

Gynaecology and Reproductive Medicine

Surgical management of miscarriage (SMM)

Information for patients, relatives and carers

Introduction

We are sorry for your recent loss. This leaflet has been designed to support you by explaining one of the options for managing the miscarriage. Please ask a member of the team any questions you may have about the information below.

What is surgical management of miscarriage?

Surgical management of miscarriage (SMM) is a minor operation that is performed when you have been diagnosed with a miscarriage. SMM may be performed when an ultrasound scan has shown that a pregnancy has failed to develop properly or that the fetal (baby's) heartbeat has stopped. It may also be performed when you have had bleeding but there is still some tissue in the womb.

The procedure involves stretching the natural opening into the womb (the cervix). A small suction tube is inserted through the cervix into the womb to gently remove any tissue inside. There are no cuts, so you do not need stitches. The whole procedure usually takes about 10 minutes to perform and is done under general anaesthetic (so you will be asleep).

Are there any alternatives to SMM?

Yes, these should be discussed with your doctor. We may be able to offer a similar procedure that you don't need to be put to sleep for, called manual vacuum aspiration (MVA). Other alternatives include expectant management (waiting for a miscarriage to occur naturally), or medical management (where you are given medication to insert into the vagina which causes the womb to contract). We have information leaflets on all of these options.

Sometimes surgical management will be recommended over the others because you are bleeding heavily, or are likely to, or if you have an infection. Sometimes there is no reason to recommend one option over another and you can choose the option you are most comfortable with. In many ways, surgical management is the most predictable in terms of the timing and the symptoms you will experience, so some women choose it for this reason. No option has been found to be better than another in terms of future pregnancies – none are expected to cause any problems.

Is there anything I should do to prepare for SMM?

Your doctor will ask you to sign a consent form to give us permission to perform surgery. This is to make sure that you understand why we have advised you to have the operation and any risks associated with it. We will also ask you some questions about what you would like us to do with the remains of the pregnancy and ask you to sign a form (a 'sensitive disposal' form) so that we can carry out your wishes.

If we have not already done so, we will take blood tests to check your haemoglobin level (to check that you are not very anaemic) and your blood group (to check if your blood group is rhesus-negative, in which case you will need an injection after the procedure).

If your procedure is in the morning, please do not have anything to eat or drink (not even sweets or chewing gum) after 02.00 on the morning of your operation. If your procedure is in the afternoon, please do not have anything to eat or drink (not even sweets or chewing gum) after 07.00 on the morning of your operation. You can drink water up to 2 hours before your operation.

We will give you a gown to wear but you may feel more comfortable if you bring a dressing gown to wear on top while you are waiting. Do not bring any valuables with you. Bring any medications that you take regularly with you, as well as your next of kin's telephone number.

What should I expect on the day of my operation?

If you have not already signed a consent form, or a sensitive disposal form, the doctor will go through this with you on the morning of the procedure.

The anaesthetist will see you before the operation to discuss the general anaesthetic.

We will then ask you to change into a hospital gown and remove any jewellery, contact lenses, glasses or dentures.

Some women will have been asked to use a tablet called misoprostol, which is inserted into the vagina to help soften the cervix, making the operation easier to perform. You can do this yourself, or the doctor can insert it for you. This is usually done soon after you arrive at the hospital, as it takes about two hours to start working.

We aim to begin the operation as soon as possible after your arrival, however due to unforeseen medical emergencies elsewhere in the hospital, there may be a delay.

When it's time, a member of the nursing staff will escort you to where the procedure will take place.

A cannula (a small tube into your vein) will be inserted to give you the medication required for general anaesthesia. The whole procedure takes approximately 10 minutes to perform. If you are put to sleep, it will feel a lot longer for you (and anyone waiting to hear from you) because of the time it takes to fully wake up after a general anaesthetic.

What happens after the operation?

The nursing staff will monitor you regularly to make sure you are recovering well from your operation. If you have been asleep for the operation, you will feel very drowsy initially. You can have something to eat and drink when you feel well enough to do so. It is important that you can pass urine after the operation; if you are having difficulties, please let us know. You should then be able to go home, providing you have someone to pick you up.

If your blood group is rhesus-negative, we recommend that you have an injection of 'Anti-D' after your surgery. This is to stop you forming antibodies, which can have consequences for future pregnancies. We also usually give you antibiotic tablets to take (in addition to an antibiotic suppository which is given before you wake up). This is to help reduce the risk of infection.

What happens after I go home?

You need someone who can stay with you overnight. Because some of the anaesthetic stays in your system for a while, for the next 24 hours you should not: drive or cycle; operate machinery; drink alcohol or take any sleeping tablets; make any important decisions or sign any legal documents; do sports or any heavy work or lifting.

You may feel slight discomfort like period pain for 1 to 2 days, and we advise you to take paracetamol or ibuprofen during this time. You may have some vaginal bleeding or a brownish discharge, which can last up to 2 weeks. It might be heavier than your normal period. You should not use tampons or have sex during this time.

We do not ordinarily arrange to see you again. We ask you to phone us if you have any concerns, or if your bleeding carries on for more than 2 weeks. If you have given us permission to look at the pregnancy tissue under the microscope when you signed the 'sensitive disposal' form, then we will usually write to you with the results of this within 6 weeks. This does not usually explain the reason behind the miscarriage but usually excludes an uncommon and specific complication of pregnancy called a 'molar pregnancy'. Please note this is different from a genetics or chromosome analysis.

