

Surgical Management Of A Miscarriage

We are sorry that you have had a miscarriage. Sometimes it is difficult to understand and remember everything the doctors and nurses talked about at the time so we have produced this information sheet for you to read in your own time. Hopefully it will answer some of your questions.

Summary

- Why Me?
- Could I have prevented it?
- What does surgical management of my miscarriage involve?
- When will normal periods recommence?
- Is it normal to feel depressed some time after the miscarriage?

Q: Why Me?

Unfortunately miscarriage is very common and around 1 in 5 pregnancies end this way. The most common known cause of a miscarriage at this early stage is a chromosomal abnormality where the fertilised egg fails to grow properly. In this hospital (as in most others) we do not carry out any further tests to look for other causes unless a woman has been unfortunate to have 3 in a row. This is because most women will go on to have normal pregnancies subsequently.

Q: Could I have prevented it?

No. You have not done anything to cause this miscarriage. Women are often advised to rest when a miscarriage is suspected, but this will not prevent a miscarriage and the normal activities of daily living should not interfere with an on going pregnancy.

Q: What happens now?

There are two ways of managing a miscarriage; conservatively (naturally) or surgically (D&C). Recent research has shown that women with failed pregnancies that have not had a complete miscarriage have an 85% chance of completely miscarrying without the need for surgery. However some women find it less distressing to have an operation.

Q: What does surgical management of my miscarriage involve?

A D&C can be arranged at our Day Case Unit at Brighton General Hospital (depending on availability and at your convenience) which avoids an overnight stay in hospital. However if complications arise during or after surgery you should be prepared to stay the night and would mean a transfer to the Royal Sussex County Hospital. It is possible to have the procedure done at this hospital but it will depend on bed availability on the day

A rare complication that may occur is uterine perforation (about 1%) where the instrument that is used to remove the tissue from inside the uterus (womb) goes through the wall of the uterus (womb) Although this can be repaired it requires careful observation for a few days after surgery.

A slightly more common complication is when some of the lining and tissue remains inside the uterus (womb) causing persistent and prolonged bleeding after the operation. Usually the bleeding following a D&C is light and lasts for a few days, however if bleeding is heavy or persists for more than two weeks then you should visit your GP as this may indicate that some tissue remains. If this bleeding does not settle with a course of oral antibiotics It may be necessary to undergo a second D&C. Because there is also a risk of infection following a D&C any lower stomach pains, offensive discharge or fever should be investigated by your GP and antibiotics prescribed if necessary.

Q: When will normal periods recommence?

Usually within 2-6 weeks following a miscarriage but this can vary and it can take a few months for your periods to return to normal. If your periods have not resumed after 3 months (and you are not pregnant) you should consult your GP.

We advise that you wait until your bleeding has completely stopped before you resume sexual intercourse. This is to reduce any risk of infection. Ovulation can occur any time after a miscarriage and before your next period so if you have unprotected sex during this time you can become pregnant. There are no hard and fast rules as to when you can start to try for another baby but we usually recommend that you wait for one normal period before coming pregnant again.

Q: Is it normal to feel depressed some time after the miscarriage?

Everyone reacts differently following a miscarriage. However most women go through a grieving process not only for the loss of the baby but for the future hopes and plans they had for the baby. Some women find that they can get through it quite quickly with little emotional support. Others find that the feeling of grief and bereavement last much longer and may require professional support. Both reactions are quite normal. If possible, talking with your partner about what has happened and how you feel can be very helpful and supportive. Your family doctor can also be contacted for help and advice.

Contact numbers

Royal Sussex County Hospital
01273 696955 Ext. 4392
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Out of hours, on call Gynaecology SHO

Brighton General Hospital
Day Case Unit E1
01273 696955 Ext. 5215

Sally Meyer & Marion Anderson
Women and Children Directorate Counselling Service
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Peter Wells
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The Miscarriage association
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