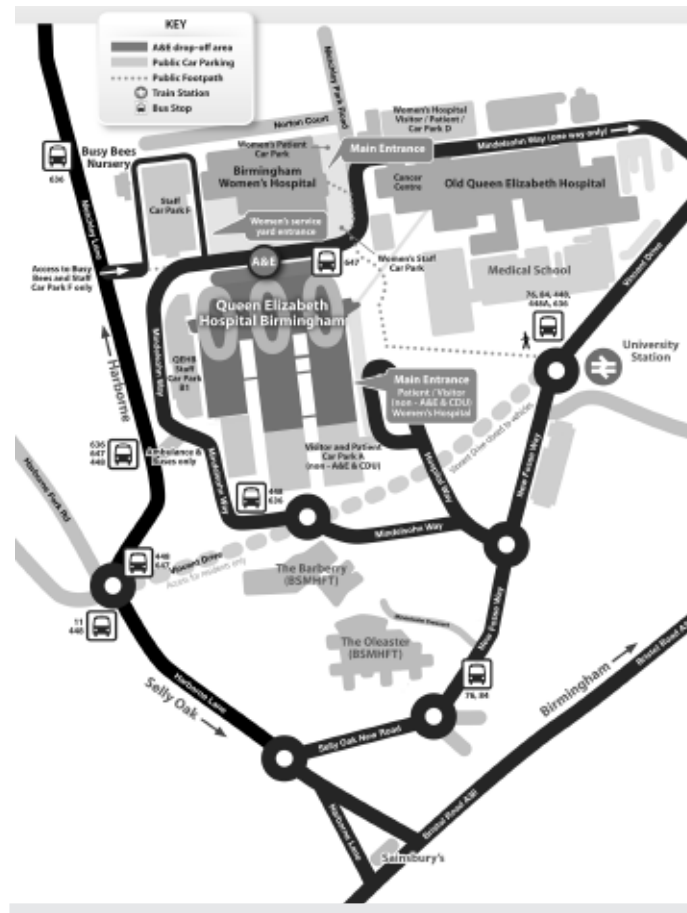


What if I can't decide?

Please feel free to take as much time as you feel necessary. Please do not feel like you have to choose this option, or be rushed into a decision. We understand that this choice may be difficult, but previous research has found that women generally coped better when they were able to choose the management method that they felt best for them at that time. Please feel free to contact us if you have any questions.

If you want to discuss any of the options for the management of your miscarriage, further please contact the Early Pregnancy assessment Unit on 0121 627 2790.



Ref 193/10/2011 Review 06/2014

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Printed by Kall Kwik Walsall. Tel: 01922 722022

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Surgical Management of Miscarriage under Local Anaesthetic

Patient Information

Improving Options in Miscarriage

We are so sorry that you have had a Miscarriage. To help you get through this difficult time, this leaflet will give you some options to manage this miscarriage.

You should have already received the information on treatment options (OG17 Miscarriage). With this in mind, we would like to offer you more information about a further surgical option.

We are offering a technique called Manual Vacuum Aspiration (MVA) that can be done under local anaesthetic. MVA has been used successfully in the USA and UK for over 30 years. Research has found MVA to be:

- 98-99% effective.
- Associated with less blood loss.
- Associated with less pain.
- Takes a shorter time to complete than other surgical methods.
- No risks of general anaesthetic as you are awake during the procedure.

What does it involve?

You will be admitted to our ward for a short while. We may ask you to take by mouth or have vaginal tablets at least 2 hours before the procedure to help open the neck of the womb (cervix), although this is not always necessary.

We will also offer you some painkillers at least one hour before the procedure. A doctor will then use a speculum, (similar to that used in a smear test) to look at the neck of the womb. Local anesthetic will be injected into the neck of the womb to numb this area, and then, using a fine tube and syringe the tissue remaining from the miscarriage will be removed.

The procedure should take only a few minutes. During this time you will experience moderate crampy pains but this should settle very soon after the procedure stops. Some more painkillers may be offered and put into the back passage at the time of the procedure.

Recovery time is usually quick, but we like you to stay for an hour after to make sure you recover without any problems.

What are the Risks of the Procedure?

Although MVA has been proven to be very safe, like any treatment there are some risks:

- There is a small risk that we may not remove all the tissue, therefore the procedure would have to be repeated again.

- There is a small risk of bleeding, and even smaller risk of severe bleeding, that may result in needing a blood transfusion.
- There is a minimal risk of infection - which can be treated with antibiotics.
- There is a very rare risk of perforating the womb (a hole in the uterus).
- You may also feel faint after, or near the end of the procedure. This reaction can be normal, and usually disappears soon after.

What Alternatives are available?

There are several alternatives to managing your miscarriage and these should already have been discussed with you by nursing staff. These include:

- Conservative Management i.e. doing nothing and allowing the natural expulsion of the miscarriage.
- Medical Management using tablets to make you miscarry.
- Surgical Management under general anaesthetic where you would be put to sleep for the procedure.

Further details on all these options can be found in Patient Information Leaflet '**OG17 Miscarriage**'.