

# **SURGICAL MANAGEMENT OF MISCARRIAGE**

## **Surgical Management of Miscarriage at**

### **Saint Mary's at Wythenshawe**

**Please attend Ward F16 at Wythenshawe Hospital**

**On:**

**At:**

**You must not eat anything after midnight on the night before surgery  
(This includes sweets and chewing gum).**

**You can drink clear fluids until 6am on the morning of your surgery**

**Welcome to the Gynaecology Services at Manchester University NHS Foundation Trust  
Incorporating both Saint Mary's Hospital & Wythenshawe Hospital sites.**

We understand this may be a very difficult time for you and we are sorry for your loss.

If you have opted for surgical management following your miscarriage, this leaflet aims to give you some general information about what this method will involve and what you should expect to happen during your admission for surgery. It may also help to answer some of the questions you may have. However, it is intended as a guide only and there will be opportunity for you to talk to your nurse and doctor about your care and treatment.

## WHAT IS SURGICAL MANAGEMENT

Surgical management of miscarriage involves removing the pregnancy tissue from your uterus (womb) using a suction catheter which will be inserted vaginally and into the uterus. This operation is safe and suitable for most patients; it is performed under anaesthetic (you will be put to sleep). The procedure should only last approximately 20 minutes and usually only requires you to be admitted to the hospital for one day.

It is important that you tell the nurse or doctor if you have any medical conditions.

## WHAT ARE THE RISKS OF SURGERY

The procedure is safe, and the risks of complications are low. However, the following are the possible complications which will be discussed with you before the procedure:

- Infection (4 in 100)
- Blood loss requiring a blood transfusion (0-3 in 1000)
- Incomplete procedure (4 in 100)
- Nausea and vomiting
- Injury to cervix (1 in 1000) / Perforation of uterus (3 in 200)
- Scar tissue in the womb (also known as Asherman's Syndrome)
- Need for other surgery including laparoscopy (Camera test inside the abdomen or laparotomy (Open operation through a cut in the tummy))
- Anaesthetic complications

(RCOG, 2018)

Very common: 1/1 to 1/10  
Common: 1/10 to 1/100  
Uncommon: 1/100 to 1/1000  
Rare: 1/1000 to 1/10 000

## PRE-OPERATIVE ASSESSMENT

In order to have surgery safely we will need to complete a pre-operative assessment where we will ask you about any past medical and surgical history. It will also be necessary to take some blood tests to check your blood count and determine your blood group to establish whether you are Rhesus positive or negative. If you are Rhesus positive you will not require any further treatment. If you are Rhesus negative, you will require a single injection of Anti-D. Anti-D will prevent your body from developing antibodies that could potentially affect future pregnancies.

Your pre-op assessment will need to be completed 24-72 hours before your admission date. You will be given an appointment for this and details on where to attend.

## CONSENT

We must by law obtain your consent to any operation. Staff will explain the risks and benefits of the surgery. You will be asked to sign two consent forms. The first will be to confirm that you agree to surgical treatment and will be completed with a Doctor. The second is for a histological examination and your wishes regarding your miscarried pregnancy. This may be completed by your admitting nurse or by the doctor.

It is important for tissues from your pregnancy to be examined visually and under the microscope to confirm the pregnancy and to rule out any abnormality which has not been previously identified. However, it may not be possible to establish the cause of your loss.

## WHAT PREPARATION WILL I NEED?

It is very important that you do not have anything to eat or drink for at least 6 hours before your operation. This includes sweets and chewing gum. You may be allowed water up to two hours before surgery – your nurse or doctor will confirm this with you at your pre-operative assessment.

You should have a bath or shower prior to the operation and please remove any body piercings and nail varnish from fingers and toes. Valuables and jewellery should be left at home.

## WHAT WILL I NEED TO BRING ON THE DAY OF SURGERY?

You should only need to remain as an inpatient for approximately 6-8 hours when admitted. However, this may be longer dependant on the daily activity in the emergency theatre or you may need to stay overnight if you require any further monitoring.

We advise that you bring toiletries, sanitary towels and comfortable clothes on the day. You should also bring any regular medications that you may take.

