Surgical management of miscarriage (SMM)

First of all, we would like to express our deepest sympathy that you have suffered a miscarriage. This leaflet provides information on the operation you are about to undergo. If you have any questions or worries, please don't hesitate to ask any of the staff and we will try to help in any way we can.

What is SMM?

Surgical **M**anagement of **M**iscarriage (SMM) is a small operation to remove any pregnancy tissue still in your uterus (womb) after a miscarriage.

Are there alternatives to SMM?

Often miscarriages settle on their own and SMM is only necessary if you are bleeding very heavily or the bleeding has not settled after a week or so. You should have received counselling from the EPU (Early Pregnancy Unit) team regarding all the options available for managing miscarriage. There is also an information leaflet – 'First trimester miscarriage' available.

How is the operation performed?

SMM is performed under a general anaesthetic (i.e. you will be asleep) and it will take about 5 minutes. The operation is done through the vagina, so there will be no cuts or stitches. The cervix (neck of the womb) will be stretched open enough to insert an instrument to remove the pregnancy tissue from the uterus (womb).

Normally, during a miscarriage, the cervix will open up on its own to let the pregnancy tissue come away. If your cervix is not open before you have your operation, you may be given some tablets into the vagina to make this happen. This reduces the risk of your cervix being damaged during the procedure. A sample of the tissue removed is sent to the Histology Department to confirm that it is normal pregnancy tissue. Further investigations are normally only required for recurrent miscarriage.

What are the risks of SMM?

SMM is very safe; however, every operation has its risks. These fall into three categories:

1. Complications of anaesthesia.
2. General complications of any operation.
3. Specific complications of this operation.

Complications of anaesthesia

The anaesthetist will see you before your operation to discuss the anaesthetic procedure with you in detail. Someone will need to collect you from hospital and be with you for 24 hours afterwards.

What should I expect on the day of the operation?

If you have not already signed a consent form, or sensitive management of pregnancy tissue form the doctor will go through this the morning of the procedure.

If we have not done so we will take blood tests to check your haemoglobin levels (to check that you are not anaemic) and your blood group (to check if your blood group is rhesus- negative , in which case you will need an injection after the procedure).

If your blood group is rhesus – negative you will be offered the Anti-D injection. The Anti-D injection is to stop you forming antibodies, which can have consequences for future pregnancies.

The anaesthetist will see you before the operation to discuss the general anaesthetic.

We will ask you to change into a hospital gown and remove any jewellery or contact lenses.

Do not bring any valuables with you. Bring any medications that you take regularly with you.

The exact times for when the operation will be performed will be decided on the day and the team will provide you this information. However due to unforeseen medical emergencies that may occur there may be a delay.

A member of the nursing team will escort you to where the procedure will take place.

General complications of any operation:

- **Pain:** Pain after SMM is similar to period pain and is usually controlled with simple painkillers such as paracetamol. The ward staff will try to ensure that you remain as comfortable as possible following your operation.
- **Bleeding:** It is normal to expect some amount of bleeding from the vagina following your operation. This is usually similar to that of a period and bleeding that last up to 2 weeks is common Very rarely, the bleeding will be so heavy that a blood transfusion or a further operation will be necessary (risk: 0-3 in 1,000).
- **Infection:** There is a small risk of getting an infection in your uterus (endometritis). This usually causes tummy pain and worsening bleeding a few days after the operation. It will usually settle with antibiotics (risk: 40 in 1000).

Specific complications of this operation:

- **Puncturing the uterus:** A recently pregnancy uterus is very soft and it is possible to inadvertently make a hole in the uterine wall with the surgical instrument. This is uncommon (risk: 1-15 in 1000).If this should happen the surgeon may need to put a telescope through your umbilicus (belly-button) to make sure there is no damage inside. Most perforations are managed conservatively. If there is a lot of bleeding, or the bowel has been damaged, it will need to be fixed. This may mean a cut on your abdomen (tummy) and a longer stay in hospital.
- **An incomplete evacuation:** The surgeon cannot see into the uterus and for this reason, sometimes not all the blood clots and placenta will be removed (risk: 40 in 1000).
  In most cases the remaining uterine contents may just come away naturally. If the bleeding continues or is very heavy it may be necessary to have another SMM.
- **Damage to the cervix:** This may occur when the cervix is stretched open. It is uncommon, especially if you have had a prostaglandin tablet into the vagina before the operation (risk: much less than 1 in 1000).

