

ERPC (Evacuation of Retained Products of Conception)

Patient information Leaflet

Directorate of Women's Health

ERPC (Evacuation of Retained Products of Conception) is a minor procedure carried out under general anaesthetic to remove pregnancy tissue from the womb.

Sometimes after miscarriage or treatment to remove pregnancy tissue from the womb, some tissue remains in your womb and you need treatment to help remove this. This may be done by medical treatment or surgery carried out under general anaesthetic.

This leaflet aims to answer some of your questions about surgical treatment.

How is it done?

You will have a general anaesthetic. When you are asleep the doctor inserts a speculum in to the vagina. This is an instrument which is used during vaginal examinations, such as a cervical smear test. It allows the doctor to open the vaginal wall so the cervix (neck of the womb) can be seen. The neck of the womb is gently opened and any remaining pregnancy tissue is removed. Occasionally suction is used. No cutting or stitching is required. The procedure takes approximately 10-15 minutes.

When will it be done?

We will try to arrange for this to be done as soon possible. If you are not bleeding heavily and are usually fit and well it may be possible to go home and return for your operation within the next two to three days.

However, you may need to be admitted to the ward and have your treatment on the emergency theatre list.

Are there any risks?

Every procedure carried out under general anaesthetic carries a small risk. This is a very common procedure and is usually straightforward. However occasionally there are risks that you need to be aware of, these are:

- Heavy bleeding during the procedure is not common, occurring in one in a 1000 people.
- Incomplete treatment occurs in five in 100 people. If this happens arrangements would be made for you to come to hospital for further treatment. This may involve further surgical treatment.
- Infection can occur in two – 100 women.
- Uterine perforation (making a hole in the womb) during the operation occurs in one to four in 1000 people. If this happens an exploratory operation may be needed at the

time of your surgery. This is to assess and repair any injuries to the womb or other organs such as the bowel.

- Damage to the cervix (neck of the womb) when it is opened during the operation occurs in less than one in 100 people. Should this occur it would be repaired at the time of your operation.

What is general anaesthetic?

General anaesthetic means you will be kept asleep throughout the procedure with a combination of drugs given by injection or inhalation (gases). At the end of the operation the anaesthetist simply reverses the actions of these drugs to wake you up. It is common to feel drowsy for a few hours after the anaesthetic. Your mouth may feel very dry and you may experience an unusual taste.

Consenting to the treatment

The doctor will check that you understand the information you have been given about your procedure. The doctor will ask you to sign a consent form, which states that you agree to the operation going ahead as planned. You should read this form carefully before signing.

Making sure you are ready for the procedure

To make sure you are safe and prepared for your operation a nurse will complete a checklist. This involves the following:

- Ensuring that your stomach is empty. You will be advised what time to stop eating and drinking before the procedure. This includes eating sweets and chewing gum. You can clean your teeth and rinse your mouth as long as you do not swallow.
- The anaesthetist needs to observe the colour and texture of your skin and nails, it is important that you remove all make up and nail varnish.
- You need to inform the nurse if you have any allergies or if you have experienced any allergic reactions in the past, this includes drugs, metals, latex, asthma, or hay fever. If you use an inhaler this should be brought to hospital with you.
- You may be prescribed tablets which are placed high in the vagina before the procedure. This will help to soften the cervix (neck of the womb) so that it is easier to carry out the procedure safely.

What happens afterwards?

When you wake up you will feel drowsy for a short time. You may have some 'period' type pains in your lower abdomen. This is usually mild and painkillers can be given to relieve this. Do not hesitate to ask a nurse for pain relief.

You may have slight vaginal bleeding and you should use sanitary pads not tampons. Please tell nursing staff if you feel that you are bleeding heavily. When you are fully awake you will be given something to eat and drink. You can get up when you feel ready. Before you go home you will need to pass urine. You will need to stay for at least two hours after the treatment to ensure that you are well and do not have heavy bleeding.

What can I expect when I go home?

When travelling home you must have an adult to drive you or accompany you in a taxi, you cannot use public transport. You will also need a responsible adult to stay with you for the first 24 hours.

- You may continue to have abdominal discomfort for the next few days. You can take paracetamol or Cocodamol as directed on the package. If pain is severe or prolonged seek advice from your GP.
- You can expect to have some bleeding, which should gradually stop over the next two weeks. If bleeding continues to be heavy or you have an unpleasant vaginal discharge or high temperature contact your GP as soon as possible as these may be signs of infection.

It is best to use sanitary pads rather than tampons, to reduce the risk of infection. You should get your next period within four to six weeks. This period may be heavier or lighter than usual. Your periods will return to their normal pattern but may take a few months for this to happen.

When can I go back to work?

You may feel physically tired for a week or so and need to take it easy during this time. Returning to work varies from person to person and on the type of work you do as well as how you feel physically and emotionally. You may prefer to be among colleagues and find it helpful to return to a routine or you may want to take time off until you feel ready to see people and able to concentrate on work.

What about my emotions?

You may have a mixture of emotions which may feel uncomfortable and confusing. For many women these feelings pass quite quickly and life resumes. For some however, these feelings are more prolonged and difficult to cope with. Friends and family can help but you may want to talk to someone about how you are feeling. . You should speak to you GP to discuss counselling support or contact the Miscarriage Association.

Will I have a follow up appointment?

You will not be given a follow up appointment but if you would like an appointment or want further help please phone the nurse practitioner in Early Pregnancy Assessment Unit

Contact Numbers

Nurse practitioner, Early Pregnancy Assessment Unit Tel: 0191 445 2146 Monday – Friday 8:30 – 4:30

Ward 14a Tel: 0191 445 2013.

North East Surgery Centre Tel: 0191 445 3000

Further Information is available from:

Royal College of Obstetricians and Gynaecologists

Web Site: www.rcog.org.uk

NHS Direct help line 0845 4647

Web Site www.nhsdirect.nhs.uk

Data Protection

Any personal information is kept confidential. There may be occasions where your information needs to be shared with other care professionals to ensure you receive the best care possible.

In order to assist us improve the services available your information may be used for clinical audit, research, teaching and anonymised for National NHS Reviews. Further information is available in the leaflet Disclosure of Confidential Information IL137, via Gateshead Health NHS Foundation Trust website or the PALS Service.

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formats upon request**