

Miscarriage – Surgical Management

Information for women under 13 weeks of pregnancy

Advice about the surgical management of miscarriage

We are very sorry that you or someone close to you has had a miscarriage and this leaflet is to help you choose what treatment to have.

This leaflet is to help explain what is going to happen next and how the miscarriage can be 'managed' by surgical treatment. This information is to guide you so that you can make an informed decision.

It might help you to know that research comparing the management of miscarriage by surgical intervention, medication or natural miscarriage found that:

- the risks of infection or other harm are very small with all three methods
- your chances of having a healthy pregnancy next time are equally good whichever method you choose
- women cope better when given clear information, good support and a choice of management methods.

This information is to help you prepare for your admission and your operation if you choose surgical procedure.

Please report to:

Day Surgery Unit at Stoke Mandeville Hospital at 7.30am

Date:..... Telephone number:.....

- You must have **nothing to eat** from midnight the night before your operation. You may drink water up to 6am on the day of your operation. This will reduce your risk of vomiting 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.
- You must remove make-up, nail varnish, false nails and 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?

This is a minor operation to remove the pregnancy tissue under a light general anaesthetic which puts you to sleep.

What happens?

You are welcome to have someone with you during your stay on the pre-operative ward until you go to theatre. Your visitor is welcome to stay on the ward if they wish until you return from theatre/recovery until you are ready to go home. If you are being collected, you will be given an approximate time for when you will be ready to leave.

Before your operation, the doctor will have explained what is going to happen, including the risks, so you can provide your written consent for the procedure.

You will be given some vaginal tablets (pessaries) to insert into the vagina before the operation. These tablets soften the cervix (neck of the womb) and help reduce the risk of any damage to it or the womb.

The operation is performed through the cervix and there are no cuts or stitches. The pregnancy tissue is removed by suction or gentle scraping and takes 5-10 minutes.

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

The most common complications of the operation are:

- Bleeding
- Infection in the uterus (womb)
- Rare (less than 1 in 200) risk of injury to the cervix (neck of the womb) or the uterus
- Very rarely, an additional operation may be needed if there is any damage to the uterus. This may involve a laparoscopy, which is taking a look into the tummy through the 'belly button' and even more rare is the need for a laparotomy, which is making a bigger cut on your tummy to repair damage to any organs.
- Risk of adhesions in the lining of the womb. These adhesions are usually mild, and the significance of these is uncertain. The risk increases the greater the number of procedures that are performed.
- Anaesthetic complications
- There is a small chance that some of the retained tissue is missed and that you will require a further operation to remove it.

The surgical team will ensure that the appropriate measures are taken to reduce the risk of any complications.

What happens after your operation?

After the operation you will still be feeling sleepy. You may experience some abdominal cramping but will be physically well.

You may have a "drip" or venflon cannula (plastic tube into your vein in your arm/hand) 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, after about 2 hours, you are usually able to go home. If you have a Rhesus negative blood group you will need an injection of Anti D (immunoglobulin antibodies) before you go home.

Do not forget - you should arrange for someone to stay with you for the first 24 hours after the operation.

After an anaesthetic

Because you have had a general anaesthetic the effects of the anaesthetic drugs may not have completely gone and you may feel some side effects in the first 24 hours. These

include:

- Headache
- Dizziness
- Nausea (a feeling of sickness)
- Drowsiness
- A dry or sore throat

Even if you feel perfectly well, **do not do any of the following for 48 hours:**

- Drive a motor vehicle, motorcycle or a bicycle, as you may not be covered by your insurance
- Drink alcohol
- Return to work
- Risk scalding/burns/spills whilst using your own cooking appliances
- Use electrical tools (for example: a lawn mower, a 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. Simple pain relief such as one you would normally take for a headache should relieve this, eg paracetamol.

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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 should avoid bathing or swimming until the bleeding stops. You may have showers as usual

What symptoms should you be worried about?

If you develop any of the following symptoms, please see your GP urgently:

- Severe or continuous pain
- Heavy bright red vaginal, or prolonged bleeding
- A high temperature
- Feeling generally unwell, having flu like symptoms or a smelly vaginal discharge
- Feeling 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 tender 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 simple pain relief eg paracetamol.

How long should you wait to become pregnant again?

Your first period should come in around 3 to 6 weeks' time. We advise you to wait until you have had at least one 'normal' period before you attempt to conceive. This will allow your body to recover physically, however, psychologically you may need much longer time.

We advise you to continue taking folic acid if you are planning another pregnancy.

What will happen to your baby?

On most occasions we do not see a recognisable baby as it is usually very small. Any tissue obtained is sent to the Histology Laboratory for microscopic inspection to check that it is normal pregnancy tissue.

After histological inspection, all the remains of the pregnancy tissue is treated with the greatest respect. It is 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 a burial yourself, please speak to staff in the Early Pregnancy Unit or Gynae staff about this. If you are considering a home burial, there is more information in the paragraph "Information about burying your baby at home".

Contact numbers

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

Early Pregnancy Unit: 01296 316469 You can call this number 8am-1pm, Monday–Friday.

At all other times please call:

Ward 15 01296 316500 or 01296 316365

Further information and support

Miscarriage association: www.miscarriageassociation.org.uk

Charity bears: www.achingarms.co.uk

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.

Information about burying your baby at home

If you want to take your baby home for burial, please remember:

- You may not always live at that address
- The baby should not be buried near a water supply
- The baby must be buried at least 90cm deep
- If you do not own the land, permission must be sought from the landowner
- Others using the land should be informed of the burial
- Keep a note of the exact place of burial with the deeds in case you want to take your baby with you if you move
- You may prefer to bury your baby in a simple casket or box, in case you do want to move
- If you bury your baby in a designated place, eg the Aylesbury Cemetery or Snowdrop Garden, High Wycombe, you will always be able to visit.

You can obtain further information from The Institute of Cemetery & Crematorium Manager (Inc.), phone 0208 9894661.

How can you help reduce healthcare associated infections?

Infection prevention and control is important to the well-being of our patients and for that reason we have infection prevention and control procedures in place. Keeping your hands clean is an effective way of preventing the spread of infections. Please follow our infection prevention and control guidelines when visiting our healthcare sites. Further information is available on our website.

Patient Advice Sheet

If you would like a copy of this information on audiotape, in large print or translated, please call the Patient Advice Liaison Service on 01296 831120 or email bht.pals@nhs.net

Division of Women, Children & Sexual Health Services

Approvals:

Gynae Guidelines Group: V1 Jul 2014, V2 Apr 2018, V3 Nov 2022

O&G SDU: Oct 2014, V2 Sep 2018, V3 Aug 2023

BMV: V3 done

Clinical Guidelines Subgroup: V1 Nov 2014, V2 Oct 2019

Equality Impact Assessment: Oct 2014, V2 Mar 2018, V3 Sep 2022

Comms Advisory Panel: V1 February 2015, V2 Mar 2019, V3 Oct 2023