- **Intrauterine adhesions/scarring (Asherman's Syndrome):** Post-operative complication when trauma to the lining of the womb causes scar tissue (adhesions) to form inside the uterus. In most women the adhesions are mild and the clinical significance is unknown. Adhesions can also be moderate and severe and the severity is proportional to the amount of evacuation procedures performed (risk is between 163-185 in 1000, depending on severity).

What happens to the pregnancy tissue following SMM?

When you give consent for SMM, this includes consent for the removal of blood and tissue samples. The main purpose of the samples is to examine them to confirm the presence of foetal tissue. All pregnancy tissue will be sensitively managed in line with The Trust and HTA (Human Tissue Authority) guidelines. Please refer to leaflet 'Sensitive management of pregnancy tissue' or speak with a nurse/doctor to discuss further.

What are the benefits of SMM?

SMM is essentially safe procedure, which may reduce the amount of bleeding after a miscarriage.

- Normally a planned admission. This will give you time to organise family, work commitments as necessary.
- You will have a general anaesthetic which will mean that you are asleep whilst the procedure is done.

What should I bring with me?

- Sanitary towels.
- Dressing gown.
- Slippers.
- Something to occupy your time while you are waiting e.g. book or magazine.
- Please do not wear any make up or nail varnish.

Please do not bring jewellery or valuables with you (except wedding rings). We do not have anywhere safe to store them and cannot accept responsibility for any loss of your possessions.

What happens after the operation?

The nursing staff will monitor you regularly for at least 2 hours to make sure you are recovering well from your operation. You can have something to eat and drink after the operation when you feel well enough to do so. It is important that you can pass urine and have minimal vaginal bleeding after the operation; if you have difficulty please inform the nursing team. You should then be able to go home, providing you have someone to pick you up and stay with you overnight for the first 12 hours after you have been discharged.

What can I expect afterwards?

- **"Period-like" pain*:*** you may experience some cramping for a day or two following your operation. Taking regular analgesia such as paracetamol will help to make you more comfortable.

- **Bleeding:** It is normal to experience some bleeding or discharge for a couple of weeks following the operation. It is advisable not to use tampons or resume sexual intercourse until the bleeding has settled.
  If the bleeding should become very heavy (i.e. you are soaking through sanitary towels every 15 minutes or passing clots the size of the palm of your hand) you should contact the **Early Pregnancy Unit** on ☎ **0118 322 7181** as soon as possible.
- **Your next period:** This should come in about 4 to 6 weeks. If your period were irregular before the miscarriage, it may take longer.
- **Driving:** The effects of the anaesthetic can stay in your system for up to 48 hours after your operation. You must not drive or operate machinery during this time. It is recommended that you check with your motor insurance regarding driving following a general anaesthetic.
- **Going home:** Normally you will go home on the same day as your operation. This is usually in the evening at about 6pm. You should go home by car accompanied by a responsible adult who must stay with you for at least 24 hours

Contact us

If you have any concerns or questions regarding your operation, you can contact Early Pregnancy Unit on ☎ **0118 322 7181** during clinic hours or ☎ **0118 322 8204** (this line is available 24/7).

The government has issued baby loss certificates to formally recognise the loss of a pregnancy below 24 weeks. This is optional, more information can be found on the GOV.UK website - Request a baby loss certificate https://www.gov.uk/request-baby-loss-certificate

Date of operation: _____

I must not eat after: _____

(You can continue to drink clear fluids* until the time below.

I must not drink anything after _____

Arrival time on Sonning Ward _____

***NB:** Clear fluids include: water, black tea, black coffee (no sugar or sweeteners), well diluted squash (but not fruit juice) – you should be able to read newsprint through it.

Do not suck sweets or chew gum on the day of your operation.

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

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