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Jeżeli chcemy, aby te informacje w innym języku, proszę zadzwonić 01932 723553

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# Surgical Management of Miscarriage (SMM)

## Women's Health



# Surgical Management of Miscarriage (SMM)

We are very sorry your pregnancy is no longer progressing. We understand this may be very distressing for you. Sadly, miscarriages are known to occur in 1 in 4 pregnancies. In early pregnancy, the most common reason for a miscarriage is a genetic abnormality within the baby and so is out of your control.

We hope that this leaflet will help you in your decision for treatment. It is intended to give you additional information to that received from the doctors and nurses in the hospital.

## Making your decision

Please remember no decision is final and you may wish to change your mind on how you want to manage your miscarriage. Please contact our Early Pregnancy unit on Monday to Friday 0900-1600 on 01932722662 should you wish to discuss your options further.

## What is surgical management of miscarriage?

Surgical management of miscarriage (SMM) is the medical term for removing any parts of your pregnancy that may remain in your womb following a miscarriage. This may include a small fetus, the pregnancy sac, placenta or tissue mixed with blood clots. This involves being admitted to hospital, usually the Day Surgery Unit, for part of the day.

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## Further Information

We endeavour to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty.

If they cannot resolve your concern, please contact our Patient Experience Team on 01932 723553 or email [asp-tr.patient.advice@nhs.net](mailto:asp-tr.patient.advice@nhs.net). If you remain concerned, the team can also advise upon how to make a formal complaint.

- Pre-conceptual folic acid is recommended.
- Avoid/stop smoking and alcohol and caffeinated drinks.
- Healthy diet and exercise

## Further support

The Miscarriage Association also offer support which can be accessed via their website (see details below).

National help line and counselling service for pregnancy loss, unplanned pregnancy or post termination concerns:

[www.careconfidential.com](http://www.careconfidential.com)

## Useful Contacts

Early Pregnancy Unit  
01932 722662

The Miscarriage Association  
01924 200799 (Helpline)  
[www.miscarriageassociation.org.uk](http://www.miscarriageassociation.org.uk)

The Association of Early Pregnancy Units  
[www.earlypregnancy.org.uk](http://www.earlypregnancy.org.uk)

Royal college of Obstetrics and Gynaecology  
[www.rcog.org.uk](http://www.rcog.org.uk)

In the past it has also been known as an ERPC.

## Why have I been offered SMM?

You have been offered SMM because you have been diagnosed with either a missed miscarriage, incomplete miscarriage or retained products of conception following treatment or a pregnancy loss.

## Do I have to agree to an SMM?

Medical staff may offer SMM in order to help empty the womb of its content and / or you are bleeding heavily. However, depending on the circumstances, we may suggest that you wait until you pass the contents of your womb naturally - **conservative management**, please see separate leaflet. Research has shown that about 50 out of 100 women will miscarry naturally without need for any further intervention. These options will be fully discussed with you and your medical history, personal circumstances and preferences will be taken into consideration.

Medical staff will provide advice and information to help you decide on how you will want us to manage the miscarriage. If you decide to proceed to SMM, we will ask you to sign some consent forms and we will take some blood samples to check your blood count and blood group.

## What are the advantages of SMM?

- Some people find that having SMM helps them to come to terms with the loss of their pregnancy especially if it has taken a long time to confirm that the pregnancy is no longer continuing.
- Some women prefer to know they have a certain date when their procedure will be performed.
- SMM has a higher success rate of 95 out of 100 cases in removing the pregnancy tissue in comparison to other methods of treating a miscarriage.
- Pain and bleeding is usually less in comparison to other methods of treating a miscarriage
- Re-admission rate for emergency SMM due to heavy bleeding and or pain is less likely with planned SMM in comparison to other methods. However, some women booked for planned SMM may start bleeding heavily (miscarrying) prior to their procedure.

## What are the disadvantages of SMM?

As with any surgical procedure, there are some risks involved.

- Infection may occur in 1 in 100 cases. This is similar with other methods of treating a miscarriage.
- Incomplete removal of the pregnancy tissue during the operation. This can happen in about 5 in 100 cases. This may result in the procedure being repeated depending on your wishes and your symptoms.

## The next pregnancy

You can expect your next period any time up to 8 weeks after your SMM. It may be heavier and last longer than normal. If you have not had your period by this time you should seek advice from your GP.

You can ovulate (produce an egg) at any time after your SMM and so you may become pregnant before you have a period. If you have intercourse you may conceive, so it is worth reviewing contraception as soon as possible if you want to wait before trying again. You can resume normal activities within 48 hours and sexual intercourse once the bleeding after the operation has completely resolved.

