

Surgical Management of Miscarriage

September 2024

This factsheet provides you with information about the option of surgical management of your miscarriage.

A miscarriage may be a sad time for you and your family, and we encourage you to seek support. There are some services listed at the end of this factsheet.

The Treatment

The surgical procedure is also known as a Dilatation and Curettage (D&C) or an Evacuation of Retained Products of Conception (ERPC).

This procedure is usually performed by a specialist doctor in hospital under a general anaesthetic. It is performed vaginally so no cuts or incisions are required.

Some women will be given medication to help prepare the cervix for the procedure. This medication will be given to you on the day of surgery prior to the procedure and is usually inserted vaginally.



What to expect?

During the procedure:

- During the procedure, you will be asleep with a general anaesthetic (GA). Prior to the GA the anaesthetist will discuss with you what to expect.
- When you are under GA your doctor will gently open the cervix and then remove the pregnancy sac and any tissue from inside the uterus using suction.

After the procedure:

- Whilst the procedure may take between 10-30 minutes, you will be in the hospital for around 4-5 hours.
- When you wake up you are likely to experience some bleeding (like a period) which will reduce gradually over 1-2 weeks after the procedure.
- You will also have some cramping and/or abdominal discomfort (like period pain). Your doctor will prescribe pain relief to help manage the pain as needed.

What are the risks?

A D&C or ERPC is a common procedure performed in the hospital, but every procedure can have risks, and complications may occur. Some of these possible risks include:

- Infection - some women may notice a smelly or discoloured (yellow or greenish) vaginal discharge, experience a fever (temperature higher than 38 degrees Celsius), an increase in bleeding and/or abdominal pain. If you are concerned, please see your general practitioner or present to the emergency department if very unwell.



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Consumer Participation National Standards endorsed

South Eastern Sydney Local Health District

Royal Hospital for Women, Barker Street, Randwick, NSW 2031. Telephone: 02 9382 6111

- Heavy bleeding at the time of the surgery – this is uncommon but may occur about 1-2% of the time. If your healthcare provider is concerned about the amount of bleeding a blood transfusion may be required.
- Incomplete removal of pregnancy tissue – occurs approximately 1% of the time despite surgical inspection of the uterus. This may cause prolonged bleeding after the procedure and require an ultrasound scan. If there are retained products seen on ultrasound your doctor will discuss options of care. This may include allowing the retained products to dislodge on their own or, in some cases a second procedure is required to remove the remaining products.
- Perforation - during surgery when instruments are inside the uterus there is a possibility of a complication called perforation to occur. This is when the instrument passes through the wall of the uterus into the abdominal cavity. Perforation is reported to occur 0.1% of the time and may mean that the D&C or ERPC cannot be completed on that day. Perforation may be managed conservatively, allowing the uterine muscle to heal on its own. Sometimes keyhole surgery (laparoscopy) is required.
- Scarring inside the uterus - this is a complication that may occur after D&C or ERPC during the healing period and is also known as Asherman Syndrome. It is reported to occur in 6-19% of women after having an ERPC and is more likely if you have had a number of these procedures in your life. For many women scar tissue causes no further issues.
- Changed period cycles – some women may experience altered periods (lighter or absent) and some women may have difficulties conceiving in the future due to scar tissue. If needed, a telescope procedure can be performed to help divide the scar tissue in the uterus, but this is not always successful

For further help and information, please contact the EPAS nurse, Monday to Friday between 07.30am and 16.00pm on **02 93826701**.

Support services for women experiencing miscarriage or grief are also available below:

Pink Elephants Support Network:

<https://www.pinkelephants.org.au/>

Gidget Foundation Australia:

[Gidget Foundation Australia | Supporting the Mental Health of New and Expectant Parents](#)

Red Nose Grief and Loss:

[Guiding Light - Red Nose Grief and Loss | Supporting you on your journey after the death of a child](#)

