

Surgical management of your miscarriage under local anaesthetic



Admission date:

Admission time:

We are very sorry you have had a miscarriage. We hope this information is useful for you in preparing to come into hospital for your operation.

When should I come in to hospital?

Please come to the Emergency Gynaecology Unit (EGU) on the planned morning of your procedure. You need to arrive at maternity reception at the prearranged time.

What should I bring with me?

We suggest you bring in some essentials, such as sanitary towels and spare underwear.

Please leave any non-essential valuables at home.

Should I bring anyone with me?

It is a good idea to bring a supportive friend or relative with you. They don't need to come in the room when we do the procedure, but you may find it helps to have someone to sit with you after the procedure and to take you home.

How do I prepare for it?

Please make sure you take the two misoprostol tablets and pain killers (such as ibuprofen and paracetamol) as directed.

The misoprostol helps to make the cervix (neck of the womb) easier to dilate (stretch) during the procedure. Some women get crampy period-like pains and start to bleed after taking the tablets. Some get sickness and diarrhoea. It is important to take the pain killers before the procedure to help to treat any discomfort during the procedure. You may also like to have a bath or shower at home on the night before or morning of admission.

What happens when I arrive?

You will be seen first by a nurse in EGU and later by a doctor to check that all your details are correct.

What does the operation involve?

You will be positioned on a gynaecology couch (similar to the one when you had your scan). A speculum is then inserted into your vagina and local anaesthetic injected into your cervix (opening of your womb). Your cervix is gently dilated (stretched). The pregnancy is then removed using a small suction device.

How long does it take?

The suction process takes one to two minutes, but you will be in the treatment room for around 30 - 45 minutes. Some women feel a bit light headed and dizzy for a short time afterwards. If this happens, you need to stay sitting down until it has settled.

Will it hurt?

You will experience some period-like cramps during the procedure. These can be severe for one to two minutes. You will have a nurse with you the whole time and we will give you entonox (gas and air) to help relieve the pain, if needed.

What are the risks?

This is a very safe procedure, but occasionally as with any operation there may be complications. These include infection, heavy bleeding and perforation (making a hole) of the womb with the instruments used. If this happens, it may be necessary to look in your tummy with a telescope and if there was internal bleeding, you may need a further operation to repair it. Occasionally the pregnancy is not all removed and you may need further treatment.

What happens to the pregnancy tissue?

It is usual for any pregnancy tissue to be sent to the laboratory for analysis. We take the upmost care to treat the tissue with respect and dignity. Some of the pregnancy tissue (sometimes all) is then kept as part of your medical records. With your written consent, any remaining pregnancy tissue is taken to Penmount crematorium for collective cremation with other pregnancy tissue. If you would like to consider a more personal option such as burial please discuss this with the hospital staff. The hospital chaplain regularly gives a non-denominational blessing in the chapel on behalf of all those who have suffered pregnancy loss.

Why do I need antibiotics?

When you have an operation to remove pregnancy tissue, we routinely give you an antibiotic to try to reduce the risk of infection. Metronidazole is given at the end of the operation.

Do I need Anti-D?

If your blood group is Rhesus (RhD) negative, you will need an anti-D injection. This is to prevent a condition called Haemolytic Disease of the Newborn (HDN) in any future pregnancy. HDN occurs if your body has made antibodies to RhD positive red blood cells. These antibodies can cross your placenta and destroy the red cells of your fetus. This can result in several conditions ranging from jaundice to, in severe cases, the death of your baby.

It is very important for the safety of any future pregnancies that you have anti-D injections when advised.

When can I go home?

You can usually go home later the same day, normally about one hour after the procedure. Sometimes, it can take a while longer to feel well enough to go home, so be aware you may need to stay for a few hours.

How long does the bleeding last?

Following your procedure, bleeding may continue for up to three weeks. It should get lighter, like the end of a period. Do not use tampons for the bleeding, just sanitary pads.

It is normal to have some tummy cramps and even some small clots, but if:

- the bleeding becomes very heavy
- the pain becomes very severe, or
- you have an unpleasant smelling discharge

see your GP as you may need antibiotics.

When can I resume normal activities?

Having a bath or a shower is safe after the operation. You can resume sexual intercourse again when you feel ready. Physically, you should be able to return to work a few days after your operation, but emotionally you may need some more time and we would offer you a sick certificate to cover you for this time.

When will I get my period again?

Your periods should return within 4-6 weeks, but this does vary.

When can I try again?

There is no 'right' time to start trying again, but we would advise waiting until your next normal period before trying for a baby again and until you both feel ready.

Will it happen again?

The chances of a successful pregnancy next time are very high. Stopping smoking and reducing your alcohol intake both increase your chances of having a healthy pregnancy. If you are trying to conceive you should take folic acid to reduce the risk of neural tube defects such as spina bifida.

You can apply for a certificate of your baby loss at:

www.babylosscertificate@nhsbsa.nhs.uk

Tel: 0300 3309445

Contact us

If you require urgent assistance please contact:

The Gynaecology Ward

01872 253163

Emergency Gynaecology Unit

Monday to Friday - 8.30am to 4.30pm

01872 252686

Further information and support is available from:

The Miscarriage Association

Tel: 01924 200799

www.miscarriageassociation.org.uk

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If you would like this leaflet in large print, braille, audio version or in another language, please contact the General Office on 01872 252690

