

Patient agreement to investigation or treatment

Medical evacuation of retained products of conception (MERPOC) (for example: after a miscarriage)

Authors: Gynaecology department

Brief description:

- Sadly your pregnancy has resulted in miscarriage. We are very sorry that this has happened. Miscarriage in early pregnancy is very common, with as many as one in four confirmed pregnancies ending this way.
- After a miscarriage, there can be some tissue and / or blood clot left in the uterus (womb). There are three ways in which to manage this condition which is known as Retained Products of Conception.
 - The tissue and/or blood clot may pass naturally (conservative management)
 - We can perform an operation to remove this (surgical management)
 - You can also have medication to empty the womb (medical management)

You have chosen medical management.

- Here, we explain some of the aims, benefits, risks and alternatives to this procedure. We want you to be informed about your choices to help you to be fully involved in making any decisions.
- Please ask about anything you do not fully understand or wish to have explained in more detail.
- If you would like this information in another format or language or would like help completing the form, please ask a member of our staff.

Please bring this form with you to hospital

- You will be asked to read this form carefully, and you and your doctor (or other appropriate healthcare professional) will sign it to document your consent.
- All our consent forms are available on the Addenbrooke’s website: <http://www.addenbrookes.org.uk/consent>
- Remember, you can change your mind about having the procedure at any time.

For staff use:

Does the patient have any special requirements? (For example, requires an interpreter or other additional communication method)

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.....

About medical evacuation of retained products of conception

Medical management of miscarriage is a process like a natural miscarriage and as such involves bleeding and some pain.

The treatment consists of taking a tablet of mifepristone, by mouth, which blocks the action of progesterone, a hormone necessary for the pregnancy to remain attached to the wall of the uterus (womb).

This is followed two to three days later by the use of other tablets misoprostol (a prostaglandin) which causes the uterus to expel the pregnancy. These drugs are put into the vagina, near the cervix (neck of the womb). For this part of the treatment you are admitted onto the Early Pregnancy Unit (Daphne ward) for the day.

Before your procedure

- Most patients are seen on the Early Pregnancy Unit when you will meet one of the nurses and/or a doctor.
- At this time, we shall ask you for details of your medical history and carry out any necessary clinical examinations and investigations. This is a good opportunity for you to ask us any questions about the procedure, but please feel free to discuss any concerns you might have at any time.
- You will be asked if you are taking any tablets or other types of medication - these might be ones prescribed by a doctor or bought over the counter in a pharmacy. It helps us if you bring details with you of anything you are taking (for example: bring the packaging with you).
- It is important that you tell the nurse or doctor looking after you about any previous or current health problems you have, in particular raised blood pressure, heart disease, asthma, liver or kidney disease or a problem with blood clotting.

First appointment – taking the mifepristone

Please come to Daphne ward between 10:00 – 16:00 hours

Onday, date.....

Taking the Mifepristone tablet

A member of the nursing team will ensure that you are not feeling nauseous. If you have been suffering from morning sickness, we will give you an anti-sickness tablet, prior to the Mifepristone, because some women may feel more nauseous having taken the drug.

Once you have taken the Mifepristone you will be asked to remain on the ward for a further 20 to 30 minutes, to ensure you have managed to keep the tablet down and not vomited.

Things to avoid:

- Smoking
- Alcohol
- Non-steroidal anti inflammatory drugs (such as aspirin, ibuprofen, diclofenac (Voltarol) or mefenamic acid (Ponstan))

Avoid these until after the second part of the treatment. All will reduce the effectiveness of the medication and may make any symptoms of nausea worse.

What to expect over the next 48 hours or until your admission for the second part of the treatment

Bleeding: You may start to bleed before your next visit, or any bleeding you already have may increase. Try not to worry. It is advisable to use sanitary towels rather than tampons as this reduces any risk of infection. If you are concerned that the bleeding is excessive (requiring you to change a sanitary pad every half an hour) please telephone either **Daphne ward** or **the Inpatient Gynaecology Ward** for advice (see contact numbers later in this leaflet)

We understand that bleeding heavily at home can be frightening. Please do not hesitate to contact us if you are unsure what to do.

