

Your important health information

Surgical management of miscarriage (D&C)

This handout is about the surgical procedure that you will be having to manage your miscarriage. This procedure is also called a dilatation and curettage or D&C. It is generally a very safe way to pass your pregnancy tissue.

After reading this, you are welcome to discuss any questions that you have with your doctor.

A dilatation and curettage (D&C)

During a D&C, the cervix is gently opened and the pregnancy tissue is removed from the uterus.

This is done in the operating theatre under general anaesthetic and takes about 10 minutes.

This option might be recommended when:

- there is a large amount of pregnancy tissue remaining
- there is heavy bleeding
- waiting for the miscarriage to pass naturally, or medical management of miscarriage has been unsuccessful
- this is your choice as the best method for you.

Usually you will be booked for a D&C within two to three days.

In most cases, you can go home two to four hours after the procedure.

Misoprostol

Most women having a D&C will be given two misoprostol tablets approximately 30 minutes before the D&C. This helps soften and open the cervix and contract the uterus, making the procedure safer.

- Misoprostol tablets are placed between the lower gum and the side of your mouth, approximately 30 minutes before your procedure. Occasionally, the tablets are inserted into the vagina instead.
- Having the tablets in the cheeks, rather than swallowing them, means that the medication is more effective and better tolerated, with less side effects.
- Occasionally the tablets may still cause side effects, such as nausea, vomiting, lower abdominal pain or diarrhoea. If you experience any of these symptoms, while you are waiting for your procedure, please tell the nurse looking after you.

The procedure is safe, but sometimes problems occur.

More common, less serious risks are:

- infection needing antibiotics (1 in 50 chance)
- some pregnancy tissue remaining after the D&C (1 in 300 chance)
- damage to uterus (uterine perforation) during surgery (1 in 200 or less). Usually this is not a problem and the uterus heals.

Extremely rare but serious risks:

- rarely, (1 in 1,000 or less) the bowel, bladder or large veins or arteries can be injured when the uterus is damaged. If this happens, the surgeon may need to operate through the abdomen, either by small cut (“keyhole” or “laparoscopy”) or larger cut (“open” or “laparotomy”) surgery at the time of the procedure
- heavy bleeding needing blood transfusion
- problems with the anaesthetic
- studies have shown very small increased risks (compared with a miscarriage that is treated with tablets or passes naturally) of premature birth or scar tissue inside the uterus. In very rare cases, scar tissue could cause menstrual problems, or problems with fertility and childbearing.

Before your operation

- While you are waiting for your operation, you may continue your usual activities.
- Use sanitary pads (not tampons) for bleeding and take pain relief as required.
- If you experience heavy bleeding or strong pain please ring the Emergency Department for advice.
- You can take pain relief such as ibuprofen (brands include Nurofen, Advil) or paracetamol (brands include Panamax, Panadol) or mefenamic acid (Ponstan).
- Do not drink alcohol, smoke or take illegal drugs 24 hours before surgery.
- Remove all jewellery, including piercing jewellery.
- Remove make-up and contact lenses.
- Leave valuables such as laptops/large sums of money at home:
 - the hospital does not accept liability for personal property that is lost, stolen or misplaced.
- Bring your Medicare, Health Care/Veterans Affairs card and/or private health insurance details.
- If you require a medical certificate or carer’s certificate please tell nursing staff when you arrive to hospital.

Fasting instructions

- Do not eat or drink anything after 12 midnight. This includes chewing gum and sweets.
- You may have 200ml (no more than this) of water at 6.00am on the morning of your surgery.
- Take your usual morning medications at 6.00am as advised by the nurse/midwife/doctor.

After your operation

You must arrange for a relative or friend to take you home. It is best to have someone stay with you overnight.

It is normal to feel drowsy and tired after an operation. You may have slow reflexes, a sore throat, nausea or difficulty concentrating.

In the 24 hours after surgery you must not:

- drive a car or motorbike
- be sole carer for another person
- drink alcohol
- make major decisions or sign legal documents
- operate machinery or engage in sports.

You may resume your normal activities after 24 hours or when you feel well enough after your operation.

Comfort and pain

It is normal to experience some crampy, period-like discomfort once you are at home. You are advised to take some painkillers such as:

- anti-inflammatory medications like ibuprofen (Brands include Nurofen, Advil)
- paracetamol (Brands include Panamax, Panadol) or
- mefenamic acid (Ponstan).

If the pain is not improving and/or you are requiring repeated doses throughout the day, contact or attend the hospital where you had the procedure done, or your local doctor.

Bleeding

It is normal to have some vaginal bleeding after a D&C, which usually reduces like a normal period but it can last up to two weeks. If your bleeding is heavier than a period, is offensive smelling or you are passing clots, contact or attend the hospital where you had the procedure done, or your local doctor.

Wear sanitary pads instead of tampons.

Medications

Take all your usual medications, including any antibiotics that have been prescribed.

Do not take aspirin or disprin unless specifically instructed.

Hygiene

You have a slightly increased risk of a pelvic infection following a D&C because your cervix is open. It will not tightly close again for about two weeks. Please avoid using tampons, swimming, having a bath (showering is fine) or having sex during this time.

Food and fluids

You may feel nauseated for a little while after the procedure. Try to keep drinking liquids. Do not drink alcohol or take sedating medications for the first 24 hours.

Return to normal menstrual cycle

Your period usually returns four to six weeks after the D&C.

If you are planning to try for another pregnancy in the near future, continue taking your folate supplement tablet.

We often recommend that women wait for one normal menstrual period before trying again. Whilst this is not medically necessary, many women find this time beneficial emotionally.

If you are not planning a pregnancy, consider what contraception you might like to use. It is important to know that you can get pregnant as soon as two weeks after a miscarriage,

If problems arise after your operation

Please call or attend the Emergency Department if you experience any of the following after you return home:

- constant abdominal pain
- symptoms unrelated to your surgery such as chest pain or shortness of breath
- persistent vomiting
- heavy vaginal bleeding or smelly discharge
- a high fever - over 38 degrees Celsius.

If you need to cancel your procedure please ring:

Mercy Hospital for Women	EPAC midwife - 8458 4439, (Monday – Friday, 8am to 4pm) or Emergency Department – 8458 4014 (all hours)
Werribee Mercy Hospital	Waitlist – 8754 3618 (all hours – leave a message)

If you have any concerns – Mercy Hospital for Women, Heidelberg

Emergency Department	Open 24 hours a day. You are welcome to come in. Phone: EPAC midwife - 8458 4439, (Monday – Friday, 8am to 4pm)
Pastoral care	Available for supportive care. Phone: 03 8458 4688 during business hours
Telephone interpreting service	Phone: 131 450 and ask to be connected to the number above

If you have any concerns – Werribee Mercy Hospital

Emergency Department	Open 24 hours a day. You are welcome to come in or call if you have any concerns. Phone: 03 8754 3400
Pastoral care	Available for supportive care Phone: 03 8754 3419 during business hours
Telephone interpreting service	Phone: 131 450 and ask to be connected to the number above

Further Information

If you have any questions regarding this information, please talk to your doctor or midwife.

Acknowledgements

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