



Evacuation of the Uterus in the Surgical Unit (PM)

Your doctor has recommended an Evacuation of the Uterus (sometimes called an Evacuation or a D&C) be carried out to remove any remaining pregnancy tissue from your womb. Your informed consent is required for this operation.

What is an Evacuation of the Uterus?

When you have a miscarriage part or all of the pregnancy tissue can remain inside the womb (also called the uterus) and an Evacuation may be done to remove this tissue. An Evacuation involves a short stay in hospital and will almost always require a general anaesthetic which means you will be asleep during the operation. The cervix, the opening of the uterus, is dilated or widened and a suction catheter and possibly an instrument called a curette are passed in to the uterus to remove the tissue.

Your evacuation will be done at the Surgical Unit on Level 1 at North Shore Hospital.

Your appointment date is: _____ **Time:** _____

Where is the Surgical Unit located?

Use North Shore Hospital main entrance

- Go past reception on your left to the lifts on your left
- Take the lift to the 1st floor
- Turn right out of the lift
- Turn right at the corridor
- Surgical Unit is first door on your right.

Risks

As with all surgical procedures there are risks involved with the Evacuation procedure. These risks are small but must be explained to you.

- Tearing or laceration of the cervix. If this occurs the problem can be fixed by stitching the tear. You may be given a medication called Misoprostol to help to soften your cervix and decrease the chances of this happening.
- Infection in the womb, this risk is estimated to be 3% of women having evacuations.
- Perforation of the uterus caused by the surgical instrument used to remove the pregnancy tissue puncturing the wall of the uterus. This usually heals without further complication but in rare situations this could puncture a blood vessel, the bladder or bowel. If there are concerns that this has happened, the surgeon may need to put a laparoscope (a telescope with a light) into your abdomen to inspect the pelvic organs. In even rarer situations it is sometimes necessary to carry out an open operation called a laparotomy to repair the perforation. The overall chance of this happening is less than 1 in 500.
- Incomplete removal of pregnancy tissue. It is often impossible to remove all of the pregnancy tissue at Evacuation and the body can usually cope with expelling a small amount of tissue, usually with the next period. However, if there is more than the usual amount of pregnancy tissue left and heavy bleeding persists a second Evacuation may be required.
- Reactions and complications related to the anaesthetic

Please discuss with your doctor or anaesthetist any concerns you have about possible complications.

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What to do if your situation changes before your surgery

If you develop heavy vaginal bleeding and/or clots or pain that is not relieved by Paracetamol and a hot pack you should go directly to the Emergency Department at North Shore Hospital, or to your nearest emergency department.

For other queries or if you have a problem with keeping your appointment please contact the Surgical Unit at North Shore Hospital. Monday – Friday. Phone (09) 488 4619 between 7am-8pm.

Preparing for your operation

Before your operation you must arrange:

- A reliable adult to bring you to hospital and collect you from hospital after your operation. You will need to bring their name and contact phone number.
- A reliable adult must stay with you for 24 hours after your operation
- **YOU MUST HAVE A LIGHT BREAKFAST OF TEA AND TOAST BEFORE 7AM AND THEN NOTHING TO EAT FROM 7AM THE DAY OF YOUR OPERATION.** This includes NO sweets, mints, lollipops, chewing gum, juice and smoking etc. You may have occasional sips of water only up until 11am and then nothing at all. You may clean your teeth.
- Have a shower on the day of your operation before you come to hospital.
- No talcum powder, perfume, creams, moisturiser, body lotion, make up or nail polish. You may wear deodorant.
- Please leave all valuables at home.
- Please bring with you a small toilet bag, sanitary towels and any current medication and inhalers you are on
- Please talk to your doctor if you are on any medication

Before your operation you will be asked to:

After your arrival at the Surgical Unit, you will be asked to:

- Sign a consent form. This will only be done by the doctor after you have had full explanations about the operation and its risks
- About 1 hour prior to your operation you may be asked to take some medication called Misoprostol to soften your cervix and make the operation easier to do. Your doctor will advise if you need to take this medication.
- Remove all your clothing including your underwear and put on a hospital gown. If you are bleeding, the nurse will give you a sanitary towel to wear.
- We will be sending some tissue to the laboratory for examination and testing as the results can sometimes provide helpful information. Please inform your nurse or doctor if you wish to have the tissue returned to you.