Discomfort/pain: Some women experience cramp-like discomfort, similar to period pains. You **must not** take: Aspirin, mefenamic acid (Ponstan), diclofenac (Voltarol) or Ibuprofen. It is better to use paracetamol or codeine based painkillers.

Miscarriage risk: Some women have heavy blood loss at home and actually miscarry before coming in for the second course of treatment. If this happens we advise you to still attend for the treatment, as we cannot be sure that the miscarriage is complete and an ultrasound scan at this time would **not** be beneficial. By continuing with the treatment regime your chances of future problems, such as infection caused by retained products of conception, will be reduced.

Second appointment - admission for the misoprostol (prostaglandin) treatment

**Please come to Daphne ward at 08:30 hours on day,
date.....**

Have a light breakfast beforehand.

Before your procedure

- **What do I need to bring?** Wear loose, comfortable clothes and bring a spare clothing and underwear with you. You cannot use tampons but you can provide your own sanitary towels if you prefer, though please do not use the highly absorbent type (for example: 'Always') as they make it difficult to check on how much you are bleeding. Please bring items such as a toothbrush and nightwear in case you need to stay in overnight.
- You will have access to your own television and telephone via pay cards. The radio is free. Bring in some magazines or something else to pass the time. There are water dispensers and a hot-drinks machine that you can help yourself to throughout the day. These facilities are free. In addition we will provide you with a light lunch such as sandwiches about midday.
- **Can I bring someone with me?** You can bring your partner or one friend with you, and they are very welcome to stay throughout the day. They are welcome to use the drink facilities but please note we do not provide food for them – there are facilities within the hospital campus; the ward staff will give them directions. We prefer that you do not leave the ward whilst the treatment is in progress as you may feel unwell. Please note that we do not have the facilities to care for children or to have them for long periods of time on the ward as it disturbs other patients. Please make your own arrangements for child-care before attending the hospital.

During the procedure itself

The Misoprostol (prostaglandin) treatment

- Your nurse will go through the procedure with you. After a few checks she will insert the misoprostol (prostaglandin) tablets into your vagina. You will need to remain on the bed for one hour after this to allow the tablets to stay in place and start to work. The tablets cause your womb to contract, and these contractions will feel like strong period pains. If you can, it is best to try and tolerate some discomfort, as this will make the treatment work more quickly, but your nurse will give you painkillers when you need them. The tablets can cause some side-effects such as diarrhoea, nausea, dizziness and hot flushes. The side-effects do not last for very long, and if you have any of these symptoms the nurses will do all they can to make sure you are as comfortable as possible.
- Occasionally at the end of the procedure, if the tissue is not expelled from the womb then it is necessary to do a small operation to remove it (surgical management). If this is done it will be performed under general anaesthetic and you will need to stay overnight.
- It is very important that the nurses check to see what you are passing. You will be asked to pass water or open your bowels into a cardboard bedpan that fits into the toilet bowl. You must not flush anything down the toilet. You will not have to see anything that comes away although it is possible that you may do; the nurses will be on hand to take away any bedpans that you may have used.

If you change your sanitary towel please show it to the nurse before putting it in the bin. This will help us monitor your blood loss accurately.

- **Eating and drinking:** You can eat and drink as long as you are not feeling sick. It is best to have only a light diet during the day.
- **Getting around and about:** You can walk around the ward if you wish after the first hour and this may help the treatment work more quickly, but please do not leave the ward without speaking to your nurse first and as previously mentioned, we would prefer that you stayed on the ward for the duration of the treatment.

