Surgical management of miscarriage (SMM)

Information for patients being treated in the day surgery unit

This leaflet offers more information about surgically managing your miscarriage. It includes details of what this means, any risks and alternatives and what you can expect when you come to hospital. If you have any further questions, please speak to a doctor or nurse caring for you.

What is surgical management of miscarriage?

Surgical management of miscarriage (SMM) is a procedure during which surgery is used to remove any remaining pregnancy tissue from your womb following miscarriage. This type of surgery is sometimes known as evacuation of retained products of conception (ERPC).

You may be advised to have immediate surgery if:
- you experience continuous heavy bleeding
- there is evidence that the pregnancy tissue has become infected
- medication (medical management of miscarriage) or waiting for the tissue to pass out naturally (expectant management of miscarriage) have both been unsuccessful.

What does the operation involve?

Just before the operation your nurse may give you two small tablets of misoprostol, which you will be asked to insert into your vagina as close to your cervix as possible. Misoprostol helps to soften the cervix and make the procedure easier.

The operation will be performed under a general anaesthetic. This means that you will be asleep for the entire procedure and will not feel any pain. During the operation the surgeon will dilate your cervix and insert a small suction tube which will remove the pregnancy tissue. The tissue will then be sent for testing to confirm that it is pregnancy tissue (you will not usually be informed of any results from this). The uterus will then be checked to ensure the procedure is complete.

What are the risks?

The main risks of SMM are those that relate to having any surgical procedure. These include complications of anaesthesia, post-surgical pain, bleeding and infection.

In addition, there is a small risk of puncturing the uterus during the procedure. This is rare, and occurs in less than two in every 1,000 patients. If this happens, the surgeon may need to put a telescope through your belly-button to make sure there is no damage inside. If there is a lot of bleeding, or if the bowel has been damaged, you may require an incision to your abdomen (tummy) to fix it, and you will require a longer stay in hospital. This is extremely rare.

There is also a small chance that the cervix may be damaged when it is stretched open. Again, this is extremely rare.

Long-term studies have not shown any increase in problems occurring in future pregnancies or
any reduction in fertility following SMM. However, if you experience any serious complications following your operation, your fertility or ability to conceive may be impaired.

Are there any alternatives?
SMM is usually only performed once other, less invasive methods of managing your miscarriage (medical and expectant methods) have been ruled out. If neither of the less invasive methods have been successful, SMM may be the only remaining way to manage your miscarriage.

Asking for your consent
It is important that you feel involved in decisions about your care. For some treatments, you will be asked to sign a consent form to say that you agree to have the treatment and understand what it involves. You can withdraw your consent at any time, even if you have said ‘yes’ previously. If you would like more details about our consent process, please ask for a copy of our policy.

What should I expect after the operation?
After you have had your operation you will remain in the recovery area for a minimum of two hours to make sure your blood pressure, pulse and any bleeding are within normal limits.

You may experience a cramping pain in the lower abdomen. If this occurs, please let the recovery staff know so that they can give you painkillers to make you more comfortable. If you have any post-operative nausea or vomiting, the nurses can also give you anti-sickness medicine. Once your pain is at a tolerable level and we have confirmed that you are well enough, you can go home.

If your blood group is rhesus negative (Rh-negative), you will be given an Anti-D injection to prevent complications with any further pregnancies. Your nurse will discuss this with you if this applies to you, but for more information, please visit www.nhs.uk and search for Anti-D immunoglobulin. You may also be given an injection to prevent blood clots – again, your nurse will speak to you about this if necessary.

To reduce the chance of infection, you should avoid using tampons, engaging in sexual intercourse or swimming until after your next period. This should occur four to six weeks following your procedure.

When will I feel back to my normal self?
Following a general anaesthetic it is normal to feel tired, dizzy or weak for up to 48 hours. **For 24 hours following your anaesthetic, we recommend that you do not:**
- drive a vehicle or ride a bicycle
- operate heavy machinery or equipment (including kettles and cookers)
- sign any legal documents or make any important decisions
- drink alcoholic drinks
- engage in sport, strenuous exercise or heavy lifting.

You are likely to feel tired over the next day or so and it is important that you get plenty of rest to help you recover. It is best for you to rest for the remainder of the day on the day of your operation – you may start getting back to your normal routine the following day if you feel able to. We recommend that you allow yourself at least two days off from work to recover fully.

As an individual, your feelings are unique. Over the next few weeks you may experience days when you feel completely ‘back to normal’ and days when you may feel sadness or a sense of
loss. These feelings are all normal, but you may find it helpful to talk to someone you feel close to. If you would like further advice, please contact one of the following organisations:

**The Miscarriage Association**  
Tel: 01924 200 799 or  Web: www.miscarriageassociation.org

**Women’s Health Concern**  
Tel: 01628 483 612  Web: www.womens-health-concern.org

**The Family Planning Association**  
Tel: 0845 310 1334  Web: www.fpa.org.uk

**What should I expect once I am at home?**

**Bleeding:** You should expect some vaginal bleeding for a few days (and on and off for up to four weeks). This is normal. However, if the bleeding is far heavier than a normal period and/or you are going through a maxi pad within an hour, you should contact your GP.

**Pain:** It is normal to experience some mild cramping pain for a couple of days after the operation. We advise that you get plenty of rest and use the painkillers that you would normally use at home. Some women find that a hot water bottle also provides relief and comfort. If the pain becomes severe in the lower abdomen and it is not relieved by painkillers, please contact your GP.

**Risk of infection:** To help prevent infection you may be prescribed antibiotics. The discharge nurse will discuss these with you, and you should take them as prescribed. If you develop a fever or flu-like symptoms, an unpleasant smelling discharge from your vagina, or abdominal pain, please contact your GP as you may have an infection. If the symptoms are severe, go straight to your nearest emergency department (A&E).

We recommend that you wait until at least your next period before trying to conceive again. This is to allow time for your body to heal. Holistically, we advise waiting for around three months.

**Will I have a follow-up appointment?**  
You will not be required to attend any follow-up appointments and will be referred back to your GP, who will address any problems or concerns you may have.

**Contact us**  
If you experience any problems or complications on the first night after your operation (between 7pm and 8am) you can contact the **on-call day surgery practitioner** on 07956 571 308. Please note that this is an advice line only. If you experience any problems after this, you can contact the Day Surgery Unit (DSU) on 020 8725 0420 (Monday to Friday, 8am to 7pm). You can also contact your own GP or the NHS 111 service.

**Additional services**

**Patient Advice and Liaison Service (PALS)**  
PALS can offer you on-the-spot advice and information when you have comments or concerns about our services or the care you have received. You can visit the PALS office between 9am and 5pm, Monday to Friday in the main corridor between Grosvenor and Lanesborough Wing (near the lift foyer).  
**Tel:** 020 8725 2453  **Email:** pals@stgeorges.nhs.uk