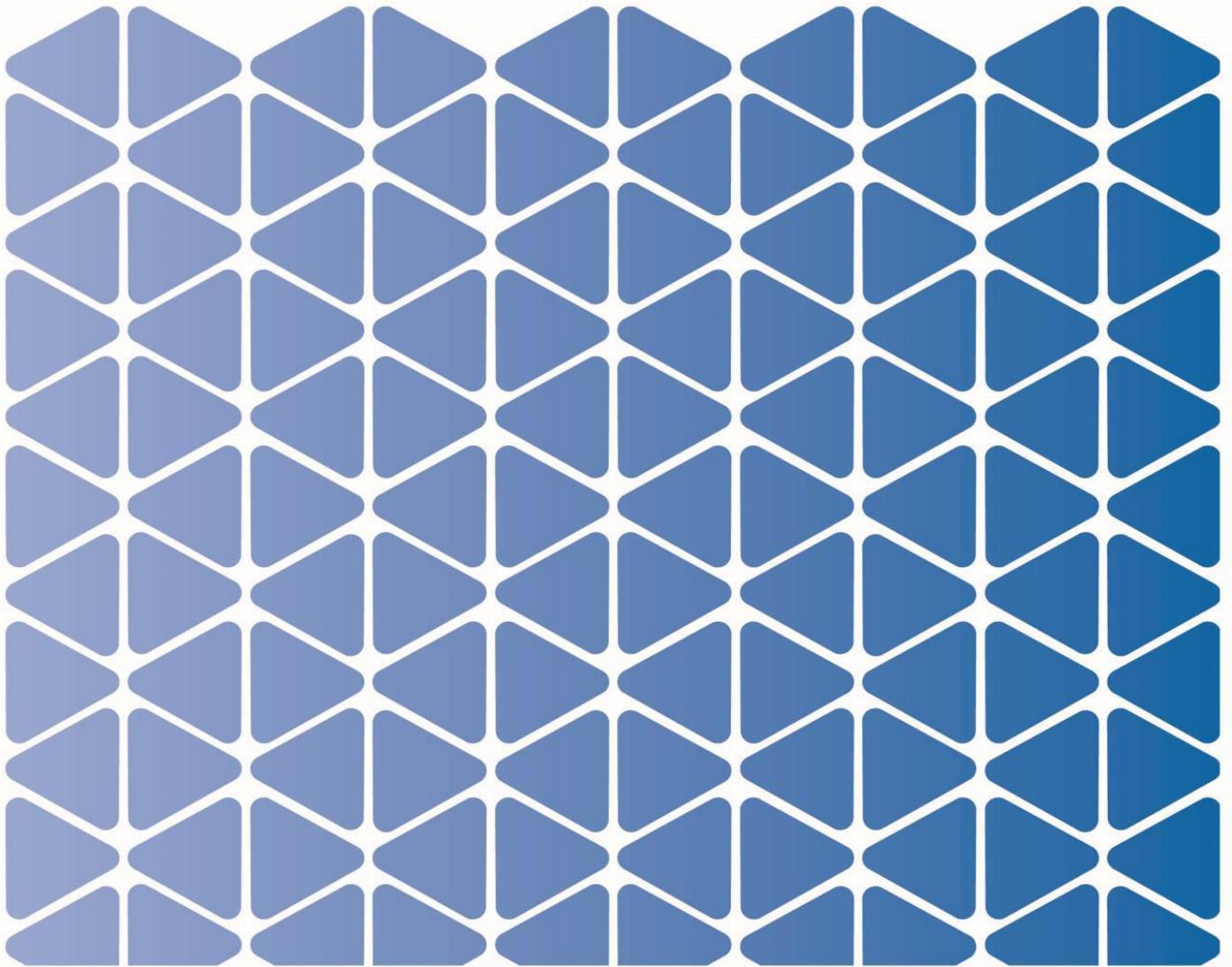




PATIENT INFORMATION

SURGICAL MANAGEMENT OF MISCARRIAGE



Department of Gynaecology

We are sorry that you have had a miscarriage. We have to recommend that you have surgery to empty your womb (this usually happens following a miscarriage, but may happen after any pregnancy). There is some tissue and blood clot left in your uterus (womb) and although this might pass naturally, sometimes an operation is required to remove this. The operation is called surgical management of miscarriage and was previously known as evacuation of retained products of conception (ERPC).

This leaflet explains some of the benefits, risks and alternatives to the operation. We want you to have all the information you need to make the right decision. Please ask your gynaecology team about anything you do not fully understand or want to be explained in more detail.

