

Miscarriage, surgical management

Once it has been determined that the normal progression of the pregnancy has stopped, either medical or surgical management can be used to empty the uterus. The surgical management of miscarriage is performed using vacuum aspiration. The procedure is carried out vaginally under anesthesia and it lasts for about 10 minutes. Sometimes a vacuum aspiration procedure can be performed after medical management of miscarriage if pregnancy tissue remains in the uterus.

If the bleeding related to the miscarriage is heavy, the procedure will be carried out as semi-urgent procedure. If the bleeding is light or there is no bleeding, the procedure will be carried out within the next couple of days.

Medical exam prior to miscarriage management

During your appointment, a doctor will confirm the miscarriage by performing a pelvic exam and an ultrasound; they will also discuss the treatment options with you. A blood test is performed to determine your blood type, and, if necessary, you will be tested for chlamydia and gonorrhea. The doctor will also schedule the procedure during your appointment, and you will receive the medication you need to take at home before your procedure.

Preparing for the procedure

To be filled: **The procedure is on** _____.

On the night before the procedure, take the **antibiotic tablets** you received from the gynaecological outpatient clinic **with food at 10 PM**. Swallow the tablets whole.

You **must not eat anything for 6 hours or drink anything for 2 hours** before you come to the hospital. You can drink 2 to 4 desilitres of **clear** (see-through), non-carbonated fluids for up to 2 hours before the procedure. Water, tea or coffee **without milk**, and clear juice with **no pulp** are allowed.

Arrive on time at the hospital on the day of the procedure. If necessary, we will call you to let you know if the time of the procedure changes. To soften the cervix, Cytotec® tablets can be inserted into the vagina at the hospital before the procedure.

If **your blood type is Rh negative**, you will receive an anti-D immunoglobulin injection, which is used to prevent the formation of antibodies in your blood in future pregnancies.

After procedure at the hospital

You can experience lower abdominal pain similar to menstrual pain after the procedure, and you will receive pain medication to manage the pain if necessary. If there is no abnormal bleeding, pain, or nausea, and you are able to urinate, you can leave the hospital when you feel well enough to do so.

For your own safety **you must have someone who can escort you home and be with you until the morning after the procedure.** Driving is strictly prohibited for the first 24 hours after anesthesia because the body metabolizes anesthetics slowly. Similarly, drinking alcohol for the first 24 hours after anesthesia is also strictly prohibited, because the medications can have dangerous interactions with alcohol.

After procedure at home

We recommend that you avoid physically strenuous activities on the day of and the day after the surgical management of miscarriage. You can use over the counter pain medication to manage pain if necessary.

Medical leave is typically prescribed for two days. There is no need for a routine follow-up appointment.

Postoperative bleeding is different for everyone and it can last for 1 to 10 days. **Due to a risk of infection, avoid** swimming, bathing in a bathtub, using tampons or a menstrual cup, and intercourse **during the postoperative bleeding.** Menstruation usually takes place 4 to 7 weeks after the procedure and the amount of bleeding can be out of the ordinary, either heavier or lighter than normal.

There is no need for a routine follow-up appointment. You can try for another pregnancy as soon as the bleeding stops, or after the next menstrual period. A daily 0.4 milligram folic acid supplement is recommended for all women who are trying to get pregnant.

Possible problems and available support

Contact the hospital where your termination procedure was performed if you experience heavy bleeding, lower abdominal pain, fever, or if the postoperative bleeding develops a foul smell.

It is possible to receive **support from our crisis workers.** You can talk with the hospital chaplain or the nurse experienced in crisis support. Receiving counseling from the hospital chaplain does not require you to be a member of any religion. The support our crisis workers provide always focused on your needs.