



Surgical Management of Miscarriage under General Anaesthetic

What is Surgical Management of Miscarriage?

This is a simple operation that is performed to remove the pregnancy tissue from the uterus (womb) following a miscarriage and is performed under a general anaesthetic.

When is it performed?

This will be arranged when:

- You have chosen this option after the diagnosis of a miscarriage
- Other management options have not worked after the diagnosis of a miscarriage
- You have bled heavily during or after the diagnosis of a miscarriage

What are the risks?

There is a small risk of infection and retained pregnancy tissue following the operation and you will be given information regarding signs to look out for. There is also a small risk of damage to the uterus and internal organs during the procedure. These risks will be explained to you before you sign the consent form.

What will happen before the operation?

After a diagnosis of a miscarriage has been made, you will be offered treatment options and if you choose the surgical management of miscarriage under anaesthetic this will be booked by the nurse as an elective procedure. We would try to arrange this within 10 days of you making the decision.

You will have some blood samples taken to check your blood group, to check to see if you require an injection called Anti D following the procedure or should you need a blood transfusion and to make sure you are not anaemic. You will also be asked to provide a urine sample to test for an infection called chlamydia. A doctor will give you information regarding the operation, including any risks involved and then ask you to sign a consent form – it is important that you understand the procedure before signing the consent form.

You will be asked about your general health to make sure you are suitable to have a general anaesthetic. It is important to inform the medical staff about any allergies or illnesses you have and if you are taking any medication.

What will happen on the day of the operation?

You will be given information before leaving the hospital and it is important to follow these instructions to ensure that your admission into hospital proceeds smoothly.

Shortly after admission a nurse will make sure that all the paperwork is in order and show you around the ward. Your partner will be allowed to stay with you if you wish them to do so.

Information for Patients

In some cases it may be necessary to soften the cervix (neck of the womb) prior to the operation by inserting some small tablets into the vagina. This is painless and will be done by the nurse who is looking after you.

The operation is usually done the day you come into hospital but a delay may occur if an emergency case requires the use of the operating theatre. The staff on the ward will keep you informed if there is a possibility of a delay.

After you have been anaesthetised the surgeon will open the cervix and remove the retained tissue. You may be given a drug to ensure the uterus contracts and to reduce vaginal bleeding.

The tissue will be sent to the pathology department where, if you have consented, it will be examined and confirmed as pregnancy tissue.

What happens after the operation?

You will wake up shortly after the operation. It is common to feel tearful, a little nauseous and lightheaded. Your blood pressure and pulse will be monitored until they are stable and the nurses will check that you not bleeding too heavily. You may experience some abdominal cramps, this is normal and the nurses can give you some painkillers if needed. You will be allowed to have some water to drink and provided you are not sick, you will be given something light to eat.

If you are well enough you will be allowed home approximately 3 0 4 hours after the operation. You will not be fit to drive so please ensure there is someone available to take you home.

What else should I expect?

Vaginal bleeding may occur for a few days following the operation. This should be like a light period and should settle, although it may last a week or longer.

If the bleeding is heavy and there are clots it is best to get checked out by your GP as it may be a sign of infection or retained tissue. While you are bleeding use sanitary towels, not tampons, to reduce the risk of infection. Avoid intercourse until the bleeding has topped. If your bleeding becomes very heavy and you are changing your sanitary pads every hour you will need to attend A & E.

If you require any further information please do not hesitate to contact one of the numbers listed.

Support:

Miscarriage Association: 01924 200799 info@miscarriageassociation.org.uk

We offer a Miscarriage support group on the Heartlands site once a month which we highly recommend; you can contact our volunteer Catherine on 07595840775 or email enquiry@thepinksnblues.co.uk

Contact Numbers:

Good Hope Hospital EGU: 0121 424 7747
Birmingham Heartlands Hospital EGU: 0121 424 3505
Lead Midwife for Early Pregnancy & Miscarriage Care is Rachel Small