East and North Hertfordshire NHS
NHS Trust

Patient Information Leaflet

Surgical management of miscarriage

Introduction:

If you are reading this leaflet, you are probably in the process of experiencing a miscarriage. This leaflet explains the surgical management that is offered in this situation and describes recovery after this process.

What is early miscarriage?

Early miscarriage is when a woman loses her pregnancy in the first three months and may be accompanied by vaginal bleeding and pain. There is around a 1 in 4 (25%) risk of having a miscarriage in the first three months.

Types of early miscarriage:

In some miscarriages the womb (uterus) empties itself completely **"Complete Miscarriage"**. In this type no further treatment is needed.

In some cases, though, an ultrasound scan shows that the baby has died or not developed but has not been physically miscarried **"Missed Miscarriage"**.

Sometimes when a miscarriage occurs, not all the pregnancy tissue in the womb comes away. Although the pregnancy is over, symptoms of pain and heavy bleeding continue **"Incomplete Miscarriage"**.

In all of these situations, the pregnancy will fully miscarry in time, but the miscarriage may also be managed surgically or medically. You will usually be offered a choice, or the doctor might make a recommendation.

Surgical Management

This is an operation to remove the remains of your pregnancy and it is usually done under general anaesthetic (you are asleep). Some people call it a D & C, which means dilatation and curettage, but this is a slightly different procedure, usually carried out for women with period problems.

Surgery is usually arranged as a planned operation, within a week in the Treatment Centre (which is an independent treatment centre located on the hospital site).

You may be advised to have surgery immediately if:

- You are bleeding heavily and continuously
- The miscarriage is infected
- Expectant or medical management are unsuccessful.

What does a surgical procedure involve?

The cervix (neck of the womb) is dilated (opened) gradually, and a narrow suction tube is inserted into the womb to remove the remaining pregnancy tissue.

This procedure takes about 15 to 30 minutes. A sample of the tissue is usually sent to the pathology department to check that it is normal pregnancy tissue. It is not usually tested for anything else unless you are having investigations after recurrent miscarriage.

What happens to any tissue or the foetus?

Any pregnancy tissue removed during the operation is sent to the histopathology labs to confirm the miscarriage is complete and we will ask for your signed consent to do this.

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

Even though you have miscarried we would like to treat the remains of your pregnancy sensitively and you will also be asked to sign a consent form giving us permission to either perform a hospital cremation, or await your instruction for private cremation or burial. For more information regarding this please ask a member of our staff or see our patient information leaflet entitled ‘Following your Miscarriage: A practical guide for pregnancy loss up to 24 weeks ‘

Does it hurt?

The operation is usually carried out under a general anaesthetic. It is done vaginally and you will have no cuts or stitches. You may have some abdominal cramps (like strong period pain) when you wake up and for a few days afterwards. You are likely to have vaginal bleeding for up to two or even three weeks.

Bleeding may stop and start but should gradually tail off during that time. If bleeding continues to be heavy or gets heavier than a period, it is best to contact your GP or the early pregnancy unit/Gynaecology ward where you were treated.

Are there any risks?

There is a small risk of infection or injury with any surgical operation and, more rarely, a risk from having a general anaesthetic.

The risk of infection after this operation is low (about 2 to 3 cases per 100). There is a very small risk (less than 5 in 1000) of uterine perforation (making a small hole in the wall of the womb), and in rare cases, damage to the bowel or other internal organs (1 in 1000). The risk of haemorrhage (extremely heavy bleeding requiring a blood transfusion) is 1-2 in 1000, and the risk of scarring (adhesions) on the lining of the womb is also very low.

Very occasionally, there is still pregnancy tissue remaining in the womb and a repeat operation may be needed (5 in 100).

What if I get an infection? Will I know?

Signs of infection are a raised temperature and flu-like symptoms, a vaginal discharge that looks or smells offensive and/or abdominal pain that gets worse rather than better. Treatment is with antibiotics. In some cases, you may need a repeat operation.

You may receive a course of antibiotics routinely after this operation to prevent infection. You will probably also be advised to use pads rather than tampons for the bleeding and not to have sexual intercourse or go swimming until the bleeding has stopped.

What are the benefits of Surgical Management of Miscarriage?

For many women, the main benefit is that their miscarriage is “over and done with” and they feel they can move on more easily. They may be shocked to find out that their baby has died and may not be able to tolerate “carrying a dead baby” once they find out. With surgical management they know when the miscarriage will happen and can plan around that. Some women prefer not to be aware of the process of miscarrying.

Are there any disadvantages?

Some women are frightened of having an anaesthetic, surgery or a hospital stay or of something going wrong during the operation. Some prefer to let nature take its course and to be aware of the whole process. Some women worry that the diagnosis might be wrong and refuse surgery in case there is a chance that scans might be wrong. Do not be afraid to see a doctor for advice if you need to be sure before making a decision.

When should I phone for help?

You should be given a 24-hour telephone number for the early pregnancy team to use if:

- are worried about the amount of bleeding
- are worried about the amount of pain you are in and the pain-relieving drugs are not helping
- have a smelly vaginal discharge
- get shivers or flu-like symptoms
- are feeling faint
- have pain in your shoulders.

What happens after the operation?

To reduce the chance of infection, sanitary towels are advised rather than tampons until the bleeding has stopped. You may also be advised to wait until you have stopped bleeding before you have sex.

When you leave hospital, a letter (known as a discharge letter) with details of your treatment will be sent to your general practitioner. You can ask for a copy of this letter.

You should be able to go back to work after a week or so but it can take longer than this to come to terms with your loss.

When can we try for another baby?

Your next period will be in four to six weeks time. Ovulation occurs before this, so you are fertile in the first month after a miscarriage. We would advise you to wait until your next period before trying for another baby and would advise condoms as contraception in the meantime.

You may want to wait a little while before trying again as you may feel emotionally tired. The best time to try again is when you and your partner feel physically and emotionally ready.

Are there any risks for a future pregnancy?

Having a miscarriage and surgical management does not put you at increased risk of miscarrying in the future. Many women will have at least one miscarriage during their reproductive years. In future pregnancies it is not necessary for you to have any additional scan earlier that 12 weeks unless you have had a history of ectopic pregnancy or are seeing a Consultant for recurrent miscarriage.

Bleeding in early pregnancy does not always mean miscarriage but if you do experience this in a future pregnancy you should make an appointment with your GP and you will be referred for a scan in the Woodlands Clinic.

We wish you all the best for the future.

Contact telephone numbers:

Woodlands Clinic (Early Pregnancy Unit)

01438 286190
(Mon - Fri 8am-8pm; Sat & Sun 9am–5pm)

Further help and information:

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:

Bereavement Midwife
07770 280868

The Miscarriage Association:
01924 200799 (Mon-Fri 9am-4pm)
www.miscarriageassociation.org.uk

www.enherts-tr.nhs.uk

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