

A guide to having an ERPC (evacuation of retained products of conception)

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w innych językach/formatach.

We are very sorry that you have had a miscarriage and we understand that you may have some question and concerns. The aim of this leaflet is to answer these and provide you with the choices available to you.

What is a miscarriage?

It is a failure of the pregnancy to grow and the spontaneous loss of this pregnancy.

Sadly, it is very common, affecting 1 in 5 pregnancies. It is highly unlikely that having a miscarriage will affect any future pregnancies. Even after 2 or 3 miscarriages you can still have a normal healthy pregnancy. Usually, there are no major physical complications after a miscarriage. However, it can have a considerable emotional impact. It is common for both partners to feel a combination of grief, distress, loss, shock, guilt, anger and depression. Many feel very isolated and alone. You may find that talking about your feelings will help you come to terms with your loss. If possible try and talk with a close friend, family member, counsellor or your GP.

A man's feelings?

Men can be strongly affected by miscarriage, especially if they have seen their baby on an ultrasound scan during the pregnancy. Yet their feelings are often unacknowledged. While their partner receives plenty of sympathy, they often feel left out. Research shows that men may find miscarriage very difficult to cope with and that their need for support is often as great as women's. The Miscarriage Association provides a leaflet especially for men.

Why does it happen?

Women have generally done nothing to cause a miscarriage. Most of the time it is because of a genetic problem with the developing baby. It does not usually happen again. Miscarriage is **not** caused by stress, a lack of rest, lifting, sexual intercourse, eating spicy foods, normal exercise or becoming constipated.

What should I do now?

If you are bleeding that means your body has already started to empty the uterus (womb). Give yourself some time and the bleeding, which may be heavy initially, will settle down once the miscarriage is complete. This may take up to 7-10 days. If you think the bleeding is heavy and you are experiencing pain, see your GP or come to the Emergency Department, as you may need a minor operation or medication to empty the uterus.

Surgical Management – ERPC

Reasons for the procedure

The ERPC is performed to prevent the development of infection and bleeding from the retained products. A sample of the tissue will be sent to our laboratory to be analysed.

Benefits of the procedure

The procedure will assist the womb in contracting and going back to its original size.

Nature of the procedure

An ERPC is a minor operation carried out under a general anaesthetic. The procedure usually takes approximately half an hour (including recovering from the anaesthetic). During the operation, the neck of the womb is gently stretched and any remaining tissue is removed using gentle suction. If there is a concern with your results, a member of your consultant team will inform you within a few weeks. However this is very rare.

Risks of the procedure

The operation is usually straightforward and does not affect any future pregnancies. The risks are very small with only 1 in 1000 women having a complication, such as a womb infection or damage to the womb as a result of the procedure.

Discomforts of the procedure

Some women may experience period type pain and light vaginal bleeding. It is recommended that you take painkillers such as paracetamol regularly for the first day, then as and when you need it. It is quite normal to bleed for 7 to 10 days afterwards.

Alternatives to the procedure

The alternative management that can be offered to some patients is medication instead of surgery. The doctor will discuss this with you and assess whether you are suitable for this particular management.

Consequences of not having the procedure

There is a risk of infection and bleeding. If you have any anxieties or questions about the procedure please discuss these with the nurse or doctor caring for you. Your Gynaecologist will be happy to discuss your concerns with you and your partner.

Where do I go on the day of my operation?

Following your consultation with the doctor and the nurse or midwife in the Clinic or the Buchanan Suite you will be given a date and time to come into the Gynaecology Ward (3E).

What will I need to bring with me?

- Dressing gown and slippers
- Sanitary pads and a few pairs of knickers
- The patient information leaflet you were given
- Reading material (as there may be a period of waiting whilst arrangements are made for you)
- Any current medication you are taking

What might I expect on the day of the operation?