What are the risks involved in having SMM?

How you choose to manage your miscarriage is very personal. Some women will prefer the fact that surgical management is predictable in its timing and in hospital, while others will see this as a disadvantage and prefer to do things in a way they feel is more natural.

All management options for miscarriage, and all operations, have potential risks. SMM is generally very safe but the potential risks include:

Infection

Sometimes, infection can occur after SMM (4 in 100 cases). The signs include:

- raised temperature
- flu-like symptoms

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- offensive smelling (smelly) discharge
 - worsening stomach pain
 - bleeding that gets heavier rather than lighter

You should seek medical advice if you experience any of these symptoms after the operation. Treatment is with a course of antibiotics. You may need to be admitted to hospital.

Extremely heavy bleeding

In 1 in 200 cases, there may be very heavy bleeding. This may mean you will need a blood transfusion (this happens 1 or 2 times in 1000 cases).

Retained tissue

After the operation, there may still be some retained tissue (up to 5 in 100 cases). We aim to remove this completely during the operation but it is important to be very gentle and, occasionally, the uterus may not be completely emptied as a result. Retained tissue after surgery may pass naturally but it can cause prolonged and heavy bleeding and may require further surgery. We ask you to contact us if your bleeding continues for more than 2 weeks after the procedure.

Perforation

Rarely (up to 1 in 1000 cases), we may unintentionally make a small hole in the uterus. If this happens, we will need to insert a telescope (laparoscope) into your belly button to have a look inside and make sure there is no bleeding or damage to organs in your abdomen, such as the bladder or bowel. In most cases there is no significant problem but we would often keep you in hospital overnight for observation. In very rare cases, serious damage can occur and we would need to make a bigger cut in your abdomen to correct the problem. In this case you would be in the hospital for 5 to 7 days.

Asherman's syndrome

A rare condition called Asherman's syndrome (www.ashermans.org) can occur following an SMM. With this condition scar tissue forms causing the front and back walls of the uterus to stick to one another. It is more common in women following childbirth and in women who had a SMM at more than 12 weeks of pregnancy. Symptoms include an absence of periods 2 to 3 months after a SMM. Women may also have pre-menstrual symptoms but no menstruation. We must stress that this condition is rare and treatable. If you think this may be happening to you, please see your GP.

When will things get back to normal?

You can return to work as soon as you feel ready and able to. The time this takes will vary from woman to woman. You can self-certify absence from work for 7 days: after this, you should speak to your GP if you need a fit note.

Most women will have another period approximately 6 weeks after their procedure. It might be slightly heavier than usual. If you tend to have a slightly irregular or long cycle, then it may take

a little longer for your periods to return. If your period does not return, you might be pregnant again, so do a pregnancy test.

You can start trying for a pregnancy as soon as you feel ready to. We advise waiting until after your next normal period, in part so that we can better estimate the likely date of conception and time scans in that pregnancy. If you are planning to try for another pregnancy, we suggest you continue taking folic acid (400mcg once each day).

After a miscarriage, you are likely to feel sad. Sometimes these feelings make it difficult to do the things you would normally do and continue for longer than you (and those close to you) expect it to. Your partner may also find things difficult to deal with emotionally. You may find the support groups at the end of this leaflet helpful. You may also want to speak to your GP, who can refer you for further support or treatment.

Who can I contact for further information?

The gynaecology emergency care (GEC) at St Mary's Hospital: **020 3312 2185** (09.00 to 20.30, Monday to Sunday).

The early pregnancy assessment unit (EPAU) at Queen Charlotte's & Chelsea Hospital: **020 3313 5131** (09.00 to 16.30, Monday to Friday).

Out of hours, you should go to the A&E department at St Mary's Hospital for assessment.

If you need urgent medical advice out of hours, you should phone the hospital switchboard on **020 3312 6666** and ask to be put through to the on-call gynaecology registrar or SHO. Please note that due to other emergencies in the hospital, they may not always be able to take your call immediately.

Access all of our gynaecology leaflets at imperial.nhs.uk/our-services/gynaecology/patient-information

Where you can access other support

The Miscarriage Association runs monthly support groups online which you are welcome to attend. See details at: www.miscarriageassociation.org.uk/how-we-help/support-groups/

Miscarriage Association: **019 2420 0799** (09.00 – 17.00, Monday to Friday);
www.miscarriageassociation.org.uk

Tommy's PregnancyLine: **0800 014 7800** (09.00 – 17.00, Monday to Friday)
www.tommys.org

How do I make a comment about my visit?

We aim to provide the best possible service and staff will be happy to answer any of the questions you may have. If you have any **suggestions** or **comments** about your visit, please either speak to a member of staff or contact the patient advice and liaison service (**PALS**) on **020 3312 7777** (10.00 – 16.00, Monday to Friday). You can also email PALS at imperial.pals@nhs.net The PALS team will listen to your concerns, suggestions or queries and is often able to help solve problems on your behalf.

Alternatively, you may wish to complain by contacting our complaints department:

Complaints department, fourth floor, Salton House, St Mary's Hospital, Praed Street London W2 1NY

Email: ICHC-tr.Complaints@nhs.net Telephone: **020 3312 1337 / 1349**

Alternative formats

This leaflet can be provided on request in large print or easy read, as a sound recording, in Braille or in alternative languages. Please email the communications team: imperial.communications@nhs.net

Wi-fi

Wi-fi is available at our Trust. For more information visit our website: www.imperial.nhs.uk

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