

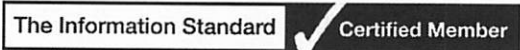
OG15 Surgical Management of Miscarriage

Expires end of February 2020

Local information

If you need any more information please contact your BMI hospital on:

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You have been told that you are having a miscarriage. We know that you will be distressed. You should have received an information document 'OG17 Miscarriage (Treatment Options)' that explains the treatment options available.

What is SMM?

SMM (surgical management of miscarriage) is an operation to remove anything that is still in your uterus (womb) after a miscarriage. Your gynaecologist has recommended SMM. However, it is your decision to go ahead with the operation or not.

This document will give you information about the benefits and risks to help you to make an informed decision. If you have any questions that this document does not answer, ask your gynaecologist or the healthcare team.

What are the benefits of surgery?

There are three common types of miscarriage.

- An incomplete miscarriage, where the pregnancy is lost but some tissue still remains in your womb.
- A silent or delayed miscarriage, where the baby dies in the early stages of pregnancy, most commonly between 6 and 8 weeks. This is often not discovered until a small amount of bleeding happens or until the routine dating scan.
- A blighted ovum, where the fertilised egg (ovum) stops developing early on in the pregnancy.

The healthcare team will tell you why they have recommended SMM for you.

Surgery is performed under a general anaesthetic so you will not feel anything. You will not usually need to stay overnight. You should not need any further hospital visits.

The healthcare team will help you to follow your wishes as much as possible during this difficult time for you and your family. Please ask if there is anything you do not understand.

Are there any alternatives to surgery?

There are two alternatives to surgery.

- Expectant management – This option allows nature to take its course.

- Medical management – This option involves medication to induce a miscarriage.

These options are discussed more fully in the information document 'OG17 Miscarriage (Treatment Options)'. Let your doctor know if you feel they may be more suitable for you.

What does the operation involve?

The healthcare team will carry out a number of checks to make sure you have the operation you came in for. You can help by confirming to your gynaecologist and the healthcare team your name and the operation you are having.

The operation is performed under a general anaesthetic and usually takes 5 to 10 minutes. You may be given antibiotics during the operation to reduce the risk of infection.

Your gynaecologist will place instruments into your womb through your vagina, to remove anything that is left after the miscarriage. Sometimes a baby has not developed and all that they need to remove is tissue from the placenta. Tablets are often placed in your vagina or given to you to swallow 1 or 2 hours before the operation. These open your cervix (neck of your womb), making the procedure more straightforward.

What happens to the baby?

If you want to know what happens to your baby, or any tissue that has been removed, ask the healthcare team.

What complications can happen?

The healthcare team will try to make the operation as safe as possible but complications can happen. Some of these can be serious and can even cause death. You should ask your doctor if there is anything you do not understand. Any numbers which relate to risk are from studies of women who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

General complications of any operation

- Pain. The healthcare team will try to reduce your pain. Pain after SMM is similar to period pain, which is usually easily controlled with simple painkillers such as paracetamol.
- Bleeding from your vagina. This is usually like a period and settles within about a week. If the bleeding is heavy, you may need a blood transfusion or another operation (risk: 1 in 2,000).
- Infection in your womb (risk: less than 3 in 100). This is easily treated with antibiotics.
- Difficulty passing urine. You may need a catheter (tube) in your bladder for 1 to 2 days.
- Blood clot in your leg (deep-vein thrombosis – DVT). This can cause pain, swelling or redness in your leg, or the veins near the surface of your leg to appear larger than normal. The healthcare team will assess your risk. They will encourage you to get out of bed soon after the operation and may give you injections, medication, or special stockings to wear. Let the healthcare team know straightaway if you think you might have a DVT.
- Blood clot in your lung (pulmonary embolus), if a blood clot moves through your bloodstream to your lungs. Let the healthcare team know straightaway if you become short of breath, feel pain in your chest or upper back, or if you cough up blood. If you are at home, call an ambulance or go immediately to your nearest Emergency department.

Specific complications of this operation

- Making a hole in your womb or cervix with possible damage to a nearby structure (risk: less than 2 in 1,000). You may need to stay overnight for close observation in case you develop complications. You may need another operation to repair any damage (risk: less than 1 in 1,000).
- Damage to your cervix (risk: less than 1 in 100). This is usually only a small tear and is easily repaired with a dissolving stitch.
- An incomplete evacuation. A piece of tissue can be left in your womb. This causes continued bleeding and you may need another operation (risk: 1 in 100).
- Scarring of the inside of your womb. This may interfere with any future pregnancies (risk: less than 1 in 100).

How soon will I recover?

In hospital

After the operation you will be transferred to the recovery area and then to the ward. You should be able to go home the same day. However, your doctor may recommend that you stay a little longer (risk of an overnight stay: 1 in 60). If you do go home the same day, a responsible adult should take you home in a car or taxi and stay with you for at least 24 hours. Be near a telephone in case of an emergency.

The healthcare team will advise you about what to do when you get home.

If you are worried about anything, in hospital or at home, contact the healthcare team. They should be able to reassure you or identify and treat any complications.

Returning to normal activities

Do not drive, operate machinery or do any potentially dangerous activities (this includes cooking) for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination. If you had a general anaesthetic or sedation, you should also not sign legal documents or drink alcohol for at least 24 hours.

It will take 3 to 4 days before you can return to normal activities.

While you are still bleeding you may have a higher risk of infection, so do not have sex and use sanitary pads rather than tampons.

Let your doctor know if you develop any of the following problems.

- Flu-like symptoms.
- Fever.
- Severe stomach pains.
- Heavy or unpleasant-smelling bleeding.

Do not drive until you are confident about controlling your vehicle and always check your insurance policy and with your doctor.

Lifestyle changes

If you smoke, stopping smoking will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.

Regular exercise should improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

The future

Miscarriages are common, happening in more than 1 in 5 pregnancies. Having a miscarriage does not usually affect your chance of having a successful pregnancy in the future.

It is important to grieve and come to terms with your loss. The healthcare team may be able to arrange for you to meet a bereavement counsellor if you want. They will also provide support by giving you information, answering your questions and discussing any concerns you may have.

Summary

SMM is an operation to remove anything that is still in your womb after an incomplete miscarriage.

Surgery is usually safe and effective but complications can happen. You need to know about them to help you to make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Acknowledgements

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This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.