

Procedure Information Sheet – Expectant Management of First Trimester Incomplete Miscarriage

Hosp No. :	HKID No.:
Case No. :	
Name :	
DOB :	M / F
Adm Date :	
Contact No. :	

Clinical diagnosis: Incomplete Miscarriage / Silent Miscarriage

Indication: Retained product of gestation

1. Nature of procedure

- 1.1. Await spontaneous complete emptying of the uterus without surgical or medical intervention
- 1.2. Pain-killers can be provided
- 1.3. Vaginal bleeding and pain can occur prior to passage of tissue mass
- 1.4. Incomplete miscarriage - about 85% of women do not require any surgical or medical procedure to empty the uterus with a period of follow-up up to 2 weeks
- 1.5. Silent miscarriage - about 30-40% of women do not require any surgical or medical procedure to empty the uterus with a period of follow-up up to 2 weeks
- 1.6. Suction evacuation may be required in case of retained tissue mass or incomplete miscarriage with heavy bleeding and/or severe pain (local anaesthesia + conscious sedation/general anaesthesia)
- 1.7. All tissue removed will be sent to the Department of Pathology or disposed of as appropriate unless otherwise specified

2. Benefit of the procedure

- 2.1. Emptying of the uterus without surgical or medical intervention and their associated risks or side-effects

3. Other consequences after the procedure

- 3.1. May experience some vaginal bleeding (longer and heavier compared with suction evacuation) and abdominal cramps within 2-3 weeks

4. Risks and complications (may include, but not limited to the followings)

- 4.1. Women who are obese, who have significant pathology, who have undergone previous surgery or who have pre-existing medical conditions must understand that the quoted risks for serious or frequent complications will be increased.
- 4.2. Serious:
 - 4.2.1. Excessive bleeding which may need blood transfusion
 - 4.2.2. Pelvic infection(lower risk compared with suction evacuation) and the associated adverse effect on future fertility
 - 4.2.3. Failed expectant management
- 4.3. If suction evacuation is required because of heavy bleeding and/or abdominal pain; or no response to medication:
 - 4.3.1. Anaesthetic complications
 - 4.3.2. Serious:
 - 4.3.2.1. Uterine perforation, less than 5 in 1000 women (uncommon); may result in trauma to surrounding organs necessitating laparoscopy/laparotomy
 - 4.3.2.2. Significant trauma to the cervix (rare)
 - 4.3.2.3. Trauma to endometrium causing intrauterine adhesion, third stage complications in future pregnancy
 - 4.3.2.4. Pelvic infection, 3 in 100
 - 4.3.3. Frequent:
 - 4.3.3.1. Bleeding that lasts for up to 2 weeks is very common but blood transfusion is uncommon (1-2 in 1000)
 - 4.3.3.2. Need for repeat suction evacuation, less than 5 in 100

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5. Risk of not having the procedure

5.1. May need medical treatment or surgical evacuation to empty the uterus

6. Possible alternatives

6.1. Medical treatment

6.2. Surgical evacuation

6.3. Others _____

7. Other associated procedures (which may become necessary during the operation)

7.1. Surgical evacuation (local anaesthesia + conscious sedation/ general anaesthesia) (in case of incomplete miscarriage with heavy vaginal bleeding or severe abdominal pain)

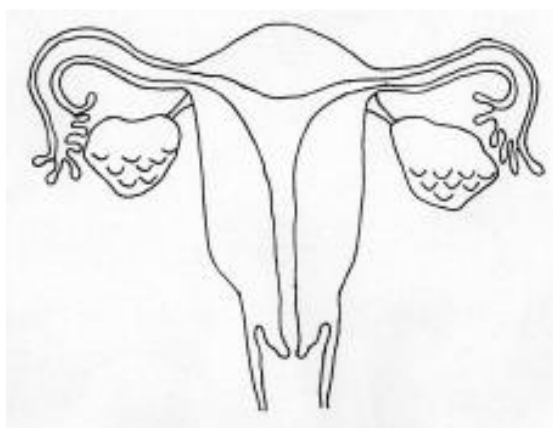
8. Any special follow up

8.1. Please consult doctor in case of heavy vaginal bleeding and/ or severe abdominal pain

8.2. Ultrasound assessment 2 weeks later to ascertain whether miscarriage is complete.

9. Statement of patient

9.1. Procedure(s) which should not be carried out without further discussion



I acknowledged the above information concerning the operation or procedure. I have also been given the opportunity to ask questions and received adequate explanations concerning the condition and treatment plan.

Patient/ Relative Signature: _____

Patient/ Relative Name: _____

Date: _____

