

Suction Curette

What Happens?

Under general anaesthetic, the cervix is dilated and a plastic sucker is inserted to remove blood clots and placental material from the cavity of the uterus. This is sent to pathology for examination which will exclude unusual conditions of placental overgrowth (molar pregnancy). However information regarding the cause of the miscarriage is not obtained.

Purpose of the Procedure

Suction curettage is generally indicated after diagnosis of a miscarriage (missed, incomplete) although is sometimes used after a term vaginal delivery.

Preparation

You will require a general (sleeping) anaesthetic prior to your suction curette. You will be required to fast for around six hours. Please check with my secretarial staff if you are not sure about when to fast from. Some patients, depending on their medical condition and associated conditions, may need blood tests, imaging studies or other investigations to be performed. Occasionally, if I anticipate that your cervix may be difficult to dilate, I may recommend using **Misoprostol pessaries** prior to the procedure, which renders the operation safer and easier. It is important to give me a full list of your medications prior to the procedure. This also includes natural therapies, herbal preparations and fish oil tablets, which may have an unpredictable effect on the blood's ability to clot.

Anaesthetic

A general (sleeping) anaesthetic is used. The anaesthetist decides the most appropriate type of anaesthetic and will have a detailed discussion with you beforehand regarding your previous experiences and requirements.

Duration of Procedure

Ten to fifteen minutes.

Post-Procedure Care

After leaving the operating theatre you will usually have a drip or intravenous line in-situ. This is to maintain your hydration as you will have been fasting prior to the procedure. You will be cared for in the Recovery Area of the Operating Theatre which involves one on one care by a specialist member of the nursing staff. After around one to two hours you will be offered something to eat or drink if appropriate, will be able to change back into your street clothes and arrangements for discharge will be initiated. The vast majority are performed as day surgery. **If you are blood group Rhesus Negative, you will require an injection of "Anti - D"**.

Post-Discharge Care

Most patients should be able to resume their regular activities within 24 hours. Mild cramping and spotting may occur over a few hours or days. Cramping can be treated with non-steroidal anti-inflammatory medications such as Naprogesic or Nurofen in combination with Panadol, Panadeine 8/15 or Panadeine Forte. Whilst you are actively bleeding it is wise to avoid tampons and to refrain from intercourse. Bathing is allowed but public swimming pools should be avoided. The next menstrual period may occur within four to six weeks, sometimes longer. I will not be alarmed at delays of up to three months. This period may not be the same as your regular period. Excessive bleeding after the procedure is uncommon although I am unable to give you an exact figure as to how long the bleeding will persist. You should notify me if you develop a fever (temperature greater than 37.5 degrees), pain or cramping that does not respond to regular doses of simple analgesics or lasting greater than forty-eight hours. Bleeding involving clots or foul smelling vaginal discharge should be reported.

Complications Specific to Suction Curettage

Serious complications from suction curettage are extremely unlikely however the following have been described:

- Bleeding from the cervix. As the pregnant cervix is soft, it is prone to bleeding post-procedure which sometimes requires a dissolving suture to be inserted during the procedure itself.
- Infection in the uterus. This is very uncommon however the risk is increased if you have an incomplete miscarriage, ie, substantial bleeding prior to the procedure. This may require oral or sometimes intravenous antibiotics. In general, if you have retained

products of conception which are infected, then a suction curettage will **decrease** the chance of complications rather than increase it.

- Sometimes the healing response to curettage is exaggerated and adhesions may form within the uterus, which may subsequently affect menstrual flow or fertility (Asherman's Syndrome). These adhesions are generally treatable.
- Incomplete removal of tissue within the uterus (retained products of conception). The risk is around 1:50. Usually these products will dissolve and disappear on their own however rarely a repeat curettage, or hysteroscopy is required.
- Perforation of the uterus with the plastic sucker. This is very rare however generally requires a laparoscopy (key hole surgery) to be performed through your umbilicus. Rarely, the abdomen will need to be opened with a larger cut to examine the contents and repair any problems.

Failure to Complete Procedure

If you have a very scarred or tight cervix, rarely it may be impossible to introduce the plastic sucker and further treatment with topical oestrogen cream or Misoprostol pessaries may be necessary before the procedure can be completed.

Results from Examination

Pathology results generally take around 48 hours. In most cases a post-operative check will be scheduled between two and six weeks after the operation depending upon your particular circumstances. If genetic testing on the products of conception is required, this will take at least six weeks. Generally speaking, the pathology tests will not give an indication as to why the miscarriage occurred however the reason is generally a subtle error in the chromosomal development of the early pregnancy. In the vast majority of cases this is not linked to either parent and is not recurrent.



Consent

I have been recommended to have: **Suction Curettage, in order to treat:**

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.....

Potential issues related to my condition / circumstances may be:

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.....
.....

I understand the above and choose to proceed:

(Signed)

(Print Name)

(Date)

