

Additional Notes

Early Pregnancy Assessment Unit

**Surgical management
of miscarriage (SMM)
(general anaesthetic)**

To read this leaflet in a different language, please visit our website:
www.uhd.nhs.uk/visit/patient-information-leaflets and use the language
and accessibility function available along the top of the site.

To ask for this leaflet in larger print, please contact the patient experience team
on **0300 019 8499** or email **patientexperienceteam@uhd.nhs.uk**.

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We are sorry you are having a miscarriage. We hope this information helps explain your option of surgical management under general anaesthetic and answers any questions or concerns you may have. You may also have received an additional information leaflet on miscarriage which may help you and your partner in coping with the loss of your pregnancy.

Everyone is an individual and copes with miscarriage in their own way. We would like to assure you and your partner of our continued support throughout this difficult and emotional experience.

What is surgical management of miscarriage (SMM)?

This is an operation under a general anaesthetic where you will be completely asleep to remove the pregnancy tissue after a miscarriage. If you are normally fit and well, this procedure is usually carried out as a day case procedure and you should be able to return home the same day. You will be given a date and time to attend for your operation. This will be arranged as soon as possible.

Contact details

UHD Early Pregnancy Unit

Monday - Friday 8am-4pm

Tel: **0300 019 5713**

Counselling support

There is a counselling service and the SPRING support charity which offers support through any loss in pregnancy. You can contact them directly.

Counselling service:

Call **0300 019 8752**

or email maternity.counsellors@uhd.nhs.uk

SPRING support charity:

Call **0300 019 8084**

Email spring.support@uhd.nhs.uk

Visit www.springsupport.org.uk

The Miscarriage Association:

www.miscarriageassociation.org.uk

During your procedure

You will have a general anaesthetic and be completely asleep. The cervix (neck of the womb) is dilated (stretched) gradually with special instruments. A narrow suction tube is passed into the womb through the vagina and the inside of the womb is gently suctioned to remove the pregnancy tissue.

After your procedure

- Following your general anaesthetic you will wake up in the recovery room. You might have an oxygen mask on your face to help you recover from the anaesthetic.
- In the recovery room your pulse and blood pressure will be checked regularly. Staff will also check and monitor any vaginal bleeding you may have. When you are comfortable and ready to be moved you will be taken to the ward.
- Sometimes, people may feel sick after an operation. Please tell the nurse and you will be offered medicine to make you feel more comfortable.
- Following your operation you will be offered something to eat and drink.
- You will be encouraged to get up soon after your operation as this helps prevent complications.
- Most people who have had this type of procedure will go home on the same day.
- You can usually resume normal activities within 48 hours after your operation.

- You may experience some discomfort in your abdomen similar to period pain.
- Please take regular painkillers if you have any discomfort.
- There will be slight bleeding or brown discharge similar to the end of a period lasting about a week (but may last longer).
- If heavy bleeding persists for more than 10 days or you develop a temperature above 38C please consult your GP.
- Do not use tampons until your next period.
- You may take a bath or shower the day after your operation
- You may resume sexual intercourse when you are comfortable.

A sample of tissue is sent to our pathology department to check that it is normal pregnancy tissue. We may need to speak to you after you have been discharged to discuss your results.

This hospital has a policy of sensitively disposing of all fetal tissue in accordance with the appropriate ethical and legal professional standards. This is by means of shared or individual cremation or individual burial. You should have been given the options to discuss this at your clinic appointment and requested to sign a form to enable completion of this policy.

Should you have any questions or wish to make alternative arrangements, please advise a staff member before your operation. The hospital chaplain can help if you wish to make your own private arrangements. If you require any further information regarding the cremation /service please contact our chaplain.

Risks involved in the procedure

There is a small risk of infection or injury with any surgical operation and more rarely a risk of having a general anaesthetic. The risk of infection or retained tissue after this operation is reported in up to 40 cases in 1,000. There is a small risk of less than 1 in 1,000 of uterine perforation (making a small hole in the wall of the womb), and in rare cases, damage to the bowel or other internal organs. The risk of haemorrhage (extremely heavy bleeding) is 0-3 in 1,000 cases.

We hope this leaflet is helpful and you and your partner feel supported throughout your sad loss. If you feel you need additional help coping with your miscarriage, please contact the counselling services below or arrange an appointment with your GP to discuss further.

Before your procedure

The nurse/doctor will provide you with detailed information about the operation including the potential risks and you will be asked to sign a consent form. It is important that you understand these risks before consenting for the operation. Hopefully this leaflet will help you to understand more about the operation and answer all the questions you may have.

Please ask to speak to a nurse /doctor at any time if you have further questions or concerns that we may have been unable to answer in this leaflet.

You may also be required to have some blood tests. If your blood group is rhesus negative you will require an injection of Anti D prior to discharge. For further information you can contact the Early Pregnancy Unit.

You may be given some tablets called Misoprostol 1-2 hours before the operation. These can be taken orally, placed under the tongue (sublingual) or inserted into the vagina. This is to prepare your cervix for the operation. In some women this may cause period type pain, bleeding, headaches, dizziness, diarrhoea or skin rash. Please inform your nurse if you develop any of these symptoms.