

### **Introduction**

This is a conventional method to empty a pregnant uterus before 12 weeks of gestation. The cervix is dilated progressively with metal dilators of various sizes. A plastic or metal aspiration cannula is connected to a vacuum device and inserted to empty the uterus.

### **Indication**

Miscarriage.

### **Procedure**

1. Priming of cervix if necessary.
2. General anaesthesia.
3. Cervical dilatation if necessary.
4. Insertion of the suction cannula.
5. Uterine content evacuated using negative pressure.
6. All tissue removed will be sent for histopathology examination or disposed of as appropriate unless otherwise specified.

### **Pre-operative preparation**

1. You will need to sign a consent form and your doctor will explain to you the reason, procedure and possible complications.
2. No food or drink for 6 to 8 hours before operation.
3. Blood taking for blood typing and screening.
4. Pubic hair is shaved if necessary as instructed by doctor.

### **Possible risks and complications**

- Anaesthetic complications.
- Probability of Cervical tears.
- Incomplete evacuation/failure of the procedure and may need re-operation.
- May need blood transfusion if excessive bleeding.
- Uterine perforation with or without trauma to surrounding organs necessitating subsequent laparoscopy / laparotomy.
- Pelvic infection and adverse effect on future fertility.

- Intrauterine adhesions.
- Cervical incompetence.
- Third stage complications in future pregnancy.

**Post-operative information**

1. There will be some vaginal bleeding and mild abdominal cramps within the first 2 weeks after operation.
2. You may take analgesics as prescribed by your doctor.
3. Contact your doctor if severe abdominal pain, purulent discharge, excessive vaginal bleeding or fever (body temperature above 38°C or 100°F) occurs.
4. Consult your doctor on the methods of contraception if necessary.

**Risk if not undergoing the procedure**

- Vaginal bleeding.
- Abdominal pain or infection in case of incomplete miscarriage.

**Remark**

The above-mentioned procedural information is not exhaustive, other unforeseen complications may occur in special patient groups or different individual. Please contact your physician for further enquiry.

**Reference:** [http://www21.ha.org.hk/smartpatient/tc/operationstests\\_procedures.html](http://www21.ha.org.hk/smartpatient/tc/operationstests_procedures.html)

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I acknowledge that the above information concerning my operation/procedure has been explained to me by Dr. \_\_\_\_\_. I have also been given the opportunity to ask questions and receive adequate explanations concerning my condition and the doctor's treatment plan.

Name: \_\_\_\_\_

Pt No.: \_\_\_\_\_ Case No.: \_\_\_\_\_

Sex/Age: \_\_\_\_\_ Unit Bed No: \_\_\_\_\_

Case Reg Date & Time: \_\_\_\_\_

Attn Dr: \_\_\_\_\_

Patient / Relative Signature: \_\_\_\_\_

Patient / Relative Name: \_\_\_\_\_

Relationship (if any): \_\_\_\_\_

Date: \_\_\_\_\_