



Procedure Information – Management of First Trimester Incomplete Miscarriage

Visit No.: Dept.:
Name: Sex/Age:
Doc. No.: Adm. Date:
Attn. Dr.:

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+10	+20	+30	+40	+50	+60	+70	+80	+90

Patient No.: PN

*Please fill in /
affix patient's label*

Introduction

Miscarriage is loss of a pregnancy before 24th week of gestation. Most of miscarriages occur in the first trimester and present with vaginal bleeding or abdominal pain. Pregnancy test may remain positive for several days after the miscarriage.

The Procedure

1. Wait for spontaneous expulsion of the product of gestation from the womb without surgical or medical intervention.
2. Take analgesics as prescribed by your doctor.
3. Vaginal bleeding and pain can occur prior to spontaneous complete evacuation of the womb.
4. About 85% of women do not require any surgical or medical procedure to empty the womb with a waiting period of up to 2 weeks.
5. Suction evacuation may be required in case of failure to miscarry or the miscarriages incomplete resulting in heavy bleeding and /or severe pain.
6. All tissue is expelled will be sent to histopathology examination or disposed of as appropriate unless otherwise specified.

Risks and complications

The procedure carries certain risks.

1. Incomplete miscarriage
2. Excessive bleeding which may need blood transfusion or emergency suction evacuation.
3. Pelvic infection and the associated adverse effect on future fertility
4. Complications of surgical evacuation (in case of incomplete miscarriage with heavy vaginal bleeding or severe abdominal pain).
 - Anaesthetic complication
 - Cervical tear
 - Incomplete evacuation
 - Excessive bleeding which may need blood transfusion
 - Uterine perforation (0.5%) with or without trauma to other organs necessitating/ laparoscopy/ laparotomy
 - Pelvic infection and the associated adverse effect on fertility
 - Intrauterine adhesions
 - Cervical incompetence
 - Third stage complication in future pregnancy



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Post miscarriage information

1. May experience some vaginal bleeding and abdominal cramp for 7-10 days.
2. You may take analgesics as prescribed by your doctor.
3. Contact your doctor if severe abdominal pain, purulent discharge, heavy vaginal bleeding or fever (body temperature above 38°C or 100°F) occurs.
4. A specimen bottle would be given to you for collection of the tissue passed out vaginally and the tissue will be sent for histopathology examination if necessary.
5. Ultrasound assessment 2 weeks later to ascertain whether miscarriage is completed.

Alternative treatment

May need surgical evacuation to empty the womb.

Remarks

This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. Should a complication occur, another life-saving procedure or treatment may be required immediately. For further information please contact your doctor.

Reference

Department of Obstetrics & Gynaecology – The University of Hong Kong

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.

Patient / Relative Name

Signature

Relationship (If any)

Date