

Surgical Management of Miscarriage or Abortion beyond 14 weeks (Dilation and Evacuation)

How safe is the surgical procedure?

Surgical management, at any time in pregnancy, is a safe procedure for which serious complications are uncommon. A miscarriage or abortion at this stage is safer than carrying a pregnancy to term and having a baby, but all medical and surgical procedures have some risks.

Are there risks at the time of the surgery?

Problems at the time of the surgery are rare. They include excessive bleeding and damage to the uterus and are explained further below.

Are there risks after the abortion?

You are more likely to get problems in the two weeks after the abortion than at the time of the procedure itself.

What are the risks of infection?

Taking antibiotics at the time of the surgery helps to reduce the risk of infection after surgery to 3 in 100. If you are not treated, it can lead to a more severe infection (known as pelvic inflammatory disease). This is just as likely after a medical procedure.

Retained products of conception

The uterus (womb) may not completely empty which happens to 1-2 in 100 women having a surgical procedure. It happens 6 in 100 times in women having a medical procedure. A repeat operation or further medications may be needed to remove this tissue.

Risks during the operation are rare

Surgical abortion after 14 weeks carries a very small (negligible) risk of failure to end the pregnancy – this would be identified on the day.

Excessive vaginal bleeding. Needing a blood transfusion happens in no more than 4 in 1000 procedures. The risk is lower the earlier the procedure takes place.

Damage to the cervix happens in no more than 1 in every 100 surgical procedures. Damage to the uterus (womb) happens in up to 4 in every 1000. Where this is suspected at the time of the procedure, a keyhole operation to see inside the abdomen (a laparoscopy) will be carried out. If there is damage to internal organs then further surgery is required. This would be major surgery with an incision in the lower abdomen (a laparotomy). This is very rare.

More than one previous caesarean delivery will increase the risk of all complications. Hysterectomy is the very last resort when bleeding complications arise – the risk is no more than 1 in 5000.

Will a surgical procedure (after miscarriage or for abortion) affect my chances of getting pregnant in the future?

If there are no problems with your surgery, it should not affect your future chances of getting pregnant.

Will surgical procedures increase complications in further pregnancies?

This procedure does not increase your risk of miscarriage, ectopic pregnancy or a low placenta. However you may have a slightly higher risk of a premature birth.

How does the process of Dilatation and Evacuation take place?

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 up to 24hrs before the procedure. They swell over time, gently opening the cervix. Insertion only takes a few minutes. As the Dilapan expands it can cause mild crampy pains or light bleeding/spotting.

Very rarely, your waters can break or the Dilapan can fall out. If you have severe pain and/or heavy bleeding or fever – which is unusual – you are advised to attend ED and you will be given a letter which explains the treatment to the doctor or nurse that you see. It is extremely rare that Dilapan causes cervical dilatation leading to delivery (well below 1/1000 cases). We may also give you a Mifepristone tablet in combination with the Dilapan.

On the day of the procedure we might also give you some misoprostol tablets one to two hours before the operation.

The operation takes place under general anaesthetic. It usually takes about 10 minutes. The cervix is opened until it is wide enough for the contents of the uterus to be removed with small forceps. We check that the uterus is empty using an ultrasound machine.

If you are having a surgical abortion, it is not advisable to change your mind after taking these medications.

After the surgical procedure

You are advised to rest until the next day. Bleeding may last up to 2 weeks, sometimes longer. Use sanitary towels (not tampons) and do not have sex until the bleeding has settled. After a couple of days, the bleeding should not be any heavier than a period.

Advice on where to get help if bleeding heavily

If you soak more than two pads for more than 2 hours in a row, you should seek urgent advice and consider attending ED out of hours. For advice you can phone the Emergency Gynaecology Assessment Unit/Early Pregnancy Unit (details below).

How may I be affected emotionally?

It is always hard to lose a baby or to have to make the decision to have an abortion. How you react will depend on the circumstances around this. You may feel relieved, sad or both. The majority of women who have an abortion do not have long-term emotional problems. This is slightly more likely if you have had mental health problems in the past.

For all women going through these procedures we have a counsellor who can support you through the procedure both before and afterwards. The Early Pregnancy Unit can refer you for an appointment.

For women who have suffered a miscarriage or had a termination for fetal abnormality you will be offered a bereavement appointment within a few weeks and the contact details of our bereavement midwives.

What happens to the pregnancy tissue?

Our normal protocol is for foetal tissue to be included in a shared cremation at the local crematorium around 4-8 weeks after your miscarriage. There may be an option for individual burial or cremation or you can choose to take your pregnancy remains home. Please let us know if you prefer not to have your pregnancy remains included in our shared cremation.

Contact details

The Early Pregnancy Unit (EPU) Lily clinic, treatment Centre Hinchingsbrooke Hospital Huntingdon, PE29 6NT Opening hours may vary	The Emergency Gynaecology Assessment Unit (EGAU) 1 st 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
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	
For emergencies only, out of these hours, please attend the Emergency Department	

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.

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