How long does it take?

- The Evacuation procedure usually takes about 15-20 minutes to complete.
- Afterwards you will wake up and spend a short time in the recovery room.
- From there you will be transferred back to the Surgical Unit to complete your recovery.
- Before you go home you will be given something light to eat and drink, pass urine and check that your bleeding is not too heavy.

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Discharge Advice

Because of the anaesthetic medication you have been given, for the first 24 hours you should:

- Not drive a car
- Not operate machinery
- Not drink alcohol
- Not make important decisions
- Not sign legal documents
- Not travel long distance

Most women have some vaginal bleeding for up to 7-10 days after an Evacuation. This may be similar to the end of a period. You may have some lower abdominal pain, similar to period pain for the next 1-2 days, which should be relieved by a mild pain relief (eg Paracetamol). If this is not controlling your pain please contact your local doctor.

We recommend you have the day of your surgery and the following day off work. Please let us know if you require a medical certificate. You should only need to restrict strenuous exercise and daily activities for a day or so. You may resume usual activities as you feel able.

Your period should return in 4-6 weeks time and may take up to 3 months to return to normal.

Preventing infection

For 10 days following your evacuation we recommend you:

- Avoid sexual intercourse
- Wear sanitary towels (pads) not tampons
- Have a shower, not a bath
- Avoid swimming pools, spa pools and swimming in the ocean
- If you have been given a course of oral antibiotics, finish the entire course, even if you feel well and healthy again.

Detecting infection

Please contact your local doctor straight away if you

- Develop flu-like symptoms,
- Get a temperature over 38 degrees,
- Have difficulty or pain on passing urine,
- Your bleeding becomes heavier than a period and/or you start passing clots,
- Get a smelly vaginal discharge.

You should only need to come back to the hospital again if your bleeding is so heavy you are soaking your pad every hour, or more frequently. If this occurs please come to the Emergency Department at North Shore Hospital.

Rhesus-Negative Women

About 1 in 7 people have a rhesus negative blood group. Women who are rhesus negative blood group will need to have an injection of Anti-D. Your doctor or nurse will explain this in depth if this applies to you.

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Recurrent Pregnancy Loss Clinic

Women under 40 years of age who have had 3 consecutive first trimester (up to 12 weeks) or 2 consecutive second trimester (13-24 weeks) miscarriages in a row with the same partner are eligible for referral to the Recurrent Pregnancy Loss Clinic at Auckland District Health Board for assessment and support. If you think you fit this criteria please talk to your GP to arrange for a referral to be sent.

Future Pregnancies

There is very differing advice with regards to how long you should wait before you start trying to become pregnant again. Almost all doctors will agree however that at least one normal period is advisable before attempting to become pregnant again. If your first period, which you should get at 4-6 weeks after your Evacuation isn't normal for you, it is advisable to wait until your periods have returned to normal. If you have been taking Folic Acid and are keen to become pregnant again soon you should keep taking your Folic Acid.

It is possible to become pregnant again before you get your next period and so if you do not wish to become pregnant again at this time contraception should be used as soon as sexual intercourse resumes.

Counselling and Further Information

Everybody reacts differently to a miscarriage, some are sad, some angry, some relieved, some all of these things. It is important to accept your feelings, whatever they are. If you would like to talk about your miscarriage you can phone:

- Women's Health Social Workers at North Shore Hospital

Phone 486 8920 Ext 2718
Phone 486 8920 Ext 2533, OR

- Miscarriage Support Auckland Inc Supportline – phone 378 4060

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