After the procedure

- **When you can leave hospital:** You will not be discharged until the miscarriage is complete or a further management plan is in place. You may require an examination before you go, and your nurse will do a final check and give you discharge advice.
- Women whose blood group is rhesus negative will be given an injection of Anti-D before leaving to protect future pregnancies from being affected by rhesus incompatibility.
- It is sensible to have someone travel home with you and stay with you overnight. You should be able to leave the ward by late afternoon/early evening, but please remember that rarely some patients have to stay overnight. In case this happens, you should make any necessary arrangements beforehand. This is especially important if you have children at home who will need to be cared for.
- **When you can resume normal activities including work:** Most women prefer to take the following day off work, both for their emotional and physical recovery. If you feel you need longer you are able to self certificate for up to five days. If you have another child at home we suggest you have another adult around to assist you as you may be sleepy.
- **Emotional impact:** Women react in different ways to a miscarriage: some women come to terms with what has happened within a few weeks, others can take much longer. It is normal to feel tearful and sad, angry or even guilty. Losing a baby can be a very painful experience for partners too, and sometimes their grief is unacknowledged.

Special measures you need to take after the procedure:

- **Pain:** You may have period-like pains for a few days, this is normal. Simple painkillers that you can buy over the counter such as paracetamol and ibuprofen should help this. You are now allowed to use the non-steroidal medications that we advised to you avoid after the first part of the treatment. If your pain is not relieved by this medication then please contact us on the numbers below.
- **Vaginal bleeding:** You may have some vaginal bleeding for up to three weeks following the procedure and we advise you to use sanitary towels and not tampons. Avoid sexual intercourse or going swimming until the bleeding has stopped. This is to help prevent any infection.

The bleeding is like a heavy period for the first day or so but this will lessen over time and you may even have a brown discharge before it stops completely. We also suggest that you avoid long soaks in the bath and shower instead and ensure someone is around when you do this in case the hot water makes you feel faint/dizzy. Should you have concerns that your bleeding is not settling or you have a fever and 'flu-like' symptoms then contact your GP (General Practitioner) or contact us on the numbers below.

- **Next period and future pregnancies:** Your next period may happen in four to six weeks after the procedure. Prior to this you will have ovulated and therefore will be able to become pregnant again. The manufacturers of mifepristone recommend you delay any future pregnancies until after your next period. You may therefore wish to consider some form of contraception. Please see your General Practitioner (GP) for this.
- **Check-ups and results:** Unless you are otherwise told, you will not be contacted specifically by the Early Pregnancy Unit (EPU) following the procedure. However, if you have any concerns or questions you can telephone them directly.
- If this is not your first miscarriage and you meet certain criteria you may be referred to the recurrent miscarriage clinic. This may involve your having additional tests before this appointment. The staff on the Early Pregnancy Unit will discuss this with you.
- **Do I need to inform anyone about my miscarriage?** No. Staff on Daphne ward will have written to your GP and community midwife and any antenatal scans or appointments will have been cancelled, so you do not need to worry about doing this.

Intended benefits of the procedure

- To remove any remaining tissue and blood clot in the uterus (womb) after a miscarriage.
- Avoids an operation and general anaesthetic.
- Some women feel more in control when undergoing medical treatment as opposed to surgical treatment.
- Some women feel that consciously experiencing the miscarriage benefits them in terms of grieving for their lost baby. (Smith et al 2006).
- Natural process but more manageable than waiting for nature to take it's course.

Disadvantages of the procedure

- Some women find the procedure prolonged; you may not miscarry whilst in hospital.
- Some women find the pain of the procedure unacceptable although the nursing staff will give you pain relief to help you with this. The level of pain is individual some equate it with labour others with a bad period pain.
- Some women find the amount of bleeding is unacceptable with it being heavier than a period, other women cope well. Some fear seeing the fetus.

- The treatment regime may have side effects such as nausea, vomiting and diarrhoea, dizziness and hot flushes.
- The procedure can be perceived as frightening so we try to give you as much information as possible to alleviate your fears.
- Bleeding can continue for up to three weeks.
- May still require surgical intervention.

Who will perform my procedure?

- The nursing staff will administer the medication to you.

