

Women's Services

Surgical management of miscarriage

Contact telephone numbers

- Daphne ward (08:00 20:00 Monday - Friday. 08:30 14:00 Saturday - Sunday): 01223 217636
- Ward L4 (all other times): 01223 348500

Miscarriage in early pregnancy is very common, with as many as one in four confirmed pregnancies ending this way.

Depending on the circumstances, including how clinically well you are at the time when you were seen on Daphne ward, you will have been offered three choices to help you with the next part of your miscarriage:

- Expectant management
- Surgery - evacuation of retained products of conception (ERPOC)
- Medical management of miscarriage

This leaflet aims to help you understand more about **Surgical Management of Miscarriage**.

Introduction

Evacuation of Retained Products of Conception (ERPOC) is a minor surgical procedure to remove any remaining tissue, or blood clot, in the womb, after a miscarriage.

It involves being admitted to hospital, usually the day surgery unit, for part of the day and having a general anaesthetic.

Advantages of Surgical Management

- You may feel more 'in control' of the process as it is more clinical.
- Usually only a minimal amount of pain and bleeding is experienced, after the procedure.

Disadvantages of Surgical Management

- Requires admission to hospital for part of the day.
- Requires a general anaesthetic.

- Under sterile conditions, it is necessary to insert instruments into the womb which carries and increased risk of infection, damage to the cervix (neck of the womb) and the womb itself.
- There may be heavy bleeding at the time of surgery.

What to expect:

An appointment will be made for you to be admitted to **Day Surgery Unit** for the next available session, where you will be cared for by the gynaecology team.

Frequently asked questions

Am I allowed to eat & drink prior to surgery?

No. It will be necessary for you to starve in preparation for the general anaesthetic for at least **six** hours prior to admission for your operation.

Nursing staff on Daphne ward will ensure you have information about this, depending on when your operation is due.

What do I need to bring in with me?

- If you are taking any medication, please ensure that staff are aware of this, and bring it with you on the day of your operation.
- Bring some basic toiletries with you, such as a toothbrush, and some sanitary towels.
- Bring a dressing gown & some slippers.
- Wear only a minimal amount of jewellery. Only small rings, which will be taped, are allowed into the theatre suit.
- Do not wear makeup, and ensure any nail polish is removed from your finger & toe nails.
- If you wear contact lenses, they will need to be removed prior to your going into theatre.

Who will perform my operation?

You will usually meet the senior gynaecology doctor performing your surgery, and the anaesthetist, prior to going to theatre.

Will I be given any drugs before the operation?

It may be necessary for you to have a prostaglandin drug an hour or so before your operation. This helps to soften the cervix, in order to reduce any trauma during the surgery.

The doctor performing the surgery, or a member of the nursing team, will insert it into the vagina, near the neck of the womb (cervix).

How long do I have to be in hospital?

Once you are back on the ward, nursing staff will ensure that you are recovering, and once you are ready, they will provide you with a light snack, such as sandwiches.

Provided you are:

- Well
- Have only minimal bleeding
- Minimal/no pain
- Have passed urine
- Have had something to eat and drink
- Have someone to take you home

You will be allowed home a few hours after the operation.

May I bring someone with me?

Yes. Your partner, friend or family member is welcome to stay with you for the day. However there are **no** facilities to care for children on the unit, therefore please make your own arrangements for childcare before attending the hospital.

What about after the operation?

- You will need a responsible adult to escort you home, and stay with you for 24 hours after the anaesthetic.
- During this time you are advised not to use any electrical equipment such as: kettles, irons or cookers.
- You are also advised not to drive during this time.
- If you have children, it is advisable to have another adult with you to care for them.

What happens to any tissue or the foetus?

Any 'products of conception' (POC) i.e. tissue or the foetus removed during the operation are sent to the histopathology labs to confirm the miscarriage is complete.

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

Following this, POC are cremated, within the hospital. Please discuss with the nursing staff if you have any questions regarding this.

What if I think I have miscarried before I come in for the operation?

This does sometimes happen, so it is advisable to have some sanitary towels and mild analgesia (pain relief) such as paracetamol or ibuprofen at home, just in case.

The bleeding may be very heavy, and you may pass blood clots, tissue or even a recognisable foetus.

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 **ward L4** for advice.

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- **Ward L4 (all other times): 01223 348500**

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

If you think you have miscarried, an operation may not be necessary, provided you are well and the bleeding has lessened.

An ultrasound at this time is **not** beneficial, as it would normally show blood in the womb anyway.

Please telephone Daphne ward to discuss the situation with nursing staff.

If you miscarry over the weekend, but are well, please telephone Daphne ward **before 08:30 on Monday morning or attend the Day surgery unit as planned and discuss the situation with medical staff.**

Once you have actually miscarried (passed clots of blood or tissue) the bleeding will ease and it will become much lighter. Any cramping pain will also cease.

It is not unusual to bleed for seven to 14 days after a miscarriage, but this bleeding should be noticeably lighter, and more period like.

It is advisable to avoid intercourse whilst you are bleeding, again to reduce the risk of infection.

What to expect when you go home

Bleeding

Initially after the operation, you may experience a moderate amount of bleeding, but by the time you are discharged home, this should have decreased. However it still may be heavier than a normal period at this time.

Nursing staff will advise you regarding this, as every woman is different.

It is advisable to avoid using tampons or have intercourse until the bleeding stops, to reduce any risk of infection.

The bleeding may continue for seven to ten days after the surgery, during which time you should see it reducing and becoming more like the end of a period (dark in colour).

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 **ward L4** for advice.

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Discomfort/pain

You may experience some lower back ache and cramping period-like pain after your operation.

You will have been given some pain relief during your operation, and if necessary the nurses will give you some more as you recover on the ward.