Please do not eat for 6 hours before your admission. This includes chewing gum and sweets. Hopefully any questions you may have had regarding medication will have been answered in the Clinic or Buchanan Suite. **Otherwise please ask the staff on the ward.**

Staff on the Gynaecology Ward will admit you. They will review your notes, and check that you have signed a consent form. You will also be asked to sign consent form 10, giving permission for the tissue samples we obtain to go for histology (laboratory tests). You will have a sample taken to check your blood group and iron level. The nurses will complete an operation checklist and ask you to change into a theatre gown. There will be an opportunity to discuss any concerns about the surgery or anaesthetic with a doctor. After your operation you will be transferred back to the ward where you will be cared for until you are well enough to go home.

How long will I have to wait?

There may be a delay before you go to theatre due to other patients needing an emergency operation. As soon as we know we will inform you. Very rarely, your operation may need to be cancelled and re-arranged for another day.

When can I go home?

Recovery time is short, as you will be given only a light anaesthetic. You will usually be allowed home **within 2-4 hours** following your return to the ward. However, although you quickly recover physically, you will require lots of support emotionally. You will be offered something to eat and drink on the ward. It is important that you pass urine before you go home. If your blood group is Rhesus Negative you will require an anti D injection.

Please arrange for someone to pick you up

We advise you not to drive for at least 48 hours

What is the Anti D injection?

You will have had a blood test to find out your blood group (A, B, AB, or O) and your Rhesus status (positive or negative). Your Rhesus status describes whether or not you have a particular protein on the surface of your red blood cells. If you do not have this protein (the “Rhesus factor”) you are considered Rhesus negative, and if you do have it, you are Rhesus positive. About 85 per cent of people are Rhesus positive, although it varies by race. If a Rhesus-negative mother is carrying a Rhesus-positive baby, (the baby inherits this from a Rhesus-positive dad), there is a possibility that a problem may occur. During the procedure there is a chance that some of the baby’s blood cells could get into your blood stream and your immune system may react to the Rhesus protein on the baby’s cells as if it were a “foreign invader” and produce antibodies against it. During a subsequent pregnancy these antibodies attach themselves to the baby’s blood cells and destroy them. The Anti D injection is given to stop your immune system from producing antibodies against Rhesus positive blood cells.

Do I need any follow up?

In most cases it is not necessary for you to make an appointment to see your GP unless you are experiencing complications such as:

- Heavy, or an increase in vaginal bleeding.
- An offensive (smelly) discharge from your vagina
- Abdominal pain
- Concerns regarding future pregnancies.

You will be given a discharge letter to give to your GP, which will contain the details of your operation. If your community midwife has seen you previously, the ward will inform her/him of your discharge home.

When can I resume sexual intercourse?

You can have sex when you feel comfortable, which may be when the bleeding has stopped.

When should I think about another pregnancy?

Medical opinions vary on when to plan your next pregnancy. It really depends on you and when you feel ready. Some doctors advise couples to wait until after the next period before trying again. Use contraception until you are ready to try again.

When can I return to work?

Again, this is dependent on you and how you feel. It is advisable to rest for at least a couple of days following an ERPC following which normal activities can be resumed once you feel able to.

**If you have any concerns please contact
Ward 3E on 0151 430 1522/1738
or contact your GP**

Further Information

The Miscarriage Association have published Miscarriage leaflets and one specifically for men. The Miscarriage Association offers support and information on pregnancy loss. Their telephone helpline number is: **01924 200 799**

Website: www.miscarriageassociation.org.uk

e-mail: info@miscarriageassociation.org.uk

PALS

The Patient Advice and Liaison Service (PALS) ensures that the NHS listens to patients, relatives, carers and friends, answer questions and resolves concerns as quickly as possible. If you have a query or concern, please contact: **0151 430 1144**

Have your say

St Helens and Knowsley Teaching Hospitals NHS Trust aims to provide high quality services and welcomes your comments & suggestions to help improvement. If you have a comment, suggestion or compliment about our service or treatment, speak to a member of the ward staff in the first instance.

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