## WHERE DO I GO ON THE DAY OF SURGERY?

**Wythenshawe Hospital – Ward F16, 1<sup>st</sup> Floor, Orange Zone, Entrance 15.**

You will be given a specific time to arrive and it is important that you arrive on time so that your operation is not delayed. Please note, the time you are asked to arrive is your admission time only and not the expected time of your surgery; this will be estimated with you during the admission process.

## HOSPITAL ADMISSION

You will be seen by a nurse, the doctor performing the procedure and the anaesthetist (the doctor who will administer the general anaesthetic).

Depending on your circumstances (for example, if you have not had a vaginal delivery before) it may be necessary for you to take some medication called Misoprostol orally 1-2 hours before the procedure. This is to prepare the cervix (the neck of the womb) for the operation. In some patients, this may cause period type pain, bleeding, headaches, dizziness, diarrhoea or a skin rash. Please inform your nurse if you develop any of these symptoms.

You will be required to wear a theatre gown, some anti-embolus socks ('flight socks' – to prevent blood clots in your legs), and disposable underwear.

When it is time you will be escorted to theatre and put to sleep with a general anaesthetic. Antibiotics will be administered to you rectally whilst you are asleep. This will be discussed when completing your consent form. A member of the theatre team will be with you at all times. Your operation is only a short procedure, when you wake up from your anaesthetic you will be in the theatre recovery where you will stay for approximately half an hour after the procedure before returning to the ward.

## POST-OPERATIVE CARE

On return to the ward we will ask you to rest. Over the next couple of hours your nurse will record and monitor your observations including your blood pressure, pulse, temperature, vaginal bleeding and any pain. You may have some period type pain which, your nurse can give you some simple pain relief for, and you may have a heavy period type blood loss, sometimes with clots. Some women feel nauseous or vomit following a general anaesthetic. Your nurse can give you medication to help with this.

General anaesthetic affects people in different ways. Symptoms such as nausea, headaches, lethargy are all normal. It is important to drink plenty of fluids and eat small amounts of light diet to help you recover and ease your symptoms. We will provide you with diet and fluid.

## WHAT ARRANGEMENTS SHOULD I MAKE FOR GOING HOME?

The operation is usually performed as a day case, so you should make plans for someone to pick you up from hospital and stay with you overnight for 24 hours.

You will be discharged home once you have eaten, drank, passed urine and are able to walk around the ward area without feeling sick or dizzy. Your nurse will check that your bleeding is not too heavy, and any pain is well controlled.

For 48 hours after the anaesthetic, **YOU MUST NOT:**

- Drive a vehicle
- Drink alcohol
- Make important decisions (such as signing any legal documents)
- Use hazardous machinery
- Engage in sport, strenuous exercise, heavy work or lifting.

## WHAT CAN I EXPECT AT HOME AFTER MY OPERATION?

**Vaginal bleeding:** You may experience vaginal bleeding, similar to a period, for up to 10 days after surgery. Whilst you are bleeding, to reduce the risk of infection, we advise that you use sanitary towels not tampons, do not undertake water sports and avoid having sex. During this time, you are however advised to shower or bath daily.

**Pain:** You can expect to experience stomach cramps and mild pain following surgery for up to 48 hours. You may take simple pain-relieving drugs such as Paracetamol or Ibuprofen, but always read the label/instructions before taking them to ensure it is safe for you to take.

A hot water bottle may be helpful to ease cramps.

**It is important to contact the unit, ward or your GP if you have continuous and/or episodes of heavy bleeding, passing clots, have pains or a smelly discharge.**

**Rest:** You may feel tired for 1-2 days after surgery. Rest as necessary and resume normal activities as you feel able. You may not feel ready to go back to work immediately. You can selfcertify for 1 week or we can provide a sick note before your discharge or you can see your GP.

**Sex:** Do not resume having sexual intercourse until any vaginal bleeding has stopped and you feel ready and comfortable to do so. It may take a while for you and your partner to feel ready – this is completely normal. If you do not want to become pregnant, seek further advice from your doctor or family planning clinic.

