

# Surgical management of miscarriage

## Gynaecology Department



Patient information leaflet

## **Surgical termination of pregnancy at less than 13+6 weeks gestation for medical reasons**

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We appreciate that ending a pregnancy due to a fetal abnormality is a very difficult time. This leaflet aims to explain what will happen if you decide to end your pregnancy at gestation less than 13+6 weeks.

Surgical termination of pregnancy (abortion for medical reasons) is a method of ending a pregnancy by the use of a suction device under a general anaesthetic. Surgical termination of pregnancy is the procedure recommended by the Royal College of Obstetricians and Gynaecologists for safe termination between seven and 13+6 weeks of pregnancy.

### **What happens during a surgical termination of pregnancy?**

The procedure is performed under a general anaesthetic (while you are asleep) as a day case. This means you can go home the same day. After you are anaesthetised, we gently stretch and open the entrance of your womb (your cervix) to enable us to remove the contents with a suction tube. An electric suction device is used for this procedure. The extent to which the cervix is stretched and opened will depend on the size of your pregnancy. A medicine (Misoprostol) will be inserted into your vagina beforehand to help soften your cervix to help us to stretch and open it more easily. It is important that we inform you that misoprostol, the medication we use, is not licensed for this purpose, however it is used both in the UK and worldwide, and its use is recommended by the National Institute for Health and Care Excellence (NICE).

### **What are the risks?**

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There are risks associated with any type of surgical procedure. Your doctor will explain these risks to you before you sign the consent form. This form confirms that you agree to have the operation and understand what it involves. Please ask questions if you are uncertain.

## **Possible risks and complications from this surgery include the following:**

- Injury to the womb (PERFORATION) can happen in up to four of every 1,000 terminations. If this happens it is usually repaired at the time of the procedure, if it is bleeding.
- Excessive bleeding can happen in one of every 1,000 termination procedures. This may require a blood transfusion and medication to stop the bleeding.
- Injury to the cervix, which will be repaired at the time of injury, can happen in ten of every 1,000 terminations.

## **Possible risks and complications that can happen after the procedure include:**

- Procedure failure – this may result in continuation of the pregnancy. This would require a repeated surgical procedure to ensure the uterus is empty and possibly antibiotic therapy. This may take several weeks to be diagnosed.
- The repetition of the surgical procedure may slightly increase the risk of miscarriage or early birth in future pregnancy.
- Infection – this can happen in one in ten women following this procedure. For this reason, a course of antibiotics will be given to you. You may require 24 to 48 hours of intravenous antibiotics before the procedure to reduce chance of infection.
- Incomplete emptying of the contents of the womb (placenta, foetus and blood) – this may occur in one in every 100 terminations and may require a repeated surgical procedure, to ensure the uterus is empty, and antibiotic therapy. This may take several weeks to be diagnosed.
- The rare event of a serious untreated infection and/or an injury to your womb or cervix may affect future fertility.

## **Are there any alternatives?**

Medical termination of pregnancy, which involves the use of medicine, is recommended for women who are having a termination especially in later stages of pregnancy (after 14+0 weeks). This is because it is more dangerous to stretch the cervix after 14 weeks gestation.

The termination process can be performed under local anaesthesia – a procedure called Manual Vacuum Aspiration (MVA). At present we do not have facilities for this procedure.

## **How can I prepare for a surgical termination of pregnancy?**

You will be seen by a nurse or doctor who will assess your general health. Following this assessment, your nurse or doctor will perform some investigations such as blood tests. These are required to ensure you are physically prepared to undergo the procedure under general anaesthesia.

## **Giving my consent (permission)**

The staff caring for you may need to ask your permission to perform a particular treatment or investigation. You will be asked to sign a consent form that says you have agreed to the treatment and that you understand the benefits, risks and alternatives. If there is anything you don't understand or you need more time to think about it, please tell the staff caring for you.

Remember, it is your decision. You can change your mind at any time, even if you have signed the consent form. Let staff know immediately if you change your mind. Your wishes will be respected at all times.

## **Will I feel any pain?**

Some pain or discomfort (similar to strong period pains) is to be expected after a surgical termination of pregnancy. You can take simple painkillers to reduce any discomfort. Sometimes painkillers that contain dihydrocodeine can make you sleepy, slightly sick and constipated. Eating extra fruits and fibre may reduce the chances of becoming constipated. It is important that you take your pain relief on a regular basis for the first few days. When taken regularly, the

medicine is kept at a constant level in your body and will control your discomfort more effectively. After a few days, you can gradually reduce the dose and/or frequency of the painkiller until you do not need it any longer.

Please contact your GP if you find the pain difficult to control. Any medicine given to you will be explained before you leave the hospital. If you are at all uncertain, please contact your GP for advice.

It is important you do not exceed the recommended daily dose of any medicine you are given. Please make sure you read the label.

## What happens after surgical termination of pregnancy?

Usually, a sample will be sent to the cytogenetic laboratory in order to assess the karyotype (genetic make-up) of the products of conception to confirm the diagnosis of the fetal abnormality.