We recommend that you read this leaflet carefully. You and your doctor (or other appropriate health professional) will also need to record that you agree to have the procedure by signing a consent form, which your health professional will give you.

Before your procedure

Most patients are seen on the Early Pregnancy Unit when you will meet a nurse or doctor. Other women may be admitted via accident and emergency, the gynaecology ward or the post-natal ward.

At this time, we shall ask you for details of your medical history and carry out any necessary clinical examinations and investigations. This is a good opportunity for you to ask us any questions about the procedure, but please feel free to discuss any concerns you might have at any time.

You will be asked if you are taking any tablets or other types of medication - these might be ones prescribed by a doctor or bought over the counter in a pharmacy. It helps us if you bring details with you of anything you are taking (for example, bring the packaging with you).

This procedure is a day case procedure and most women are able to go home a few hours after the operation.

During the procedure

Before your procedure, you will be given the necessary general anaesthetic (see below for further details).

Once you are asleep under the general anaesthetic, a speculum is inserted into your vagina so that the cervix (the opening of the uterus) can be seen. The cervix is gently opened using some dilators, and a hollow tube is passed through it. Some suction will be used to remove the retained pregnancy tissue and any blood clot. The whole procedure usually takes less than 15 minutes.

An experienced member of the gynaecology team will perform this procedure.

Disposal of products of conception

Prior to commencing the procedure, you will be asked if you would consider a histological examination of the products of conception to rule out a rare condition called molar pregnancy that can affect your health and may need further treatment and follow-up. There will be an additional consent form for this, which you must sign stating if you would like this examination to take place or not.

Please note that it is not usually possible to determine the cause of your miscarriage by this test.

A nurse will explain to you about the remembrance garden. The Hospital Chaplains offer you sympathy in your loss and keep a memorial book where you may make an entry for the baby you have lost.

A multi-faith prayer room is located in the main reception area at Worcester Royal Hospital and the Alexandra Hospital. The prayer room at Kidderminster Hospital is located in 'C' Block. If you would like to see the Hospital Chaplain please ask the ward staff to organise this for you.

If you feel you would like to talk, need support or counselling The Cedar Tree is a pregnancy crisis centre, which offers confidential help, information, counselling and support. Contact details as follows:

Phone: 01905 616 166

E-mail: cedartree@connectfree.co.uk

National Careline: 0800 028 2228

Website: www.careconfidential.com

The fetal tissue taken will be disposed of in accordance with appropriate ethical, legal and professional standards. Disposal is by means of cremation.

Benefits of the procedure

The aim of your surgery is to remove any remaining tissue and blood clot in the uterus (womb) after a miscarriage.

Serious or frequent risks

Evacuation of retained products of conception (ERPOC) is a very safe operation, however, as with all surgical procedures there are some risks associated with it.

The general risks of surgery include problems with:

- Breathing (for example, a chest infection);
- The heart (for example, abnormal rhythm or, very occasionally, a heart attack);
- Blood clots (for example, in the legs or occasionally in the lung);

The risks specifically related to surgical management of miscarriage include:

- Heavy bleeding at the time of surgery;
- Infection of the lining of the womb;
- Tear in the cervix, which may require a stitch;
- There is a chance some of the retained tissue will be missed, but this is rare;
- Small risk of uterine perforation. This means a hole is made in the uterus because the wall of the recently pregnant womb is very soft. If this happens, it might be necessary to check that there is no internal bleeding using a laparoscopy (a procedure in which a laparoscope [or telescope] is passed through a small cut below the navel). If there is internal bleeding, we might be able to control this using this 'key hole' surgery or you might need a larger 'open operation', which will take longer to recover from;
- Sometimes, more surgery is needed to put right these types of complications.

Most people will not experience any serious complications from their surgery. The risks increase for older people, those who are overweight and people who already have heart, chest or other medical conditions such as diabetes or kidney failure and women that smoke. As with all surgery, there is a very small risk that you may die.

You will be cared for by a skilled team of doctors, nurses and other health-care workers who are involved in this type of surgery every day. If problems arise, we will be able to assess them and deal with them appropriately.

Other procedures that are available

If the bleeding is not excessive, and you prefer not to have surgical treatment, you may wish to wait and give the womb chance to expel the remaining tissue without assistance. This may work in up to two out of 10 cases but the majority will require further treatment (in other words you may still need an operation eventually).

Another option is to have medical treatment. This is when you will take some tablets, which help the womb to contract and empty itself. The success rate of a medical evacuation in emptying the uterus is lower than the surgical approach but does have the benefit of possibly avoiding an anaesthetic. If medical treatment does not work you may still need an operation.

A member of the gynaecology team will discuss these options with you.

Pre-operative clerking

You will have a medical assessment and clerking before your operation to gather information about your current symptoms, past medical history, history of any operations and details of any medications you are taking. This will take place in the Early Pregnancy Assessment Unit, Gynaecology Assessment Unit, or on admission to the ward.

Being admitted to the ward

You will usually be admitted on the day of your surgery. We will welcome you to the ward and check your details. We will fasten an armband containing your hospital information to your wrist.

If you are at high risk of blood clots in your legs after surgery, we may ask you to wear support stockings before and after your surgery. Sometimes you may have a drip inserted to give you fluids straight into your veins before your operation.

We will usually ask you to continue with your normal medication during your stay in hospital, so please bring it with you. Some patients will need a small tablet to be inserted in the vagina to soften the neck of the womb and make the procedure easier.

Your pre-surgery visit by the anaesthetist

Once you are admitted to hospital the anaesthetist will come to see you and ask you questions about:

- your general health and fitness;
- any serious illnesses you have had;
- any problems with previous anaesthetics;
- medicines you are taking;
- allergies you have;
- chest pain;
- shortness of breath;
- heartburn;
- problems with moving your neck or opening your mouth; and
- any loose teeth, caps, crowns or bridges.

On the day of your operation

➤ **Nothing to eat and drink (nil by mouth)**

It is important that you follow the instructions we give you about eating and drinking. We will ask you not to eat or drink anything (including chewing gum or sucking sweets) for six hours before your operation. This is because any food or liquid in your stomach could come up into the back of your throat and go into your lungs while you are being anaesthetised. You may have a few sips of plain water up to two hours before your operation so you can take any medication tablets.

➤ **Your normal medicines**

Continue to take your normal medicines up to and including the day of your surgery. If we do not want you to take your normal medication, your surgeon or anaesthetist will explain what you should do. It is important to let us know, before you are admitted, if you are taking anticoagulant drugs (for example, warfarin, aspirin or clopidogrel).

We will need to know if you do not feel well and have a cough, a cold or any other illness when you are due to come into hospital for your operation. Depending on how urgent your surgery is, we may need to delay your operation, as it may be better for you to recover from this illness before your surgery.

➤ **Delays prior to the operation**

We appreciate how upsetting it is to undergo surgical treatment and a pregnancy loss. Unfortunately, the majority of these operations cannot be 'planned' so they take place on the 'emergency operating list'. As other emergencies are sometimes more life threatening, and some days are extremely busy, there may be necessary delays in the time before your operation can be performed. We will try to keep you informed of any possible delays but please understand that such delays can be unexpected and unavoidable.

If your condition allows we would also make an effort to put you on a planned operating list in Kidderminster. Going on a planned list avoids unpredictable waiting times. This option is only considered for patients who are clinically well and comfortable and do not have major health problems.

➤ **Your anaesthetic**

We will carry out your surgery under a general anaesthetic. This means that you will be asleep during your operation and you will feel nothing.

When it is time for your operation, a member of staff will take you from the ward to the operating theatre. They will take you into the anaesthetic room and the anaesthetist will make you ready for your anaesthetic. To monitor you during your operation, your anaesthetist will attach you to a machine to watch your heart, your blood pressure and the oxygen level in your blood. General anaesthesia usually starts with an injection of medicine into a vein. A fine tube (venflon) will be placed in a vein in your arm or hand and the medicines will be injected through the tube. Sometimes you will be asked to breathe a mixture of gases and oxygen through a mask to give the same effect.

Once you are anaesthetised, the anaesthetist will place a tube down your airway and use a machine to 'breathe' for you. You will be unconscious for the whole of the operation and we will continuously monitor you. Your anaesthetist will give you painkilling drugs and fluids during your operation. At the end of the operation, the anaesthetist will stop giving you the anaesthetic drugs. Once you are waking up normally, they will take you to the recovery room.

➤ **Pain relief after surgery**

Pain relief is important as it stops suffering and helps you recover more quickly. We will usually give you tablets, suppositories or injections to make sure you have enough pain relief. Once you are comfortable and have recovered safely from your anaesthetic, we will take you back to the ward. The ward staff will continue to monitor you and assess your pain relief.

It is important that you report any pain you have as soon as you experience it.

➤ **What are the risks of anaesthetic?**

Your anaesthetist will care for all aspects of your health and safety over the period of your operation and immediately afterwards. Risks depend on your overall health, the nature of your operation and how serious it is. General anaesthesia is safer than it has ever been. If you are normally fit and well, your risk of dying from any cause while under anaesthetic is less than one in 250,000. This is 25 times less likely than dying in a car accident. Side effects of having a general anaesthetic include drowsiness, nausea (feeling sick), muscle pain, sore throat and headache.

