

**INFORMATION SHEET FOR  
EXPECTANT MANAGEMENT OF FIRST TRIMESTER MISCARRIAGE**

**Clinical diagnosis:** incomplete miscarriage / silent miscarriage

**Indication:** retained product of gestation

**Nature of procedure**

- await spontaneous complete emptying of the uterus without surgical or medical intervention
- pain-killers can be provided
- vaginal bleeding and pain can occur prior to passage of tissue mass
- incomplete miscarriage - about 85% of women do not require any surgical or medical procedure to empty the uterus with a period of follow-up up to 2 weeks
- silent miscarriage - about 30-40% of women do not require any surgical or medical procedure to empty the uterus with a period of follow-up up to 2 weeks
- suction evacuation may be required in case of retained tissue mass or incomplete miscarriage with heavy bleeding and/or severe pain (local anaesthesia + conscious sedation/general anaesthesia)
- 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 or medical intervention and their associated risks or side-effects

**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
  - excessive bleeding which may need blood transfusion
  - pelvic infection(lower risk compared with suction evacuation) and the associated adverse effect on future fertility
  - failed expectant management
- 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)
    - 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:** may need medical treatment or surgical evacuation to empty the uterus

**Possible alternatives**

- medical treatment

- surgical evacuation
- others: \_\_\_\_\_

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

**Any special follow up**

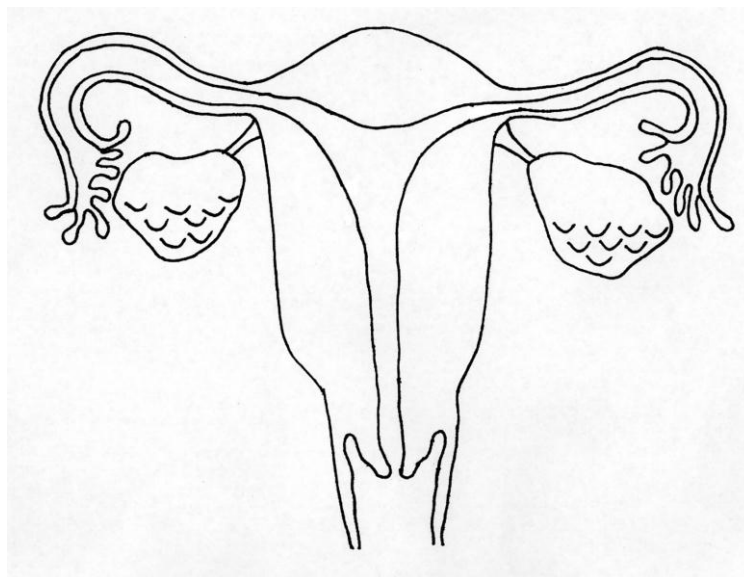
- Please consult doctor in case of heavy vaginal bleeding and/ or severe abdominal pain
- A specimen bottle would be given to you for collection of tissue mass passed vaginally. Please send it to our general gynaecology ward (K5S) for pathological examination at your earliest convenience.
- Ultrasound assessment 2 weeks later to ascertain whether miscarriage is complete.


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

*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 \_\_\_\_\_



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		<b>Page</b>	<b>Page 2 of 2</b>