

Surgery after early miscarriage

Department of Gynaecology

Information for Patients

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Introduction

We are sorry that you have had a miscarriage. This is a really difficult time and making decisions is not always easy. We hope that this information helps you to understand your options better, make it easier to decide and to prepare for and cope with the process. It is important to choose the option that feels right for you. You do not have to make a decision straight away so take the time you need and ask any questions you might have. If you have any questions or if there is anything you do not understand, please ask the nurse or doctor in the Early Pregnancy Assessment Unit (EPAU) /Gynaecology Assessment Unit (GAU).

Contact numbers

In case of emergency (such as excessive bleeding, excessive pain not controlled by simple pain relief, fever and feeling unwell), please call **GAU Ward: 0116 258 6259**

Otherwise for advice during the following hours: Monday to Friday 08:00am to 5:30 pm you can contact the **Early Pregnancy Assessment Unit: 0116 258 5241**

Pre-assessment:

Procedure:

Date:		
Time:		
	*You should eat and drink as normal before you come into hospital	*You should not eat and drink from midnight the night before you come into hospital
Venue:	*GAU Balmoral building, level 3. Leicester Royal Infirmary	* Theatre Arrivals Area Leicester General Hospital

**Health information and support is available at www.nhs.uk
or call 111 for non-emergency medical advice**

Visit www.leicestershospitals.nhs.uk for maps and information about visiting Leicester's Hospitals
To give feedback about this information sheet, contact InformationForPatients@uhl-tr.nhs.uk

Surgical management of miscarriage

Surgical management of miscarriage is the name of the operation to remove the pregnancy from the womb (uterus) after miscarriage.

There are 2 types of surgical procedure available to remove pregnancy remains left inside the womb after a miscarriage:

- **Manual vacuum aspiration (MVA)** can be done up to 9 weeks of pregnancy. The procedure is done with local anaesthetic and painkillers on the ward. You should eat and drink normally for this procedure.
- **Electric vacuum aspiration (EVA)** sometimes called SERPC (surgical evacuation of products of conception) can be done up to 14 weeks of pregnancy. It is done under general anaesthetic in the operating theatre so you **must not eat or drink** before the operation.

What other options are there?

The other options to the procedure are:

- Natural management - letting nature take it's course. This is successful in 8 in 10 women but this may take several weeks
- Taking tablets (medical management) to begin or speed up the miscarriage by causing cramps and bleeding. This is successful in around 8 out of 10 women.

In both of these options you are likely to have period like cramps and heavy bleeding. Sometimes surgery is needed because the miscarriage has not fully completed by itself.

What are MVA and EVA?

Manual vacuum aspiration (MVA) is a procedure to remove pregnancy remains from inside the womb. Suction is created by a specially designed syringe attached to a small tube. This is passed through the neck of the womb into the womb cavity where the pregnancy remains are. MVA can be done in our ward with pain killers and a local anaesthetic injection in the neck of the womb. You will be awake for this procedure.

Electric vacuum aspiration (EVA) is a very similar procedure done under general anaesthetic where an electric suction pump is used instead of the syringe.

Differences in MVA and EVA

- Both procedures are very good at removing the pregnancy remains. 98 to 99 out of 100 procedures are successful.
- Both MVA and EVA cause less bleeding compared to other ways of managing a miscarriage.
- There is less chance of damage to the womb (accidentally making a hole in the womb) with MVA compared to EVA, so the risk of damage to the bowels or bladder is also less.
- With an EVA, there are the risks and side effects from the general anaesthetic
- Some women find MVA painful or too distressing to cope with

What do I need to do before the procedure?

Please bring sanitary towels with you. Arrange to have someone pick you up afterwards. It is advisable not to travel home alone

If you are having an MVA, it is being done awake so you should eat and drink normally before your appointment.

If you will be having an EVA under general anaesthetic, **you must not eat or drink for at least 6 hours before the procedure. You can have plain water up to 2 hours before the operation.**

What does the MVA procedure involve?

