

Information about your surgical procedure under general anaesthetic

If you are having surgery at:

Peterborough City Hospital, come directly to the **Day Treatment Unit, level 1 of the main hospital. Telephone 01733 673758.**

Day/Date: Time:

On the day of your surgery you may have a **light breakfast before 8am**, which can be either:

- a small bowl of cereal with minimal milk OR
- a slice of toast with a light scraping of spread of your choice

You may have **clear fluids up until 11.00am**, either water or diluted fruit squash, black coffee or black tea.

Please do not eat anything after 8.00am or drink anything after 11am. This includes boiled sweets and chewing gum.

Hinchingsbrooke Hospital, come directly to the **Treatment Centre. The procedure unit is on the first floor. Telephone 01480 423137.**

Day/Date: Time:

Please take the medicine given to you by the nurse at 0700, prior to attending the unit

Please do not eat or drink anything after midnight, the day before your surgery. This includes boiled sweets and chewing gum.

If you are unable to attend for any reason, please telephone the appropriate unit.
If you don't follow the instructions, your operation may need to be cancelled.

What to do before coming into hospital

Please make sure you have a responsible adult, over the age of 18, to take you home after the operation. You also need someone over the age of 18 to be at home with you for 24 hours after your operation, who is aware that you have had a procedure performed. In case of emergencies you need to have a telephone or mobile phone at home.

Friends or relatives are not always able to stay with you prior to, or during surgery due to limited space. We know this is a really difficult time for you, and will try our best to keep you together as much as we can.

Please take your regular, prescribed tablets and medicines at 8.00am unless told otherwise in clinic, and bring all your medicines and inhalers to hospital with you. You need to bring a clean dressing gown and slippers, and you must bring a change of underwear (pants that can be worn with a sanitary towel) and a supply of sanitary towels (not tampons). You must remove all makeup, nail varnish from hands and feet, and all jewellery - including any body piercings - prior to coming to the unit. All

acrylic nails or overlays (fingers and toes) also need to be removed before you come to hospital. Do not have any new tattoos or piercings before surgery. We strongly advise you to leave your valuables at home. The Trust accepts no responsibility for lost or damaged property which is left unattended

Risks of the procedure

- Significant tear to the neck of the womb whilst opening – rare
- Perforation, where a hole or tear is made in the womb during the procedure – less than 1%
- Repeat procedure required if all the pregnancy remains are not removed – less than 5%
- Bleeding up to 2 weeks is common but heavy bleeding, needing transfusion is less than 5%
- Pelvic infection – less than 1%
- Development of intrauterine adhesions is common (190 in 1000)
- If you have had **more than one previous caesarean section**, this will increase the risk of all complications
- Women have a higher risk of blood clots in their legs or lungs in pregnancy, and in the six weeks after this procedure. If you have had a blood clot before, blood clotting disorders in your family, smoke or have a high body mass index, you may be at higher risk and need to start injections into your abdomen (tummy). Seek urgent help if you have painful/swollen calf pain or chest pain/difficulty breathing.

What will happen before my procedure?

You will see the anaesthetist on the day of your operation, who will answer any questions you may have. You will be asked to get into an operating gown, dressing gown and slippers. Your underwear must be removed and your pants will be placed in your dressing gown pocket. A wedding ring may be left on and will be taped. If you normally wear contact lenses we advise you to remove them and to wear glasses – if you have them - on the day of your operation.

Under 14 weeks:

About 2 hours before the operation you will have some tablets called misoprostol, placed inside your vagina. These will soften and open up the neck of the womb. This can sometimes cause some period-type pain and slight bleeding. You will be offered a long-acting painkiller suppository inserted into your back passage (rectum) and an antibiotic to swallow.

Over 14 weeks:

The cervix (neck of the womb) needs to be softened before the procedure can take place. We do this by inserting small rods (Dilapan) into the cervix the day before the procedure, this only takes a few minutes. The Dilapan swell over time, gently opening the cervix, this can cause mild crampy pains or light bleeding. Very rarely, your waters can break or the Dilapan can fall out. If you have severe pain and/or heavy bleeding or fever, you are advised to attend ED, and take your letter which explains the treatment to give to the doctor or nurse that sees you. It is extremely rare that Dilapan causes delivery of the pregnancy (less than 1 in 1000 cases).

