

RECOVERING WELL



Royal College of
Obstetricians &
Gynaecologists

Information about recovering from

Surgical Management of a Miscarriage



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Who is this information for?

This information is for you if you are about to have, or you are recovering from, an operation to empty your uterus (womb). This is done to take away a pregnancy if it has not developed or if the pregnancy tissue has not all come away as part of a miscarriage. The operation involves removing the pregnancy tissue from the uterus through the vagina. You might also find it useful to share this information with your family and friends.

About this information

This leaflet covers the practical aspects of recovering from surgical management of a miscarriage. However, losing a pregnancy is a deeply personal experience that affects people

differently. It can be a very distressing experience and you are likely to need considerable support afterwards. You can find further information and support from the [Miscarriage Association](#) and from [NHS Choices](#).

You should read this information together with any other information you have been given about your choices and the operation itself. Every woman has different needs and recovers in different ways. Your own recovery will depend on:

- how fit and well you are before your operation
- whether there are any complications
- your way of coping with the loss of your pregnancy and your circumstances.

What can I expect after this operation?



Usual length of stay in hospital

This operation is usually done as a day case, which means that you can go home on the same day.

After-effects of general anaesthesia

Most modern anaesthetics are short lasting. You should not have, or suffer from, any after-effects for more than a day after your operation. During the first 24 hours you may feel more sleepy than usual and your judgement may be impaired. If you drink any alcohol, it will affect you more than normal. You should have an adult with you during this time and you should not drive or make any important decisions.

Vaginal bleeding

You can expect to have some vaginal bleeding for one to two weeks after your operation. This is like a heavy

period for the first day or so. This should lessen and may become brown in colour. You should use sanitary towels rather than tampons as using tampons could increase the risk of infection.

Discomfort

You can expect some cramps (similar to strong period pains) in your lower abdomen on the day of the operation. You may get milder cramps or an ache for a day or so afterwards. When leaving hospital, you should be provided with simple painkillers to reduce any discomfort. Sometimes painkillers that contain codeine or dihydrocodeine can make you sleepy, slightly sick and constipated. If you do need to take these medications, try to eat extra fruit and fibre to reduce the chances of becoming constipated.

What can I expect after this operation?

Starting to eat and drink

Once you have woken up from the anaesthetic and are not feeling too nauseous, you will be offered a drink of water or cup of tea and something light to eat. Once you are home, you can eat and drink as normal.

Washing and showering

You should be able to have a shower or bath as normal after the operation. It is advisable to have someone at home with you initially so that they can help you if you become dizzy or feel faint.

Formation of blood clots - how to reduce the risk

There is a small risk of blood clots forming in the veins in your legs and pelvis (deep vein thrombosis) after any operation. These clots can travel to the

lungs (pulmonary embolism), which could be serious. You can reduce the risk of clots by:

- being as mobile as you can as early as you can after your operation
- doing exercises when you are resting, for example:
 - pump each foot up and down briskly for 30 seconds by moving your ankle
 - move each foot in a circular motion for 30 seconds
 - bend and straighten your legs - one leg at a time, three times for each leg.

You may also be given other measures to reduce the risk of a clot developing, particularly if you are overweight or have other health issues. These may include:

- daily heparin injections (a blood-thinning agent) - you may need to continue having these injections daily when you go home; your doctor will advise you on the length of time you should have these for
- graduated compression stockings, which should be worn day and night until your movement has improved and your mobility is no longer significantly reduced
- special boots that inflate and deflate to wear while you are in hospital.

What can I expect after this operation?

Tiredness

You may feel very tired while your body is healing and you may want to have a rest or nap during the day in the first few days after your operation.

Feeling emotional

A miscarriage affects every woman differently. Some women come to terms with what has happened within weeks, while for others it takes longer. Many women feel tearful and emotional for a short time afterwards. Some women experience intense grief over a longer time.



What can help after an operation for miscarriage?

It takes time to recover and the following can help you after an operation for a miscarriage.

Support from your family and friends

Your family and friends may offer support in lots of different ways. This could be in terms of practical support with things such as shopping, housework or preparing meals. Most people are only too happy to help - even if it means you having to ask them. Having company gives you a chance to say how you are feeling after your miscarriage. Having company can help lift your mood as well as bring comfort. If you live alone, you may wish to have someone stay with you for the first few days after you go home.

A daily routine

Establish a daily routine and keep it up. For example, try to get up at your usual time, have a wash and get dressed, move about and so on. Sleeping in and staying in bed can make you feel depressed. Try to complete your routine and rest later if you need to.

Eat a balanced healthy diet

Ensure that your body has all the nutrients it needs by eating a healthy balanced diet. A healthy diet is a high-fibre diet (fruit, vegetables, wholegrain bread and cereal) with up to two litres per day of fluid intake, mainly water. Remember to eat at least five portions of fruit and vegetables each day.

