Surgical evacuation of the uterus following medical or surgical abortion

Information for patients
Gynaecology

We have written this information leaflet to explain the treatment for retained products of conception following a medical or surgical abortion.

What are retained products of conception?

Your recent ultrasound scan has identified some remaining pregnancy tissue (products of conception) within your uterus (womb). This pregnancy tissue has failed to come away following your recent medical or surgical treatment.

The pregnancy tissue may come away without treatment but this can take a number of days or even weeks, or you could choose to have medical treatment using misoprostol tablets. The doctor or nurse will be happy to explain these methods to you.

What is a surgical evacuation of retained products of conception'?

This is a surgical procedure to remove the pregnancy tissue from the uterus that has remained following your medical or surgical abortion.

Are there any risks with this type of procedure?

Many women worldwide have had this kind of surgery and it has proved to be very safe and effective. However, every form of surgical treatment has some potential risk or complication. With this surgery the main risks, although very small, are:

- Infection of the uterus (less than 1 in 100 risk). This will require treatment with antibiotics.
- Excessive bleeding* (about 2 in 100 risk). This may require a blood transfusion.
- Retained tissue* (approximately 1 in 100 risk). The may require further treatment.
- Perforation of the uterus (i.e. a small hole is punctured in the womb)* (less than 1 in 500 risk). This may require a further surgical procedure called a laparoscopy or a laparotomy.
- Damage to the cervix (neck of the womb)* (less than 1 in 500 risk). This may require one or two sutures (stitches).

* These risks are reduced further by administering the vaginal tablets before surgery.

The doctor or nurse will be happy to discuss these potential risks and their management with you further.
Practical information regarding your hospital admission

You will have been told when to stop eating and drinking. **It is important that you follow these instructions as your surgery may be cancelled if you have eaten or drunk after the recommended time.**

Please remove any metal jewellery and piercings where possible.

Please do not wear any make-up, particularly mascara. If you arrive wearing make-up you will be asked to remove it.

Please remove any nail varnish from your fingers and toes. This includes false nails / nylons / silks. The anaesthetist will need to be able to access at least one of your fingers to monitor your condition during the surgery.

You should not drive or operate any machinery or be solely responsible for children for 24 hours after the operation. Please ensure that you have organised childcare as required.

**Please bring with you:**

- An overnight bag, including a wash bag and towel.
- Comfortable clothing of your choice, for example pyjamas, shorts or jogging bottoms, t-shirt.
- Loose clothing is recommended for wearing when you are discharged home.
- Please have appropriate/spare underwear for wearing a sanitary towel.
- Sanitary pads (not panty liners), as you will have some bleeding during the procedure that may be heavy. **Tampons are not to be used at this time as they can increase the risk of infection.**
- Any medication you take or may need (e.g. asthma spray).

**Please do not bring into hospital:**

- Unnecessary valuables, for example jewellery, money, credit cards, electrical equipment. If you do bring valuables into hospital you are responsible for them and the hospital cannot be held responsible if any of your valuables go missing.
- Electrical equipment that requires charging. Phone / iPad / tablet / laptop chargers are not allowed. Please ensure any electrical equipment that you bring with you is fully charged as you will not be able to charge it at the hospital.
- Mobile phones can be used at the discretion of the ward staff.

**Do I need anyone with me at the hospital?**

An adult may accompany you into the hospital. Other family members and friends may only visit at the discretion of the ward staff.

You will need to be accompanied home, by car or taxi, by an adult who is aware of your admission and will be available to assist you overnight.

Please ensure you have a supply of pain relief at home.
What happens before my procedure?

The nurses will help to prepare you for your surgery and complete a theatre checklist before administering the vaginal tablets that will help to soften your cervix and reduce the risk of the potential complications. Two tablets will be inserted into the vagina approximately two to three hours before your procedure.

Local anaesthetic

You will remain on the ward. At the same time as the nurse gives you the vaginal tablets she will also give you a suppository to help with pain relief and a tablet to help you feel more relaxed. The procedure will be carried out about two hours later in a private room on the ward.

General anaesthetic

You will be taken to theatre on your bed and transferred over to the care of the theatre staff. In the anaesthetic room you will be given a light anaesthetic which ensures that you are asleep and that you do not feel anything during the procedure.

What happens during the procedure?

Local anaesthetic

An anaesthetic gel is applied to the cervix to make it numb and reduce the amount of discomfort that you may feel. Some women may also need medication injecting into the cervix. This is similar to the injections that dentists use. You will also be offered Entonox (“Gas and Air”).

During the procedure the cervix is opened using dilators and then the contents of the uterus are removed using slight suction.

General anaesthetic

The cervix is gently opened using dilators and then the contents of the uterus are removed using slight suction. The procedure takes approximately 15 minutes. You will be away from the ward for approximately one to two hours.

What will happen after my procedure?

Local anaesthetic

Following the procedure you will be able to rest for a while on the ward. If you do not feel sick you can eat and drink. You should feel well enough to go home one to two hours after your procedure.

General anaesthetic

Once the procedure is complete you will wake up in the recovery room and a member of the theatre team will take you back to the ward when you are fully awake from the anaesthetic. When you arrive back on the ward you will be given something to eat and drink (about 30-45 minutes later). If you feel sick or if you vomit the nurses may give you an injection to help stop this.
**Will I have any pain?**

Most women have some period type pains following the procedure that can last for a few hours. This may be worse than your normal period. In a few women, the pain may last for approximately five days. The pain should be relieved by taking simple pain relief tablets such as paracetamol or ibuprofen.

**How long will I bleed for after the procedure?**

Most women experience vaginal bleeding and may pass small clots following the procedure. A few women do not bleed at all. After a few days the loss will become darker. In some women the blood comes and goes, and in most cases has stopped by ten days.

Tampons are not to be used until the bleeding has stopped as they can increase the risk of infection.

**When will I be able to go home?**

You should feel well enough to go home three to four hours after your return to the ward. Occasionally some women need to stay in hospital overnight following this procedure. Please be prepared for this and make any necessary arrangements before your admission.

If you had vaginal swabs taken before the procedure it is possible that you may need antibiotics if the results show that you have a vaginal infection. The nurse will inform you of this and give you any necessary medication.

Try to take it easy for a few days, by then you should be recovering physically from your procedure.

**When can I resume sexual intercourse?**

We advise you that you should not resume sexual intercourse until you have stopped bleeding. It is possible to become pregnant again shortly after the procedure and for that reason it is important to use contraception immediately. The nursing staff will discuss future contraception with you before you go home.

**What happens to the pregnancy tissue?**

Any pregnancy tissue removed during the procedure is cremated in a sensitive and respectful manner at one of the Sheffield Crematoria. If you have agreed for this pregnancy tissue to be used for research purposes, it will still be disposed of at the crematorium.
Is there anything I should look out for when I go home?

You should contact the gynaecology ward or your GP if you have any of the following:

- You have severe pain which is not relieved with simple pain relief tablets
- You feel feverish
- You have excessive bleeding
- You have an offensive vaginal discharge
- Your period is later than expected and you still feel pregnant

Who can I contact if I have any questions?

If you have any concerns or need further information then please do not hesitate to contact:

- Gynaecology Ward G1: 0114 226 8225