



## Procedure Information – Medical Management of First Trimester Silent Miscarriage

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

Page No:

01	02	03	04	05	06	07	08	09
+10	+20	+30	+40	+50	+60	+70	+80	+90

Patient No.: PN

*Please fill in /  
affix patient's label*

### Introduction

Medical treatment using prostaglandin analogues alone or in combination with anti-progesterone have been shown to be effective in the management of spontaneous miscarriage. The option is to avoid surgery and its associated complications could give women the choice of “avoidance of general anaesthesia” and the feeling of being “more in control”.

### Symptom

Vaginal bleeding and abdominal pain.

### The Procedure

1. Insertion of vaginal tablets as instructed by your doctor.
2. Food or drink will not be allowed when abdominal pain occurs.
3. Take analgesics as prescribed by your doctor.
4. Vaginal bleeding and abdominal pain can occur prior to passage of uterine content.
5. The miscarriage process may take more than one day.
6. 60-80% of women do not require any surgical procedure to empty the womb.
7. Suction evacuation may be required in case of failure to miscarry or the miscarriages incomplete resulting in heavy bleeding and / or severe pain.
8. All tissue removed will be sent to the histopathology examination or disposed of as appropriate unless otherwise specified.

### Risks and Complications

1. No response to medication.
2. Excessive bleeding may require blood transfusion.
3. Incomplete miscarriage.
4. Pelvic infection and the associated adverse effect on future fertility.
5. Side effect of the drugs including nausea, vomiting, diarrhea, abdominal pain, fever and chills, anaphylaxis

### Post silent 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 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 will be sent for histopathology examination.
5. Ultrasound assessment one week later to ascertain whether miscarriage is completed.



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**Alternative treatment**

May need surgical evacuation to empty the womb (in case of incomplete miscarriage with heavy bleeding and / or abdominal pain; or no response to medication). However, there are some possible risks and complications of surgical evacuation:

1. Anaesthetic complication
2. Cervical tear 0.5%
3. Incomplete evacuation
4. Uterine perforation with or without trauma to other organs necessitating/laparoscopy/laparotomy
5. Pelvic infection and the associated adverse effect on fertility
6. Intrauterine adhesion
7. Cervical incompetence
8. Third stage complication in future pregnancy

**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. For further information please contact your doctor.

**Reference**

Hospital Authority – Smart Patient Website

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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.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship (If any)

\_\_\_\_\_  
Date