

The process may last up to two weeks, but if not completed by then, an alternative method may be advised.

Whilst awaiting admission for surgical or medical ERPC, you may begin to miscarry. If this happens, contact Stour Centre staff on **01473 704788 or 703665**.

If you miscarry in hospital, we provide a dignified cremation at Ipswich Crematorium. You will not be able to attend the cremation but you can visit the Garden of Rest in the Millennium Cemetery.

If you do not want us to do this and would like an alternative arrangement, please let us know what you wish to do within 14 days of the date of your miscarriage. You may want to discuss this with the hospital chaplain, and record your wishes on the form given to you by nursing staff.

We do not offer any tests or investigations, unless there are specific medical reasons for doing so. If this is the case, your consent will be obtained by the doctor involved in your care.

Whatever your choice, we will support you. Further information will be available from staff in the clinic and on the ward. Please ring us at any time if you are worried or unsure about anything.

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Choices

Under 13 weeks

This leaflet tells you about the treatments that may be available and the risks and benefits of each so you can choose what is best for you.

You may choose from:

- a surgical evacuation of the retained products of conception (ERPC);
- medical ERPC; or
- (conservative/expectant management).

The Stour Centre
Tel: 01473 704788

The Peggy Cole Emergency
Gynaecology Assessment Unit
Tel: 01473 703671
(Mon–Fri, 8am–4pm)

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Surgical evacuation of retained products of conception (ERPC)

This will involve having a general anaesthetic and surgery to remove tissue remaining in the uterus (womb) following your miscarriage.

The advantage of this method is that it is quick and the uterus will be emptied completely (in the vast majority of cases), thus reducing the risk of heavy bleeding or infection. You will have some bleeding afterwards but this should be light, and you may experience mild cramps similar to period pains.

You may be offered either:

- a place on a planned theatre list so you know when your operation will happen and when you can go home; or
- a place on an emergency operating list.

If you are placed on an emergency list, the time you will be going into theatre may be difficult to predict, as other patients requiring more urgent surgery will have to come first. Nursing staff will keep you informed about when you are likely to go to theatre and when you need to stop eating and drinking.

Whilst there can be complications involved with having an anaesthetic they are very rare. There is a small risk of perforation of the uterus, which may require more extensive surgery to repair.

It will not be possible to view your baby if you select this option.

Medical ERPC

This involves using tablets which will help the process of miscarrying. You will be admitted to the Stour Centre for the day. Occasionally an overnight stay is required.

The advantage for you is that you normally avoid having a general anaesthetic and surgery, and you may eat and drink as normal.

When you have been admitted

- Four tablets of misoprostol will be placed into your vagina, these soften and open the cervix (the neck of the womb), and make the uterus contract.
- Three hours later you will be given two further tablets to swallow. At some time you will have bleeding and pain which may vary from mild to severe period-like cramps. Bleeding is usually like a heavy period, which is a sign that the miscarriage is progressing.
- You may pass large blood clots and pregnancy tissue.
- You may experience some side effects, which can vary in severity from person to person. These may include nausea and vomiting, diarrhoea and feeling hot with a high temperature. You will be offered pain relief and anti-sickness drugs should you need them.

Sometimes, after discharge from hospital this process is not fully complete and you may require further visits to the hospital and scans should you continue to bleed.

You will be able to view your baby if you so wish.

Medical management can also be done as an outpatient. Misoprostol is administered in the unit and you are allowed home to pass the pregnancy tissue. You will then have a follow-up appointment at the Emergency Gynaecology Assessment Unit (EGAU).

In some cases it may be necessary to have a surgical ERPC. There is a risk of infection or anaemia if the bleeding is prolonged. Your discharge from hospital will be discussed with you and any follow-up which may be required. The Stour Centre staff are available if you need further advice at any time.

If you have to go to theatre for removal of the remains of your pregnancy following unsuccessful medical ERPC you will not be able to view any remains.

Conservative / Expectant management (letting nature take its course)

Some women prefer to miscarry naturally at home without any medical intervention. You will expect to have some pain and bleeding and pass some blood clots and pregnancy tissue. This bleeding may be quite heavy.

Ward staff are available for advice and support and they may advise you to come into hospital, if required.

