waiting for the operation. You may also experience some side effects of the vaginal pessaries such as nausea, vomiting, diarrhoea, dizziness, fever and chills.

The most common complications of the operation are:
- Bleeding.
- Subsequent infection in the uterus or womb.
- Damage to the cervix or the uterus.
- Very rarely, an additional operation may be required if there is any damage to the uterus. This may involve taking a look into the tummy through the “belly button” (laparoscopy) and even more rare is the need to make a bigger cut on your tummy (laparotomy) to repair damage to any organs.
- Anaesthetic complications.
- There is a rare chance that we will miss some of the retained tissue and that you will require a further operation to remove it.
- Your obstetrician and nurse will ensure that the appropriate measures are taken to reduce the risk of complications.
What happens after my SMM?
When you return to the ward you will still be feeling sleepy, but physically well, although you may experience some abdominal cramping.
You may have a “drip” or venflon in place. This will be removed when you have had a drink, some biscuits or a sandwich and have passed urine. Once you are fully recovered, you are usually able to go home, after about 2 hours. If you have a Rhesus negative blood group you will require an injection of Anti D prior to discharge.
Do not forget—you should arrange for someone to stay with you for the first 24 hours after the operation.

Post anaesthetic information
Because you have had a general anaesthetic the effects of the anaesthetic drugs may not have completely gone and some side effects may occur in the first 24 hours. These include:
• Headache
• Dizziness
• Nausea (a feeling of sickness)
• Drowsiness
• A dry or sore throat.

Therefore even if you feel perfectly well, do not:
• Drive a motor vehicle, motor cycle or a bicycle. You may not be covered by your insurance
• Drink alcohol
• Return to work
• Do any cooking (risk of scalding etc)
• Use electrical tools (e.g. lawn mower, drill)
• Sign any important documents.
You can eat and drink normally after discharge from the hospital.

What to Expect
• You may bleed after the operation, but the amount varies from person to person. It may last up to three weeks (perhaps on and off) just like a period and usually turns a brownish colour.
• Provided you do not bleed very heavily with bright red blood, do not worry.
• You may get cramp-like pains for a few days. A simple painkiller such as one you would normally take for a headache should relieve this.

To help avoid getting an infection during this time:
• Use sanitary towels rather than tampons.
• Avoid sexual intercourse for two weeks after the operation.
• You may have baths and showers as usual.

What symptoms should I be worried about?
If you develop any of the following symptoms please see your own doctor immediately:
• Severe or continuous pain
• Heavy bright red vaginal, or prolonged bleeding
• A high temperature
• Feel generally unwell, have flu like symptoms or a smelly vaginal discharge
• Feel faint
• If you notice a red inflamed patch on either breast.

Very occasionally:
• You may get some milk from your nipples 2-3 days after the operation
• Your breasts may be painful and tense for a few days.

No specific treatment is needed, but the breasts should be supported by a well fitting bra and you may need to take a simple pain relief. Is

How long should I wait to become pregnant again?
We would advise you to wait until you have had at least one ‘normal’ period before you attempt to conceive, allowing your body to recover physically. However, psychologically you may need much longer.
It is advisable to continue taking folic acid if you are planning a future pregnancy.