What will happen during the procedure?

You will have a short general anaesthetic and will be completely asleep. The procedure usually only takes 10 minutes. We stretch the neck of the womb (cervix) through the vagina. Then we take out the pregnancy tissues from inside the womb. If you are using contraception, such as an implant or coil, this will be fitted at the same time. Your operation will be performed as a day case. This means you come into hospital on the day of the operation and go home the same day if all goes well.

Once you are fully awake after the operation you will have something to eat and drink and we must check that you can pass urine before we let you go home. We will check your bleeding and pain are under control and that you are not being sick. If all is well you will be allowed to go home about 1 hour after your operation.

If you have Rh negative blood group you will need to be given an injection called 'Anti-D'. This will prevent you having problems with pregnancies in the future.

You must not drive, ride a bike, operate machinery, drink alcohol or sign any legal documents for 48 hours following your operation. You can't go home on public transport, and you should have someone to look after you for the first night.

If you do not want to be pregnant now, please ensure you have contraception in place prior to being discharged. Ask the nurse looking after you if you need more information. If you do want to be pregnant now, we suggest you re-start your folic acid but wait until after your first period before trying to conceive again.

What happens to the pregnancy tissue?

We will have had a conversation with you about what happens to pregnancy tissue after the surgical procedure. If any of the information does not make sense, or you have any further questions, please ask us.

Aftercare

When you go home you will have bleeding. This may be for one day, or may last up to 14 days – it varies for women. The bleeding should not be heavier than a normal period and will gradually get lighter. Avoid using tampons and having sexual intercourse until bleeding has stopped, to reduce the risk of infection. You should expect your next period in around 4-6 weeks' time, unless you have started a hormonal contraception. You will not need a check-up unless you have concerns.

We suggest you take it easy for the next day or so, and take pain killers 4-6 hourly as needed, as you would with a period like pain. You may bath and shower as normal. Use sanitary pads and not tampons until your next period. We recommend you don't go swimming until the bleeding settles. Most women feel able to go back to work quickly after their treatment, others like to take a few days to recover. It will depend on how you feel, what kind of job you have and when you feel ready.

The procedure will not affect your future chances of getting pregnant, it also does not increase your chance of having a miscarriage, ectopic pregnancy or a low placenta in future pregnancies. If you have the procedure over 14 weeks, you may have a slightly higher risk of a premature birth.

How might I feel emotionally afterwards?

Everyone will have an individual experience when it comes to their emotions after a treatment, for some women these can be quite strong, for others it may be less so. Whatever emotions you feel, be reassured that these are completely normal, and there will be other women who have been in your position, feeling exactly the same as you. If you have someone you can talk to about your experience and your feelings, this often helps. We normally suggest that you take a few weeks after your treatment to allow your feelings to settle. If you find though that things are a little difficult, and you would like an appointment to meet with the Counsellor, please contact us using the numbers at the end of the leaflet.

PLEASE SEEK URGENT ATTENTION IF YOU:

- Soak 2 big sanitary pads an hour, for 2 hours
- Have pain that is not getting better with regular pain relief
- Feel your bleeding is very smelly
- Have a temperature or fever of 38 degrees or higher
- Have diarrhoea, vomiting or weakness
- Are worried about any of your symptoms

Contact Details:

<p>The Early Pregnancy Unit (EPU) Lily clinic, treatment centre Hinchingsbrooke Hospital Huntingdon, PE29 6NT Opening hours may vary</p>	<p>The Emergency Gynaecology Assessment Unit (EGAU) 1st floor, woman and child unit, Bretton Gate Peterborough (City Hospital) PE3 9GZ Open: Weekdays 0800-1800-phone line open until 1730 Weekends/Bank holidays 0800-1200</p>
<p>Central triage line for EPU and EGAU: 01733 673758 (voicemail will cut in when the line is engaged – please leave a message for a call back www.womenshealthpeterborough.co.uk</p>	
<p>For emergencies only, out of these hours, please attend the Emergency Department</p>	

Within this leaflet we use the term woman/women, however we acknowledge that it is not only people who identify as women for whom it is necessary to access our services. We recognise the importance of providing inclusive and respectful care to all people and their families, including those whose gender identity does not align with the sex they were assigned at birth. Please let us know if there is anything we can do to make you feel more comfortable while you are under our care.