Alternative procedures that are available

- If the bleeding is not excessive, and you prefer not to have an operation, you might wish to wait and allow the womb to expel the remaining tissue without assistance (**expectant management**).
- You might choose to have **surgical** treatment, when you have an operation under general anaesthetic to empty the uterus (womb). This may be slightly more effective than the medical treatment you are having but there are higher risks involved. Surgical evacuation is not recommended if your pregnancy was below seven weeks (gestation) or if the retained products/blood clots that were seen on your scan are too small to require surgical intervention.

Serious or frequently occurring risks

If you have a pre-existing medical condition, are obese, have significant pathology or have had previous surgery the quoted risks for serious or frequent complications will be increased.

The table below is designed to help you understand the risks associated with this type of surgery (based on the RCOG Clinical Governance Advice, Presenting Information on Risk).

Term	Equivalent numerical ratio	Colloquial equivalent
Very common	1/1 to 1/10	A person in family
Common	1/10 to 1/100	A person in street
Uncommon	1/100 to 1/1000	A person in village
Rare	1/1000 to 1/10 000	A person in small town
Very rare	Less than 1/10 000	A person in large town

A medical ERPOC is a very safe procedure, however, like all procedures there are potential risks involved. Your Gynaecologist and nurse will ensure that the appropriate measures are taken to reduce the risk of complications. The main risks of the procedure are:

- Complications are rare, but may include excessive vaginal bleeding requiring transfusion (uncommon 1 in every 100).
- Infection risk is low (Uncommon 1 in every 100).

- Rarely, women do not pass all of the tissue and / blood clot following the prostaglandin. If this happens, the whole procedure can be repeated or an operation may be required (uncommon 25 in every 100).
- There is a rare chance some of the retained tissue and /or blood clot will not all be expelled and you may require a further a repeat dose (Common - up to 5 in 100 women).

What happens to any tissue or the fetus?

Any 'products of conception' (POC) i.e. tissue or the fetus are sent to the histopathology laboratory to confirm the miscarriage.

No other investigations are usually carried out into the cause of the miscarriage at this time unless specifically discussed with you.

Arrangements for disposal of the fetal remains:

There are standard procedures in place for the disposal of fetal remains which are described briefly below. If you wish to obtain more detailed information of the processes, please contact one of the people named at the end of this document:

- Fetal remains below 13 weeks gestation are cremated within the hospital, in accordance with the relevant code of practice. This is planned and organised to ensure that no other material is dealt with at the same time. The process is witnessed by two members of the bereavement team.
- Fetal remains above 13 weeks gestation are cremated at the local crematorium in a monthly group service taken by the lead Chaplain for the Trust. In order to maintain patient confidentiality the patient's name is not used to identify the remains.
- A woman or couple may decide to make arrangements themselves, either at home or in a local cemetery/crematorium using a funeral director. To arrange this please contact one of the people listed below, prior to the procedure.

If you wish to discuss any of the above, or to have further Information, please contact Daphne Ward staff (01223 217636) or one of the Chaplaincy team (01223 217769),

Information and support

You might be given some additional patient information before or after the procedure, for example leaflets that explain what to do after the procedure and what problems to look out for.

If you have any questions or anxieties, please feel free to ask a member of staff including staff on:

- The Early Pregnancy Unit, Daphne Ward
01223 217636
Open 08:00 – 20:00 Monday to Friday and 08:30 – 14:00 at weekends
Closed Bank holidays
- Inpatient Gynaecology ward
01223 348544
At all other times

Other useful sources of support:

- The Miscarriage Association
01924 200799 (Monday-Friday 09:00 – 16:00)
www.miscarriageassociation.org.uk
- The Royal College of Obstetricians and Gynaecologists
Recovering Well Patient Information
www.rcog.org.uk
[Early miscarriage: information for you](#) (pdf)



We are currently working towards a smoke free site. Smoking is only permitted in the designated smoking areas.

