

When can I go home?

The recovery time is short, as you will be given only a light anaesthetic. You will usually be allowed home within 2 – 4 hours. If your blood group is Rhesus negative you may require an Anti D injection. Please arrange for someone to pick you up, we advise you not to drive for at least 48 hours.

What happens afterwards?

Some women may experience period type pain and light vaginal bleeding. It is recommended that you take regular painkillers such as paracetamol. You can take 2 tablets every 6 hours for the first 24 hours. It is quite normal to bleed for 7 to 10 days after the procedure. Condom use during intercourse is recommended until after your next period to minimise the risks of infection.

Do I need follow up?

In most cases it is not necessary for you to make an appointment to see your GP or Consultant unless you are experiencing:

- Heavy vaginal bleeding
- Offensive (smelly) discharge from your vagina
- Abdominal pain
- Concerns regarding future pregnancies
- Recurrent miscarriages (we may organise an appointment for the 'Pregnancy loss clinic')

When can I return to work?

This is dependent on you and how you feel. Normal physical activities can be resumed once you feel that you are ready but it is not unusual to feel tired and emotional during the next few weeks. We can provide a letter for your employer as necessary.

When can I get pregnant again?

It is safe to consider trying to conceive once you have had one normal period. It is a good idea to take folic acid (to reduce the risk of spina bifida) for 3 months before becoming pregnant. If you get pregnant within three months of a miscarriage, you will need an ultrasound scan to accurately date your pregnancy.

What can I do if I am worried in my next pregnancy?

You may like to have the reassurance of an early scan in your next pregnancy. You should wait until you are 8 –10 weeks pregnant before having this scan to ensure that the pregnancy is of a sufficient size for us to see it clearly. It can take up to three periods for your cycle to become regular again, so if you become pregnant before this, there may be some uncertainty about your dates.

If you have any questions regarding your hospital stay, you can ring:-

Cork University Maternity Hospital:

Reception	021 – 4920500
Emergency Room	021 – 4920545
Aislinn Suite	021 – 4920550
4South Ward	021 – 4920688
Bereavement & Loss Service	021 – 4920500



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

*Cork University Maternity Hospital,
Health Service Executive,
Wilton,
Cork*



**A guide to surgical management
of miscarriage**



Ospidéal Máithreachais
na hOllscoile Corcaigh

Cork University
Maternity Hospital

We are very sorry that you have had a miscarriage and we understand that you may have some questions and concerns. The aim of this leaflet is to answer these questions and provide you with information regarding your ERPC.

Miscarriage is a common event which occurs in approximately one in five pregnancies. In most cases, the reason for the miscarriage can be difficult to establish. Research has demonstrated that more than two thirds of pregnancies miscarry because there is an error in the genetic make-up of the pregnancy. For the vast majority of couples, there is no preventative action that could have been taken by either partner, prior to losing the pregnancy.

What is an ERPC?

An ERPC (Evacuation of Retained Products of Conception) is a surgical procedure that is performed under general anaesthetic. It is more usually referred to as a D&C. During the operation the neck of the womb is gently stretched and any remaining tissue is removed. The procedure takes approximately half an hour. Most patients are admitted to hospital in the morning and are discharged later the same day.

What do I have to do before my operation?

Please do not eat and drink from midnight. This includes avoiding chewing gum, sweets and water. If you were given tablets (Cytotec) to take before your operation, we recommend that you swallow these at 6.00 on the morning of the operation with a small sip of water. These tablets soften the neck of the womb and make the ERPC easier and safer. They may upset your stomach and you may experience some pain or bleeding from your vagina.

If you have been prescribed regular daily medication, take this on the morning of the operation with a small amount of water. If you are taking medication to thin your blood (such as Warfarin, Clopidogrel, Aspirin or Innohep) you may have been advised to stop this before your operation. If you have any queries about your medication, please speak to your GP or to a member of staff at CUMH on 021 - 4920545.

Where do I go on the day of my operation?

We advise you to arrive at 7 am at the main entrance of the Maternity Hospital and present to the main reception desk. If your husband/ partner wants to stay, he can park in one of the public car parks. A midwife from ward 4 South will collect you from the main reception in CUMH and will admit you to ward 4 South. The nurses will complete an operation checklist and ask you to change into a theatre gown.

What do I need to bring with me?

- Dressing gown and slippers
- Sanitary pads and a few pairs of underwear
- Any regular medication you take
- Any hospital notes you have been given
- How long will I have to wait?

We aim to perform the operation between 7.30 and 11 am. After your operation you will be taken to ward 4 South where you will be cared for until you are well enough to go home. There may be a delay before you go to theatre, due to other patients needing an emergency operation.

What are the risks associated with the procedure?

All surgical procedures are associated with some risk. The risks for an ERPC are low. They include:

- Need for a repeat procedure 2%
- Infection (2-3%)
- Uterine perforation (0.6-0.8%)
- Intra-abdominal trauma 0.1%

Other less common risks include cervical damage, haemorrhage, intrauterine adhesions and risks associated with an anaesthetic in pregnancy. If there is a concern about injury to the womb or other internal organs, you may need further surgery or you may need a longer admission for observation.