Coombe Women & Infants University Hospital
Excellence in the Care of Women and Babies
Foirfeacht i gCúram Ban agus Naíonán

SURGICAL MANAGEMENT OF A MISCARRIAGE (ERPC)

Once you have been diagnosed with a miscarriage your doctor will talk to you about the options on management. In the surgical management we dilate the cervix (neck of womb) and by using a suction device we remove the pregnancy tissue. This is carried out under a general anaesthetic. This is done vaginally and you will have no cut/stitches. It is important to remember that you do not have to make an immediate decision.

Like all operations small anaesthetic and surgical risks are involved. Rarely, some women bleed significantly from the uterus during the procedure and under very occasional circumstances it may be necessary to administer blood. There is approximately 1% risk of making a small hole in the uterus (perforation) with the instruments that are used to remove the tissue. This usually does not require any intervention, however, in some cases we may need to do a key-hole surgery to check for internal bleeding and to out rule any bowel injury. There is a low risk (2%) of infection of the womb which may require a course of antibiotics.

If you have chosen the surgical management, arrangements will be made for you to come into the ward for this procedure. You will be advised on the time and day to come in and also on when to stop eating or drinking. The doctor will organise for you to have some blood tests prior to coming in to check your blood count and blood group. You may also be given some tablets to take by mouth three hours prior to the procedure and these help to soften the neck of the womb.

- ***On the day***

You will need to come to the Admissions Office. You will then be directed to the ward that you will be admitted to. On the ward, a nurse will show you where the facilities are and prepare you for theatre. The anaesthetist will normally visit you in the ward and introduce himself/herself and to ask a few questions. When you go to theatre, a nurse will accompany you to the anaesthetic room. Your anaesthetist will put a small needle into a vein on the back of your hand through which the anaesthetic is given. You “go to sleep” and when you wake up after the operation you have little memory of what had happened. Most people feel groggy when they wake up, but others feel sick or even weepy. These reactions are normal. They are unlikely to last for very long. On the ward, you can start drinking and eating gradually when you feel well enough, usually after 1-2 hours. If everything is well you can go home after this. It is advisable to have an escort if you go home on the same day of the operation.

- ***What to expect after the operation?***

It is usual to have some bleeding and this gradually becomes less over a course of 7-10 days. If the bleeding becomes heavy (heavier than a period) or if you develop a high temperature then you should contact your GP or our emergency department.

Many women find that they have a slight crampy period-like pain for a day or so and this can be helped by taking a mild painkiller.

It is best to use sanitary towels rather than tampons until your next period to help avoid infection. We also advise you to avoid having sexual intercourse until the bleeding stops. You can bath or shower as normal. Most women find that they are able to return to their usual activities within 48-72 hours. However, you may want to take a few days off work to rest and our staff can give you a sick certificate.

- ***How long should I wait before trying for another baby?***

You may try again when you feel ready. We advise that you wait until you have had a normal period, which you should have 3-4 weeks after a miscarriage, provided your periods were regular before.

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