For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169

Help with this leaflet:



If you would like this information in another language, large print or audio format, please ask the department to contact

Patient Information: 01223 216032 or
patient.information@addenbrookes.nhs.uk



Document history

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Consent form 1

Patient agreement to investigation or treatment

For staff use only:
Surname:
First names:
Date of birth:
Hospital no:
Male/Female:
(Use hospital identification label)

Responsible health professional/job title

Special requirements
 (For example, other language/other communication method)

Name of proposed procedure or course of treatment

Medical evacuation of retained products of conception (MERPOC)

Statement of health professional

(To be filled in by a health professional with an **appropriate knowledge of the proposed procedure**, as specified in the Hospital's consent policy)

I have explained the procedure to the patient. In particular, I have explained:

- The intended benefits of the procedure: As described in the attached leaflet
- Any serious or frequently occurring risks from the procedures including those specific to the patient: As described in the attached leaflet
- Any extra procedures that might become necessary during the procedure

Blood transfusion Other procedure (please specify)

I have discussed what the treatment / procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

The following information leaflet has been provided: Medical Evacuation of retained products of conception (ERPOC) (for example: after a miscarriage)
 Version/Date/Ref: 1/February 2012/CF245

This procedure will involve:

General and/or regional anaesthesia Local anaesthesia Sedation

Health professional's signature: Date:

Name (PRINT): Job title:
 Contact details (if patient wishes to discuss details later)

I have offered the patient information about the procedure but s/he has declined information.

Statement of the interpreter (if appropriate)

I have interpreted the information to the best of my ability, and in a way in which I believe s/he can understand:

Interpreter's signature..... Date:

Name (PRINT):

Important notes: (tick if applicable)

- The patient has withdrawn consent (ask patient to sign/date here)
- See also advance directive/living will (e.g. Jehovah's Witness form)

Copy accepted by patient: yes / no (please circle)

For staff use only:

Surname:
First names:
Date of birth:
Hospital no:
Male/Female:
(Use hospital identification label)

Statement of patient

Please read this form carefully. If your treatment has been planned in advance, you should already have your own copy, which describes the benefits and risks of the proposed treatment. If not, you will be offered a copy now. Do ask if you have any further questions. The staff at Addenbrooke's are here to help you. **You have the right to change your mind**

at any time before the procedure is undertaken, including after you have signed this form.

Training doctors and other health professionals is essential to the continuation of the Health Service and improving the quality of care. Your treatment may provide an important opportunity for such training, where necessary under the careful supervision of a senior doctor. You may, however, decline to be involved in the formal training of medical and other students without this adversely affecting your care and treatment.

Please read the following:

I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia.)

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person undertaking the procedure will, however, have appropriate experience.

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

I have been told about additional procedures which may become necessary during my treatment. I have listed below any procedures that **I do not wish, without further discussion, to be carried out.**

I understand that any tissue (including blood) removed as part of the procedure or treatment will be anonymised and may be used for teaching or quality control, and stored or disposed of in a manner regulated by appropriate, ethical, legal and professional standards.

I understand that all research will be approved by a research ethics committee and undertaken in accordance with appropriate ethical, legal and professional standards.

I understand that the research may be conducted within a hospital, university, not for profit organisation or a company laboratory.

Please tick boxes to indicate you either agree/disagree to the three points below. Yes No

I agree that tissue (including blood) not needed for my own diagnosis or treatment can be used for **research which may include genetic research.** **If you wish** to withdraw your consent for the use of your tissue (including blood) for research, please contact the Patient Advice and Liaison Service at Addenbrooke's Hospital.

I confirm that the risks, benefits and alternatives of this procedure have been discussed with me and I have read and understood the above and agree to the procedure (or course of treatment) on this form.

Patient's signature: **Date:**

Name (PRINT):

If the patient is unable to sign but has indicated his/her consent, a witness should sign below. Young people may also like a parent to sign here (see guidance notes).

Witness' signature: **Date:**

Name (PRINT):

Confirmation of consent (to be completed by a health professional when the patient is admitted for the procedure, if the patient has signed the form in advance)

On behalf of the team treating the patient, I have confirmed with the patient that s/he has no further questions and wishes the procedure to go ahead.

Signature Date:

Name (PRINT): Job Title: