

A Guide to Surgical Management of Miscarriage

We are very sorry that you have had a miscarriage and we understand that you may have some questions and concerns. The aim of this leaflet is to provide you with information regarding Surgical Management of Miscarriage.

Miscarriage is a common event which occurs in approximately one in five pregnancies. In most cases, the reason for the miscarriage can be difficult to establish. Research has demonstrated that more than two thirds of pregnancies miscarry because there is an error in the genetic make-up of the pregnancy. For the vast majority of couples, there is no preventative action that could have been taken by either partner, prior to losing the pregnancy.

What is an ERPC?

An ERPC (Evacuation of Retained Products of Conception) is a surgical procedure that is performed in hospital using anaesthetic. It is sometimes referred to as a D&C. During the operation the neck of the womb is gently stretched, and the pregnancy tissue is removed using a vacuum. The procedure takes approximately ten minutes. Most patients are admitted to hospital early in the morning and are discharged at lunchtime.

What are the advantages of surgical management?

- Allows planned timing of procedure
- No follow-up generally required

What are the disadvantages of surgical management?

- Waiting time for surgery
- Heavy bleeding (1/100)
- Heavy bleeding requiring blood transfusion (1/1000)
- Retained pregnancy tissue requiring further treatment (1-3/100)
- Infection (1-3/100)
- Uterine perforation (1-4/1000)
- Cervical trauma (1/100)
- Ashermans Syndrome (scarring of the womb) (1/100)
- Anaesthesia risks (<1/1000)

What do I have to do before my operation?

If you wish to have an ERPC for management of your miscarriage a date will be arranged for you. There may be a wait of a number of days from the day of diagnosis of your miscarriage to the day of the ERPC.

The day prior to the ERPC you will attend the EPU to have blood tests performed, height and weight measured and to sign a consent form. You will also be given tablets (Cytotec) to take before your operation and information on timing of admission.

Please do not eat from midnight. We recommend that you swallow the tablets (Cytotec) at 5.00 on the morning of the operation with a small sip of water. These tablets soften the neck of the womb and make the ERPC easier and safer. They may upset your stomach, and you may experience some pain or bleeding from your vagina.

If you have been prescribed regular daily medication, take this on the morning of the operation with a small amount of water. If you are taking medication to thin your blood (such as Warfarin, Clopidogrel, Aspirin or Innohep) you may have been advised to stop this before your operation. If you have any queries about your medication, please speak to your GP or to a member of staff at CUMH on 021 - 4920545.

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What do I need to bring with me?

- Dressing gown and slippers
- Sanitary pads and a few pairs of underwear
- Any regular medication you take
- Any hospital notes you have been given

Where do I go on the day of my operation?

We advise you to arrive at 06.00 am at the main entrance of the Maternity Hospital and present to the main reception desk. The midwife on the ward will complete an operation checklist and ask you to change into a theatre gown. We aim to perform the operation between 8.00 and 12.00. After your operation you will be taken to ward 2 South where you will be cared for until you are well enough to go home. There may be a delay before you go to theatre, due to other patients needing an emergency operation.

Post Procedure

The 2 South Midwife will discuss options for burial of any fetal tissue removed with you. There are 2 options for this: Hospital burial- At the Holy Angel's plot at St. Michael's Cemetery Blackrock or burial arranged by yourself. Sometimes no fetal tissue is returned for burial, you will not be contacted if tissue is not returned. If fetal tissue is identified in the laboratory and you wish to be contacted a midwife from 2 South will contact you.

When can I go home?

The recovery time is short, as you will be given a light anaesthetic. You will usually be allowed home 2-4 hours later. If your blood group is Rhesus negative, you may require Anti D. Please arrange for someone to pick you up, we advise you not to drive for at least 48 hours

When can I return to work?

This is dependent on you and how you feel. Many women choose not to return to work until after their bleeding has stopped. Normal physical activities can be resumed once you feel that you are ready, but it is not unusual to feel tired and emotional during the next few weeks. We can provide a letter for your employer as necessary.

When can I get pregnant again?

It is safe to consider trying to conceive once you feel ready. It is a good idea to take folic acid (to reduce the risk of spina bifida) for three months before becoming pregnant.

What can I do if I am worried in my next pregnancy?

You may like to have the reassurance of an early scan in your next pregnancy. You should wait until you are 8-10 weeks pregnant before having this scan to ensure that the pregnancy is of a sufficient size for us to see it clearly. It can take up to three periods for your cycle to become regular again, so if you become pregnant before this, there may be some uncertainty about your dates.

If you have any questions or worries, please contact Cork University Maternity Hospital:

Reception	(021) 4920500
Emergency Room	(021) 4920545
Early Pregnancy Unit	(021) 4927441
Bereavement & Loss Service	(021) 4920500
2 South Ward	(021) 4920628