Stay active

It is important to get back to full activity soon, as this will help with your

recovery and help you feel better in yourself. Keeping active can help you cope with your feelings and emotions, and it may also be helpful to do activities with a friend. Build up slowly at your own pace. If you want to exercise, this will not do you any harm. Listen to your body. If the exercise you are doing is causing you pain, stop and try something less active for a few days. If you are not experiencing any problems, you can soon increase the number and distance of your daily walks. Doing this will help to keep you fit.

Stop smoking

Stopping smoking benefits your health in all sorts of ways.

Whatever your situation and however you are feeling, try to continue to do the things that are helpful to your recovery.

Why might it take longer to recover?

It can take longer to recover if:

- you had health problems before your operation; for example, women with diabetes may heal more slowly and may be more prone to infection
 - you smoke - smokers are at increased risk of getting a chest or wound infection during their recovery, and smoking can delay the healing process
 - you were overweight at the time of your operation - if you are overweight, it can take longer to recover from the effects of the anaesthetic and there is a higher risk of complications such as infection and thrombosis
- there were any complications during your operation
 - you have had previous miscarriages
 - you have taken a long time to get pregnant

Recovering after an operation is a very personal experience. If you are following all the advice that you have been given but do not think that you are at the stage you ought to be, talk with your GP.



When should I seek advice after an operation for a miscarriage?



As with any operation, complications can occur after an operation for a miscarriage. You should seek medical advice from your GP, your early pregnancy assessment unit (EPAU), the hospital where you had your operation, [NHS 111](#) or [NHS 24](#) if you experience:

- **Heavy or prolonged vaginal bleeding, smelly vaginal discharge and abdominal pain:** If you also have a raised temperature (fever) and flu-like symptoms, this may be due to an infection of the lining of the uterus (womb). This occurs in two to three women in 100 (2-3%). Treatment is with antibiotics. Occasionally, there is still pregnancy tissue remaining in the uterus and you may need another operation to remove it from the uterus.
- **Increasing abdominal pain and you feel unwell:** If you also have a temperature (fever), have lost your appetite and are vomiting, this may be due to damage to your uterus. You will be readmitted to hospital.
- **Burning and stinging when you pass urine or pass urine frequently:** This may be due to a urine infection. Treatment is with a course of antibiotics.
- **Painful, red, swollen, hot leg or difficulty bearing weight on your legs:** This may be due to a deep vein thrombosis (DVT). If you have shortness of breath or chest pain or cough up blood, this could be a sign that a blood clot has travelled to the lungs (pulmonary embolism). If you have any of these symptoms, you should seek medical help immediately.

Getting back to normal

Your emotional recovery - feeling well again in yourself - can take some time, often weeks, and for some women it can take considerably longer. Your family and friends should be able to help.

Emotional recovery

Talk to your GP if you feel you are not coping or getting back to normal. You can find further information and support from the [Miscarriage Association](#) and from [NHS Choices](#).

Around the house

You should be able to start doing light everyday activities within a day or two. You might need some help early on, but you will not be harmed by doing normal household activities.

Most women are back to normal daily activities, including domestic work, within a week.

Driving

You should not drive for 24 hours after a general anaesthetic, nor until you are free from the sedative effects of pain relief.

Having sex

You can have sex as soon as you both feel ready. It is important that you are feeling well and any pain and bleeding has significantly reduced.

It is possible to conceive a few weeks

after your operation, even before you have a period. You may wish to talk with your GP about contraception or visit your local family planning clinic to discuss this.

If you wish to be pregnant, trying again soon, whenever you feel ready, does not increase your risk of miscarrying next time. It may be worth taking this opportunity to talk to your GP about anything you can do to prepare for a pregnancy.

Returning to work

When you return to work depends on you and how you feel. It is advisable to rest for a few days after your operation - then start your routine activities.

When you return to work depends on you and how you feel. It is advisable to rest for a few days following your operation - then start your routine activities. However, you will not be harmed by getting back to normal work within a day or two of the operation, particularly if you can work from home. Most women who work need between a few days and a week off work. You may need longer to recover emotionally. If so, it may be helpful to talk with your GP or occupational health adviser.

Some women worry about returning to work. However, once they are there, they find that getting back into a routine and getting support from colleagues helps them. Leaving it for too long before you go back to work can make it more difficult for you. You could try going back and seeing how you feel. Some women continue to experience discomfort and feelings of sadness when they first return to work. If you do manual work or have to stand for long periods, you might need more time off than if you are sitting at a desk.

If your job involves manual work, or you are still recovering emotionally, it might be possible to start back on shorter hours or lighter duties - talk with your employer about this. You should gradually build up your activities at work as well as at home. It is normal not to be able to undertake your full workload when you first go back. You should not feel pressurised by family, friends or your employer to return to work before you feel ready. You do not need your GP's permission to go back to work. The decision is yours.

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