Most doctors advise that you wait until you have had at least one period before trying to conceive again. This allows time for you and your partner to recover emotionally and physically and will also help with accurate dating of the next pregnancy. If you conceive before a period, it doesn't harm you or increase the risk of miscarriage.

## Pre-pregnancy care

Though we are unable to prevent an early pregnancy miscarriage, it is good to optimise your health prior to getting pregnant again.

- Known medical conditions: Please ensure any medical conditions e.g. diabetes is well controlled prior to getting pregnant again.

Please inform medical staff if you wish the pregnancy tissue returned after testing in the laboratory to you for your own personal funeral arrangements if this is your preference.

## **Who will receive Information about your miscarriage?**

We will inform your GP of your pregnancy loss and cancel your scans/antenatal clinic appointments if you are booked in our hospital.

## **Emotions and work**

Your emotions may change from day to day. This is very common and normal. Should you find you and or your partner are struggling to come to terms with your loss; you may contact your GP for referral for counselling. If you are not satisfied with this intervention or you wish further support, you could contact us to discuss the possibility of referring you to our midwifery bereavement support service.

Some women may prefer to be at home during this process. You are allowed to self-certify for up to seven days. If you require a sick certificate, please inform us or contact your GP.

- There is a risk of making a hole (perforation) in the womb during your operation. This can occur 1 in 100 cases. This would require a keyhole operation (Laparoscopy) or very rarely (1 in 1000 cases) an open operation (Laparotomy). In these cases a stay in hospital will be required.
- Scarring within the womb is a rare complication of SMM. This may result in difficulty with conception in the future.

## **What will happen to me during SMM?**

You will be taken to the operating theatre and given a general anaesthetic to ensure you are asleep during the procedure. In the near future, we aim to develop a service where women may have the option of having this procedure with a local anaesthetic. The neck of your womb is gently stretched to allow a plastic suction tube to be put into the womb to remove any remaining tissue.

## **Will I be given any medication prior to the operation?**

It may be necessary to give a prostaglandin vaginal pessary called Misoprostol 1-2 hours before your operation. You will need to insert this into the vagina yourself. This pessary helps to soften the cervix thereby reducing the chance of damage during the procedure. This will usually cause crampy pain and bleeding as it starts to work.

## What happens following SMM?

The procedure takes approximately 10 minutes. When you return to the ward you will still be feeling sleepy, but physically well, although you may experience abdominal cramping. If you go to theatre during the day, you are likely to be allowed home after a couple of hours after you have eaten and passed urine. If, however, you go into theatre in the evening or at night, you are likely to remain in hospital overnight.

You may continue to bleed for up to 2-3 weeks, perhaps on and off. The bleeding should not be heavier than a period. It is best to use sanitary towels rather than tampons and avoid sexual intercourse until the bleeding stops completely to reduce the chance (risk) of infection. You may have abdominal cramp for up to 8 hours after the procedure, but you can relieve this with a simple painkiller, such as paracetamol.

You will need a responsible adult to take you home, and stay with you for 24 hours after the anaesthetic. You are also advised not to drive during this time.

## When should I seek help?

If your bleeding is extremely heavy and not settling, you notice an offensive vaginal discharge or if you develop a raised temperature or flu-like symptoms, you should contact your GP or the Early Pregnancy Unit on **01932 722662** or attend **A&E**.

## What happens if I think I have miscarried prior to the procedure?

This can happen sometimes, so it is useful to have some sanitary pads and pain relief available at home. If you think you have miscarried you may not need to have the procedure done. If you have experienced light bleeding only, you should keep your appointment as planned. If you have experienced heavy bleeding with clots, it is advisable to ring EPU for advice. You may be advised to attend for a scan to confirm that your miscarriage is complete.

If during this time the pain and bleeding become unmanageable, you should attend the Accident and Emergency department.

## What happens to the pregnancy tissue which is removed?

The tissue is sent to the Pathology lab to be looked at under a microscope with your consent. This is to confirm that the pregnancy had begun to grow in the womb before it miscarried and to exclude specific problems related to the placenta like molar pregnancy. Your pregnancy tissue will be kept in a separate container bearing your hospital number. With your consent, every 4-6 weeks there is a collective cremation of pregnancy tissue at Woking crematorium, after which any ashes are scattered in the Lewis Carroll garden of remembrance or you may also choose to make your own private funeral arrangements.