Department of Obstetrics & Gynaecology - The University of Hong Kong

INFORMATION SHEET FOR MEDICAL MANAGEMENT OF FIRST TRIMESTER MISCARRIAGE

Clinical diagnosis: incomplete miscarriage / silent miscarriage

Indication: retained product of gestation

Nature of procedure/ operation

- insertion of vaginal tablets (single dose)
- food or drink will not be allowed when there is increase in abdominal pain
- pain-killers can be provided
- vaginal bleeding and abdominal pain can occur prior to passage of uterine content
- the miscarriage process may take more than one day but you can be discharged after drug administration and observation; sometimes you may need to stay overnight
- over 60-80% of women do not require any surgical procedure to empty the womb
- suction evacuation may be required in case of failure to miscarry or incomplete miscarriage with heavy bleeding and/or severe pain (local anaesthesia + conscious sedation/ general anesthesia)
- all tissue removed will be sent to the Department of Pathology or disposed of as appropriate unless otherwise specified

Benefit of the procedure: emptying of the uterus without surgical intervention and its associated risks

Other consequences after the procedure: may experience some vaginal bleeding (longer and heavier compared with suction evacuation) and abdominal cramps within 2-3 weeks

Risks and complications may include, but not limited to the followings:

- Women who are obese, who have significant pathology, who have undergone previous surgery or who have pre-existing medical conditions must understand that the quoted risks for serious or frequent complications will be increased.
- Serious
  - anaphylaxis(very rare)
  - excessive bleeding which may need blood transfusion
  - pelvic infection(lower risk compared with suction evacuation) and the associated adverse effect on future fertility
- Frequent
  - nausea (6 in every 10, common)
  - vomiting (2 in every 10, common)
  - diarrhoea (5 in every 100, common)
  - fever (3-5 in every 10, common)
  - abdominal pain
  - no response to medication or incomplete miscarriage
- If suction evacuation is required because of heavy bleeding and/or abdominal pain; or no response to medication

  Anaesthetic complications

  Serious
  - uterine perforation, less than 5 in 1000 women (uncommon); may result in trauma to surrounding organs necessitating laparoscopy/laparotomy
  - significant trauma to the cervix (rare), may result in cervical incompetence
  - trauma to endometrium causing intrauterine adhesion, third stage complications in future pregnancy
  - pelvic infection, 3 in 100

  Frequent
  - bleeding that lasts for up to 2 weeks is very common but blood transfusion is uncommon (1-2 in 1000)
  - need for repeat suction evacuation, less than 5 in 100

Risk of not having the procedure

- retained products of gestation
- risk of heavy bleeding and infection (uncommon)

Possible alternatives

- expectant management (wait and see)
- surgical evacuation
- others _____

Other associated procedures (which may become necessary during the operation): surgical evacuation (local anaesthesia + conscious sedation/ general anesthesia) (in case of incomplete miscarriage with heavy vaginal bleeding or severe abdominal pain)

Any special follow up

- Please consult doctor in case of heavy vaginal bleeding and/ or severe abdominal pain
- A specimen bottle would be given to you for collection of tissue mass passed vaginally. Please send it to our general gynaecology ward (K5S) for pathological examination at your earliest convenience.
- Ultrasound assessment three weeks later to ascertain whether miscarriage is complete.

Statement of patient: procedure(s) which should not be carried out without further discussion

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I acknowledge that the above information concerning my operation/procedure have been explained to me and discussed with me by the medical staff and I fully understand them. I have been given the opportunities to ask questions pertinent to my condition and management and satisfactory answers have been provided by medical staff.

Signature _____

Date_____