A pregnancy loss affects every woman differently. Some women come to terms with what has happened within weeks, while for others it takes longer. Many women feel tearful and emotional for a short time afterwards. Some women experience intense grief over a longer time.

A follow up appointment will be made with your consultant to discuss the results and make a plan for your future pregnancy.

Your doctor will also offer you a drug (**Cabergoline**) to suppress lactation. This drug is to be taken orally within 24 hours of the procedure.

## What do I need to do after I go home?

- It is advisable to have someone at home with you initially so that they can help you if you become dizzy or feel faint. Once you are home, you can eat and drink as normal. You should be able to have a shower or bath as normal after the operation.
- You might bleed from your vagina for one to two weeks following a surgical termination of pregnancy. This bleeding might be heavier than a normal period and can stop and start – these variations are normal.
- Please avoid using tampons for this bleeding and your next period as this could increase the risk of infection.

- Most modern anaesthetics are short lasting. You should not have, or suffer from, any after-effects for more than a day after your operation. During the first 24 hours you may feel dizzy and tired than usual and your judgment may be impaired. If you drink any alcohol, it will affect you more than normal. You should have an adult with you during this time and you should not drive or make any important decisions. You do not need to stay in bed. Gently moving around your home will help your blood circulation and help to prevent blood clots.
- Because every patient reacts differently to general anaesthetic, there is no definite rule as to when you can resume your daily normal activities and work. It is advisable to have some rest to help you heal and to let the anaesthetic wear off properly. Please do not return to work until you feel you are ready to do so. Your GP can help you with a sick note.
- You should not drive for 24 hours after a general anaesthetic, nor until you are free from the sedative effects of pain relief.
- You can have sex as soon as you both feel ready. It is important that you are feeling well and any pain and bleeding has significantly reduced. It is possible to conceive a few weeks after your operation, even before you have a period. You may wish to wait and use back up contraception until you have had your follow up appointment with your consultant to discuss your results and make a management plan for your future pregnancy.

## When should I seek for advice?

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Please contact your GP if you experience heavy bleeding (soaking a pad every one or two hours) or pass any clots larger than the size of a ten pence piece. Contact details can be found at the end of this information leaflet.

- It is normal to have vaginal discharge for up to two weeks after the procedure. Please contact your GP if this discharge becomes offensive smelling or you have a fever as it might be a sign of infection.
- If you have increasing abdominal pain and feel unwell

- If you have a burning and stinging sensation when you pass urine or pass urine frequently: This may be due to a urine infection and can be treated with a course of antibiotics.
- If you have painful, red, swollen, hot leg or difficulty bearing weight on your legs: This may be due to a deep vein thrombosis (DVT). If you have shortness of breath or chest pain or cough up blood, this could be a sign that a blood clot has travelled to the lungs (pulmonary embolism). If you have any of these symptoms, you should seek medical help immediately.

If you think it is an emergency, please go straight to your nearest accident & emergency (A&E) department.

## Will I have a follow-up appointment?

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After a surgical termination for medical reasons, we will organise a follow up with your link consultant, six to eight weeks after the procedure. This will allow a discussion around what had happened (karyotype -genetic make-up result) and counselling for future pregnancies. On some occasions, the genetic team will be involved. The consultant secretary will be in contact to arrange a mutually convenient time.

## Further information

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The following organisations offer support and information:

**Antenatal Results & Choices (ARC)** is a registered charity who offer continued support and advice to parents who face difficult decisions regarding fetal abnormalities. They have unrivalled experience in assisting parents at this time and aim to offer both support and advice in meeting your unique needs.

73 Charlotte Street  
London W1T 4PN

**w:** [www.arc-uk.org](http://www.arc-uk.org)    **e:** [info@arc-uk.org](mailto:info@arc-uk.org)    **t:** 020 7631 0285

## Reference

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Royal College of Obstetricians and Gynaecologists. Termination of Pregnancy for Fetal Abnormality in England, Scotland and Wales. Report of a Working Party. London: RCOG; 2010

[www.rcog.org.uk/termination-pregnancy-fetal-abnormality-england-scotland-and-wales](http://www.rcog.org.uk/termination-pregnancy-fetal-abnormality-england-scotland-and-wales)

## Contact details

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### Antenatal Screening Team

Monday to Friday, 0900 to 1700.

**Telephone:** 01483 402792 **ext** 6355

Outside these hours please contact your GP or in an emergency attend Accident and Emergency department.

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### PALS and Advocacy contact details

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Contact details of independent advocacy services can be provided by our Patient Advice and Liaison Service (PALS) who are located on the right hand side as you enter the main reception area. PALS are also your first point of contact for health related issues, questions or concerns surrounding RSCH patient services.

**Telephone:** 01483 402757

**Email:** rsc-tr.pals@nhs.net

**Opening hours:** 9.00am–3.00pm, Monday to Friday

If you would like information documents in large print, on tape or in another language or form please contact PALS.

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