

SURGICAL MANAGEMENT

DILATATION AND CURRETAGE

Surgical management involves a minor surgical procedure known as suction dilatation and curettage. You may also hear it referred to as a D&C for short. It involves opening the cervix (under anaesthetic) and removing tissue from the lining of the uterus and is used to treat several conditions, including miscarriage. The emotions you may feel after a miscarriage can be overwhelming. You are not alone and support services are available.

HOW TO PREPARE

Before you go to the hospital for the D&C there are a number of things you may be told to do or bring to the hospital.

FASTING

You will most likely be asked to fast at home for 6-8 hours before coming to the hospital. Check with your doctor or specialist if this is required before the procedure and for how long.

MEDICATION

Ensure you have basic painkillers at home, e.g., Ibuprofen and Paracetamol, in case you are in pain after the procedure.

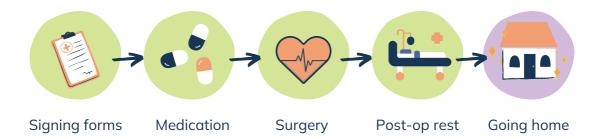
PACK A SELF-CARE BAG

An overnight bag is handy, although unlikely to be needed. It's a good idea to bring:

- Your Medicare card
- Sanitary pads
- Toiletries
- Shoes that are easy to put on
- Dressing gown/something warm
- Your phone and charger
- A water bottle
- Book/magazine/iPad/tablet
 - Something comfortable to wear



When you arrive at the hospital, you'll need to go through the admissions process and may be required to wait until your surgery is ready to be performed.



Before the procedure, you'll meet the anaesthetist, who will inquire about your background health information. Your doctor or surgeon may also ask how you wish to proceed with the tissue from your lost pregnancy. If they don't ask, and you want to save the pregnancy tissue, tell them.

Misoprostol may be offered before the suction D&C, either buccally (between your gums and inner lining of the mouth) or vaginally, to soften the cervix and make the procedure a bit easier and safer to carry out in the operation theatre.

You'll be prepared for surgery and given a general anaesthetic. The operation usually only takes 5-15 minutes, whereby the pregnancy tissue is removed by gently opening your cervix. Once completed, they'll take you to the recovery area, where you'll rest a few hours before going home.

<u>Helpful to know:</u> when you are admitted to the hospital and recovering from your procedure, you'll share spaces with patients needing various medical procedures. The hospital staff generally don't know the specific reason for your procedure (that is, they don't know if you are having a suction D&C for a miscarriage, a termination of pregnancy, or treating endometriosis). This can be upsetting if you feel they are not supporting or acknowledging your loss while caring for you. If you feel comfortable, you may want to disclose to staff that you are having the procedure for a miscarriage so they can better understand your situation.

After anaesthesia, you must not drive home as you may be sleepy. In most cases, insurance doesn't cover the 24 hours after anaesthesia. Please ask your partner, friends, or a family member to drive you home. The operation is safe, but there's a small risk of complications, including heavy bleeding, infection, or damage to the womb. A repeat operation is sometimes required. The risk of infection is the same if you choose medical or surgical treatment.





Your doctor will advise you on how to take care of yourself after your procedure. Generally, they'll tell you:

- You will experience some light bleeding/spotting and mild cramping for the first 7-14 days. Your period should return within 4-6 weeks.
- Avoid sex for 2 weeks until the bleeding stops.
- Avoid swimming or taking a bath until the bleeding stops.
- Use sanitary pads instead of tampons.

If you are still experiencing bleeding and pain after 2 weeks, it's essential you go back and see your doctor or specialist.

MEDICATION

Your doctor may prescribe medication to help with any pain. In most cases, over-the-counter pain medications such as paracetamol ('Panadol') or Ibuprofen ("Nurofen" or "Rafen") will be enough to help manage the pain.

WHERE CAN I FIND MORE INFORMATION?

Visit our website by scanning the QR code below or visit miscarriageaustralia.com.au

You can also find more information from your GP or the website of the hospital or clinic you will be attending



WHEN TO SEE YOUR DOCTOR

If you are still experiencing bleeding and pain after 2 weeks, go back and see your doctor or specialist.

You should have a general follow-up appointment with your doctor or specialist 4-6 weeks after your miscarriage to check how you are going.



IF YOU ARE EXPERIENCING ANY OF THE FOLLOWING SYMPTOMS, PLEASE GO TO EMERGENCY OR CALL 000 IMMEDIATELY

- You are soaking 1 to 2 pads in an hour
- You are passing large blood clots (golf ball size)
- You have severe abdominal pain
- You have a fever or chills
- You are feeling dizzy or fainting
- You have signs of infection e.g. a fever or a vaginal discharge that is smelly

WHERE CAN I FIND SUPPORT?

Visit our website by scanning the QR code below or visit miscarriageaustralia.com.au/finding-miscarriage-support/

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Miscarriage Australia strives to provide current and evidence-based information to everyone. In developing the website, we engaged an expert advisory committee to review the information to ensure our resources are evidence based and reflect current best-practice. The information provided in this factsheet is designed to support, not replace, the relationship that exists between a patient/user and their existing health care professional(s).