It is advisable to be prepared with a suitable type of analgesia which you are able to tolerate for when you are at home.

The following types of painkillers are all useful:

- Paracetamol
- Ibuprofen

If these types of pain relief are insufficient, please do not hesitate to contact us on **Daphne ward or ward L4.**

Hygiene

Avoid hot baths initially after the operation, as you may feel faint. Otherwise it is safe for you to have a warm bath or shower.

Signs of infection

Increased bleeding or pain, or developing an offensive smelling vaginal discharge may be symptoms of an infection.

You should see your GP immediately if you develop any of these symptoms as you may require antibiotic treatment. If your GP is concerned, you will be referred back to the Gynaecology team for further management.

If you are unable to see your GP please contact us on Daphne ward and we will be happy to advise, and if necessary, see you.

Work

This is a very individual thing.

You will certainly need 48 hours around the time of the operation off work, thereafter it depends how you feel generally-having a miscarriage can be a very distressing event in a woman's life.

Many women feel that at least a few days off work may be necessary.

You can self-certificate for the first week off work, thereafter your GP should be able to provide you with a sick certificate.

Follow-up

It is not necessary for us to see you again on Daphne ward after your miscarriage.

However if you have **any** concerns then please telephone Daphne ward for advise.

You may wish to see you own GP two to three weeks after the miscarriage, to ensure all is well.

Emotionally

It is not unusual to feel low in mood or tearful at any time during or after a miscarriage. Some ladies even feel quite angry, 'why has it happened to me?'

It is quite normal for you to feel sad and upset about losing your baby. Losing a baby can be a very painful experience for partners too, and sometimes their grief is unacknowledged.

If you feel that you, or your partner, need more help coming to terms with losing your baby, here are some contact numbers, which may be of use:

- Karen Burgess, Counsellor Women's services: 01223 349327 (answer phone)
- Email: rosiecounsellingservice@addenbrookes.nhs.uk
- The Miscarriage Association: 01924 200799 (Monday-Friday 09:00 – 16:00)
- www.miscarriageassociation.org.uk

When can I expect a period?

Every woman is different regarding how soon after the miscarriage they have their next period, however sometime in the next 4-6 weeks is considered usual.

Often this period may be different than usual (heavier or lighter, again this is nothing to be concerned about, unless the bleeding is very heavy-in which case consult your GP).

Do I need to inform anyone about my miscarriage?

No. Staff on Daphne ward will have written to your GP & community midwife and any antenatal scans or appointments will have been cancelled, so you do not need to worry about doing this.

The future

It is advisable to wait for at least two normal periods before you try to get pregnant again.

This helps you have time to grieve for one baby before embarking on another pregnancy and also allows your body time to recover too.

Remember that miscarriage is a very common occurrence, and in most cases the cause of the miscarriage is unknown.

If this is your third consecutive miscarriage, staff on Daphne ward will discuss with you and your partner if you wish to be referred to one of the consultant gynaecologists, who sees couples in this situation for investigation and support.

Any preconception care you have been following should continue, such as:

- Taking folic acid
- Reducing your alcohol and caffeine intake
- Ceasing smoking

If you are unsure whether you wish to try for a future pregnancy, it is advisable to consider your contraceptive needs during this time.

We hope this information leaflet has been of help to you. If you have any further concerns, please contact the staff on Daphne ward.



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

Polish

Jeżeli chciałbyś uzyskać te informacje w innym języku, w dużej czcionce lub w formacie audio, poproś pracownika oddziału o kontakt z biurem Informacji Pacjenta (Patient Information) pod numerem telefonu: 01223 216032 lub pod adresem patient.information@addenbrookes.nhs.uk

Portuguese

Se precisar desta informação noutra língua, em impressão de letras grandes ou formato áudio, por favor peça ao departamento que contacte a secção de Informação aos Doentes (Patient Information) pelo telefone 01223 216032 ou através do e-mail patient.information@addenbrookes.nhs.uk

Arabic

إذا كنت تود الحصول على هذه المعلومات بلغة أخرى، بالأحرف الكبيرة أو بشكل شريط صوتي، يمكنك أن تطلب من القسم الاتصال بمعلومات المريض على الرقم: 01223216032 أو عبر البريد الإلكتروني: patient.information@addenbrookes.nhs.uk

Cantonese

如您需以另一語言版本、特大字體或錄音形式索取本資料，請要求部門聯絡病人諮詢服務：電話 01223 216032，電郵地址 patient.information@addenbrookes.nhs.uk

Turkish

Eğer bu bilgileri başka bir dilde veya büyük baskılı veya sesli olarak isterseniz, lütfen bulunduğunuz bölümdeki görevlilere söyleyin Hasta Bilgilendirme servisini arasinlar: 01223 216032 veya patient.information@addenbrookes.nhs.uk

Urdu

اگر آپ کو یہ معلومات کسی دیگر زبان میں، بڑے الفاظ میں یا آڈیو طریقہ سے درکار ہوں تو برائے مہربانی اس شعبہ سے پیشینٹ انفارمیشن سے ذیل کے ذریعہ رابطہ کرنے کی درخواست کریں: 01223 216032 یا patient.information@addenbrookes.nhs.uk

Bengali

আপনি যদি এই তথ্য অন্য কোন ভাষায়, বড় অক্ষরে বা অডিও রেকর্ডিং পেতে চান তাহলে 'প্যাশেন্ট ইনফরমেশন' এর সঙ্গে 01223 216032 নম্বরে ফোন করে বা patient.information@addenbrookes.nhs.uk ঠিকানায় ই-মেইল করে যোগাযোগ করার জন্য ডিপার্টমেন্টটিতে অনুরোধ জানান।

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