- You will come to the Gynaecology Assessment Unit (GAU). You will need to stay for about 2 to 3 hours.
- Misoprostol tablets may be inserted in the vagina or taken under the tongue. This is to soften the neck of the womb to make the procedure quicker, safer and easier. These tablets can cause stomach cramps, a temperature or sometimes diarrhoea.
- You will be given strong painkillers such as co-codamol by mouth and diclofenac suppository (medication that goes in your bottom).
- You will have the procedure about 1 hour after the tablets are given. If the procedure is delayed for any reason, the tablets can start the miscarriage off and you may have cramps or bleeding.
- The procedure takes about 15 to 20 minutes in the treatment room on the Gynaecology ward. Gas and air (Entonox) is available if you need it.
- We will insert a plastic device called a speculum into the vagina to see the neck of the womb. We offer you swab tests to check for infection.
- You will have a local anaesthetic injection into the neck of the womb. This can sting a little or make you feel a little shaky, warm or make your heart beat fast for a few minutes.
- The neck of the womb will be opened up gently. A plastic tube will be inserted into the womb and suction will be applied with a syringe. The remains will be gently removed from the womb. This takes a few minutes. You will feel cramps during this part of the procedure. We have gas and air (Entonox) for you breathe if you want or need it. If you wish to stop the procedure at anytime - we will do so and discuss other options with you at this point.

Having electric vacuum aspiration (EVA) under a general anaesthetic

An EVA is carried out in a similar way to an MVA, but under general anaesthetic so you will be asleep during the procedure. **You must not eat or drink for at least 6 hours before the EVA procedure. You can have plain water up to 2 hours before the operation.**

Misoprostol tablets may be inserted in the vagina or taken under the tongue to soften the neck of the womb. This makes the procedure quicker, safer and easier. These tablets can cause stomach cramps, a temperature or occasionally diarrhoea.

If you chose this option you may have the operation at Leicester General Hospital or Leicester Royal Infirmary. The nurses will tell you where to go and at what time and write this on the front page of this leaflet.

What happens after the procedure?

- We will keep you on the ward for about 1 or 2 hours after the procedure to check you are well enough to go home.

How will I feel afterwards?

You will have mild cramps that will wear off gradually over the next couple of days. You can take regular simple painkillers such as paracetamol during this time.

Going home

You will usually be able to go home on the day of your procedure.

It is important that you have someone to take you home and to care for you for 24 hours afterwards. If you have had a general anaesthetic you will not be able to drive the day after the procedure. We recommend that you take at least 2 days off work to rest and allow your body to recover.

After you have gone home

You will not routinely be given an appointment to come for review. We will ask you to do a pregnancy test in 3 weeks and must tell GAU if it is still positive. If you are still bleeding after 3 weeks, your bleeding becomes heavy or you feel unwell, call the ward for advice. The number for the Gynaecology Assessment Unit (GAU) is: **0116 259 6259**.

What are the risks?

Vacuum removal of your miscarriage is a safe procedure. The risk of serious complications is less than 1 in 100 procedures, but complications are possible.

Infection (1 to 10 in 100 procedures): Infection after an MVA or EVA is fairly common. Early treatment with antibiotics is needed if you have symptoms of infection (bleeding for more than 3 weeks or a smelly discharge, tummy pain, fever in the weeks after the procedure). Rarely, more serious infections could cause damage to the tubes and increase the chance of infertility and ectopic pregnancies. If you have had an infection in the past or if you are likely to have an infection currently, you may be given antibiotics to take home with you.



Perforation (1 in 1000 procedures): Rarely there is a chance the instruments used during the procedure could make a hole (perforation) in the wall of the womb (uterus). If this happens a further operation may be needed to assess and repair any damage caused to the uterus, or any other organs involved.

Damage to the neck of the womb (1 in 100 procedures):

Tearing of the neck of the womb (cervix) during opening may happen if it is very tight.

Most of the trauma will heal naturally. Taking misoprostol tablets before the procedure to soften the cervix reduces the risk of this happening.

Bleeding (1 in 1000 to 2000 procedures):

It is normal to have period type blood loss after this procedure, which can last for 3 weeks. Rarely, (1 in 1000) a blood transfusion may be needed.

If your blood group is Rhesus Negative, you will be given an injection of Anti-D. A separate information leaflet is available if you need this.

Useful contacts and further information

Feeling sad, emotional and tired after a miscarriage is really normal. There are lots of places who can offer support and a listening ear. If you are struggling do seek help from one of the services detailed below:

Counsellor (based at the LRI) 0116 258 6481

Aching Arms – Bringing comfort after baby loss www.achingarms.co.uk/

The Miscarriage Association – helpline 01924 200799 Mon to Fri 9am to 4pm

www.miscarriageassociation.org.uk/

Contact details

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اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔
على هذه المعلومات بلغةٍ أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل
જો તમને અસ્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।

Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

If you would like this information in another language or format such as EasyRead or Braille, please telephone 0116 250 2959 or email equality@uhl-tr.nhs.uk