Gleneagles Hospital
HONG KONG
港怡醫院

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

Procedure Information Sheet – Medical Management of First Trimester Silent Miscarriage

Clinical diagnosis: incomplete miscarriage / silent miscarriage

Indication: retained product of gestation

1. **Nature of procedure/ operation**
   - 1.1. Insertion of vaginal tablets (single dose)
   - 1.2. Food or drink will not be allowed when there is increase in abdominal pain
   - 1.3. Pain-killers can be provided
   - 1.4. Vaginal bleeding and abdominal pain can occur prior to passage of uterine content
   - 1.5. The miscarriage process may take more than one day but you can be discharged after drug administration and observation; sometimes you may need to stay overnight
   - 1.6. Over 60-80% of women do not require any surgical procedure to empty the womb
   - 1.7. Suction evacuation may be required in case of failure to miscarry or incomplete miscarriage with heavy bleeding and/or severe pain (local anaesthesia + conscious sedation/ general anesthesia)
   - 1.8. 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 intervention and its associated risks

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. Anaphylaxis(very rare)
     - 4.2.2. Excessive bleeding which may need blood transfusion
     - 4.2.3. Pelvic infection(lower risk compared with suction evacuation) and the associated adverse effect on future fertility
   - 4.3. Frequent:
     - 4.3.1. Nausea (6 in every 10, common)
     - 4.3.2. Vomiting (2 in every 10, common)
     - 4.3.3. Diarrhoea (5 in every 100, common)
     - 4.3.4. Fever (3-5 in every 10, common)
     - 4.3.5. Abdominal pain
     - 4.3.6. No response to medication or incomplete miscarriage
   - 4.4. If suction evacuation is required because of heavy bleeding and/or abdominal pain; or no response to medication:
     - 4.4.1. Anaesthetic complications
     - 4.4.2. Serious:
       - 4.4.2.1. Uterine perforation, less than 5 in 1000 women (uncommon);may result in trauma to surrounding organs necessitating
       - 4.4.2.2. Laparoscopy/laparotomy
       - 4.4.2.3. Significant trauma to the cervix (rare), may result in cervical incompetence

4.4.2.4. Trauma to endometrium causing intrauterine adhesion, third stage complications in future pregnancy
4.4.2.5. Pelvic infection, 3 in 100
4.4.3. Frequent:
4.4.3.1. Bleeding that lasts for up to 2 weeks is very common but blood transfusion is uncommon (1- 2 in 1000)
4.4.3.2. Need for repeat suction evacuation, less than 5 in 100

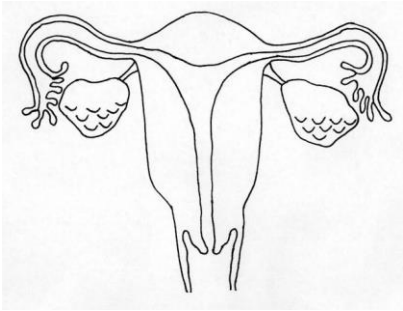
5. Risk of not having the procedure
5.1. Retained products of gestation
5.2. Risk of heavy bleeding infection (uncommon)

6. Possible alternatives
6.1. Expectant management (wait and see)
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 anesthesia) (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 three 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: _____