**Emotions:** The physical effects of miscarriage and your surgery settle quite quickly. Vaginal bleeding and pain settles and your periods resume. Emotional effects however can take longer. Your body will also be undergoing lots of hormonal changes and it is completely normal to feel a variety of emotions during this time and it may take time for you to get back on your feet again.

Reaction to a pregnancy loss varies from person to person and couple to couple. We are all different and we all react and recover in different ways – there is no right or wrong way. Grief is a natural response to a miscarriage. Other emotions such as feelings of loss, guilt, relief, and depression have all been described as being felt by both patients and partners. It is important to give yourself time to recover on a physical, psychological, and emotional level.

The nursing team will provide you with emotional support on the day of surgery, however we have a specialist nursing team for Early Pregnancy Loss, who can provide patients with ongoing emotional support. Details of how you can contact the team are at the bottom of this leaflet.

There are also a number of local and national charities that support patients and their partners following a pregnancy loss. Details provided at the end of this leaflet.

### **WILL I NEED A FOLLOW UP APPOINTMENT?**

Not at the hospital, although you may wish to see your GP in 4-6 weeks to check that your body is getting back to normal.

### **WHEN CAN I EXPECT A PERIOD?**

Every woman is different regarding how soon after the operation to expect a period, however sometime in the next 4-6 weeks is considered usual.

Often this first period may be heavier or lighter than you usually experience but should return to normal within 2-3 cycles.

### **DO I NEED TO INFORM ANYONE OF MY MISCARRIAGE?**

If you had booked to have your antenatal care at Saint Mary's at Oxford Road Campus, Wythenshawe or North Manchester Hospital, any antenatal appointments or scans will have been cancelled and staff will have written to your GP, so you do not need to worry about doing this.

Unfortunately, we are unable to cancel appointments booked at other hospitals, although we will still inform your GP.

### **WHEN CAN WE START TRYING FOR ANOTHER BABY?**

It is perfectly safe to start trying for another pregnancy once you and your partner feel ready to (providing you feel well and have stopped bleeding). For the purpose of estimating your due date, there may be some advantage in waiting until your next normal period.

Any pre-conception care you had been following should continue such as:

- Taking folic acid
- Reducing your alcohol and caffeine intake
- Stopping smoking
- Eating healthily including lots of fruits and vegetables

### **CERTIFICATES**

You are able to get a certificate in memory of your baby if your pregnancy ends before 24 weeks gestation (or 28 weeks if your pregnancy ended before 1<sup>st</sup> October 1992).

You can request for a certificate from the Government website:

[Request a baby loss certificate - GOV.UK](#)

**If you require any further information or clarification, including clarification of terminology, please do not hesitate to talk to one of the doctors or nurses, who will be happy to discuss your concerns with you.**

## CONTACT DETAILS

**If you have any queries or concerns, please contact Emergency Gynaecology Services for advice:**


### **Emergency Gynaecology Unit (EGU)**

 (0161) 291 2561 (24 hours)

The EGU is located at Wythenshawe Hospital (enter via entrance 15). The department operates a telephone triage service; you must call and speak with a specially trained nurse before attending to plan your care.

**There are no emergency gynae or early pregnancy services at Saint Mary's Hospital, Oxford Road**


### **Gynaecology Ward F16 at Wythenshawe**

 (0161) 291 5060 / (0161) 291 2561 (24 hours)

**Clinical Nurse Specialist for Early Pregnancy Loss** - located at Oxford Road Campus

 [earlypregnancyloss.nurse@mft.nhs.uk](mailto:earlypregnancyloss.nurse@mft.nhs.uk)

**Counselling Service (confidential)** - located at Oxford Road Campus

 (0161) 276 4319 (Monday - Friday 8.30 am – 4.30 pm – answerphone available)

 <https://mft.nhs.uk/saint-marys/services/gynaecology/emergency-gynaecology/>

## FURTHER SUPPORT AND INFORMATION

**The Miscarriage Association:** (01924) 200799

[www.miscarriageassociation.org.uk](http://www.miscarriageassociation.org.uk)

**Cradle Charity:** 0333 443 4630 [www.Cradlecharity.org](http://www.Cradlecharity.org)

**4Louis Charity:** (0191) 514 447 [www.4louis.co.uk](http://www.4louis.co.uk)