After your surgery

- Once the medical team are happy with your progress, we will usually take you from the recovery room to the general ward. You will need to rest until the effects of the anaesthetic have passed. You may have a drip in your arm to keep you well hydrated.
- Your anaesthetist will arrange for you to have painkillers for the first few hours after the operation, as we mentioned earlier.
- We will encourage you to get out of bed and move around as soon as possible, as this helps prevent chest infections and blood clots.

Special measures you need to take after the procedure

If you have surgical management of miscarriage and your blood group is rhesus negative, we will give you an injection of anti-D immunoglobulin. This will help prevent antibodies forming and affecting later pregnancies.

Leaving hospital

➤ **Length of stay**

How long you will be in hospital varies from patient to patient and depends on how quickly you recover from the operation and the anaesthetic. Most patients having this type of surgery will go home the same day. If your operation can only take place late in the evening, it may be most sensible to stay in overnight.

➤ **Medication when you leave hospital**

Before you leave hospital, the pharmacy will give you any extra medication that you need to take when you are at home.

➤ **Convalescence**

How long it takes you to recover from your surgery varies from person to person. This type of operation requires time for both physical recovery and often for emotional recovery. After you return home, you will need to take it easy and should expect to get tired to begin with.

➤ **Stitches**

There should be no stitches following your operation unless another procedure has been performed at the same time.

➤ **Personal hygiene**

You may bathe or shower normally while you are in hospital, and this can continue as normal after you leave hospital.

➤ **Diet**

You do not need to follow a special diet.

➤ **Exercise**

You should do light exercise, such as walking and light housework, as soon as you feel well enough.

➤ **Sex**

You can continue your usual sexual activity as soon as you feel comfortable. We advise that you do not try to get pregnant until your periods have returned to normal.

➤ **Driving**

You should not drive until you feel confident that you could perform an emergency stop without discomfort – probably at least a few days after your operation. It is your responsibility to check with your insurance company.

➤ **Work**

How long you will need to be away from work varies depending on:

- how quickly you recover;
- whether or not your work is physical; and
- whether you need any extra treatment after surgery.

Most women prefer to take the following day off work, and sometimes a few days, both for their emotional and physical recovery. Please ask us if you need a medical sick note.

Outpatient appointment

Most patients do not require an outpatients appointment after surgical management of miscarriage.

Contact details

If you have any specific concerns that you feel have not been answered and need explaining, please contact the following:

- Patient Services – 0300 123 1733

Worcestershire Royal Hospital

- Early Pregnancy Assessment Unit (phone 01905 733060)
- Gynaecology Nursing Staff, Lavender Ward (phone 01905 760586)
- Hospital Switchboard (phone 01905 763333)

Alexandra Hospital

- Early Pregnancy Assessment Unit (phone 01527 512100)
- Gynaecology Nursing Staff, Ward 14 (phone 01527 512100)
- Hospital Switchboard (phone 01527 503030)

Kidderminster Treatment Centre

- Early Pregnancy Assessment Unit (01562 823424, Bleep 3461)
- Ward 1 Nursing Staff (phone 01562 512356)
- Hospital Switchboard (phone 01562 823424)

Other information

The following internet websites contain information that you may find useful.

- www.patient.co.uk
Information fact sheets on health and disease
- www.rcoa.ac.uk
Information leaflets by the Royal College of Anaesthetists about 'Having an anaesthetic'
- www.nhsdirect.nhs.uk
On-line Health Encyclopaedia
- www.careconfidential.com
Pregnancy Crisis Support
- www.miscarriageassociation.org.uk
The Miscarriage Association
- www.worcestershirehealth.nhs.uk/acute_trust
Worcestershire Acute Hospitals NHS Trust

If your symptoms or condition worsens, or if you are concerned about anything, please call your GP, 111, or 999.

Patient Experience

We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

Feedback

Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

Patient Advice and Liaison Service (PALS)

If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.

Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.

If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

How to contact PALS:

Telephone Patient Services: 0300 123 1732 or via email at: wah-tr.PET@nhs.net

Opening times:

The PALS telephone lines are open Monday to Thursday from 8.30am to 4.30pm and Friday: 8.30am to 4.00pm. Please be aware that a voicemail service is in use at busy times, but messages will be returned as quickly as possible.

If you are unable to understand this leaflet, please communicate with a member of staff.