Surgical management of miscarriage (SMM)

Introduction

First of all, we would like to express our deepest sympathy that you have suffered a miscarriage. This leaflet is designed to give you 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 ward 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 remains of your pregnancy that are 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 the information leaflet – 'First trimester miscarriage – information for patients'.

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 remaining products of conception from the uterus (womb).

Normally, during a miscarriage, the cervix will open up on its own to let the products of conception come away. If your cervix is not open before you have your operation, you will be given some tablets (Prostaglandin) 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

Please see leaflet 'Quick guide to coming into hospital for surgery': The anaesthetist will see you prior to your operation to discuss the anaesthetic procedure with you.

1. General complications of any operation:
   - Pain: Pain after SMM is similar to period pain and should be 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 should settle after a few days. Very rarely, the bleeding will be so heavy that a blood transfusion or a further operation will be necessary (risk: 1 in 2,000).
   - Infection: There is a small risk of getting an infection in your uterus (endometritis)[1]. This usually causes tummy pain and worsening bleeding a few days after the operation. It will usually settle with antibiotics (risk: 3 in 100).
2. 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 rare (about 0.05%)[2] (risk: less than 2 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. If there is a lot of bleeding, or the bowel has been damaged, it will need to be fixed. This usually means a cut on your abdomen (tummy) and a longer stay in hospital. This is extremely rare.
   - 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: 5 in 100)[2].

     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 extremely rare, especially if you have had a prostaglandin tablet into the vagina before the operation (risk: 1 in 10,000)[3].
   - 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. The extent of these adhesions will define if the case is mild, moderate or severe (risk: range between 6-30 in 100, depending on severity)

What happens to the pregnancy tissue / material 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 present 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 a quick, simple and essentially safe procedure, which will reduce the amount of bleeding after a miscarriage and allows the body to get back to normal more quickly.

- 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 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.

Please do not wear any make up or nail varnish.

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 Emergency Clinic 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 own insurance company 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.

References

1. Dalaker K *et al* (1981) Ann Chir Gynaecol **70:** 331-6
2. Pridmore BR, Chambers DG (1999) Aust NZ J Obstet Gynaecol **39:** 349-353
3. Sykes P (1993) NZ Med J **106:** 83-85

Contact us

If you have any concerns or questions regarding your operation, you can contact Sonning Ward on: 0118 322 7181 / 0118 322 8204

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.

For more information about the Trust visit our website www.royalberkshire.nhs.uk

This document can be made available in other languages and large print upon request.

GYN_617
Department of Gynaecology, June 2017
Review due: June 2019