

# Evacuation of retained products of conception (ERPC)

**This leaflet gives you information on the operation you are about to undergo. If you have any questions or worries, please do not hesitate to ask any of the ward staff and we will try to help in any way we can.**

## What is an ERPC?

An evacuation of retained products of conception (ERPC) is a small operation to remove any remaining products of conception that are still inside your uterus (womb) following a miscarriage or termination of pregnancy.

## How is the operation performed?

An ERPC is performed under a general anaesthetic (i.e., you will be asleep) and it will take about 5-10 minutes. For further information about anaesthetics, including the risks, ask for a copy of the leaflet '*Quick guide to coming into hospital for surgery.*' The operation is done through the vagina so there will be no cuts or stitches. The cervix (neck of the womb) will be stretched open enough to insert an instrument to remove the remaining products of conception from the uterus (womb).

You may require some tablets (Prostaglandin) which the doctor will insert into the vagina, which will cause the cervix to open prior to the procedure. This reduces the risk of your cervix being damaged during the procedure.

## What are the risks of ERPC?

ERPC is very safe; however, every operation has its risks. These fall into three categories:

1. Complications of anaesthesia
2. General complications of any operation
3. Specific complications of this operation

### 1. Complications of anaesthesia

Please see leaflet '*Quick guide to coming into hospital for surgery.*' The anaesthetist will see you prior to your operation to discuss the anaesthetic procedure with you.

### 2. General complications of any operation:

- **Pain:** Pain after an ERPC is similar to period pain and can be controlled with simple painkillers such as paracetamol. The ward staff will try to ensure that you remain as comfortable as possible following your operation.
- **Bleeding:** It is normal to expect some bleeding from the vagina following your operation. This is usually similar to that of a period and should settle after a few days. Very rarely, the bleeding will be so heavy that a blood transfusion or a further operation will be necessary (risk: 1 in 2,000).

- **Infection:** There is a small risk of getting an infection in your uterus (endometritis) (risk: 3 in 100)<sup>1, 4</sup>. This usually causes tummy pain and worsening bleeding a few days after the operation. It will usually settle with antibiotics.

### 3. Specific complications of this operation:

- **Puncturing the uterus (perforation):** A recently pregnant uterus is very soft, and it is possible to inadvertently make a hole in the uterine wall with the surgical instrument. This is uncommon (risk: less than 5 in 1000)<sup>4</sup>.
- If this happens, the surgeon may need to perform a laparoscopy, i.e., put a telescope through your umbilicus (belly button) to make sure there is no damage inside. If there is a lot of bleeding, or the bowel has been damaged, it will need to be fixed. This usually means a cut on your abdomen (tummy) and a longer stay in hospital. This is extremely rare.
- **An incomplete evacuation:** The surgeon cannot see into the uterus and for this reason, sometimes not all the blood clots and placenta will be removed (risk: 5 in 100)<sup>1</sup>. In most cases, the remaining uterine contents may just come away naturally. If the bleeding continues or is very heavy it may be necessary to have another ERPC.
- **Damage to the cervix:** This may occur when the cervix is stretched open. It is extremely rare, especially if you have had a prostaglandin tablet into the vagina before the operation (risk: 1 in 10,000)<sup>3</sup>.

## What happens to the evacuated products?

When you give consent for an ERPC, you will also be required to sign a *Sensitive Management of Pregnancy Tissue* consent form. This includes consent for the removal of blood and tissue samples. The main purpose of the samples is to examine them under a microscope to confirm the presence of products of conception. If you require more information about what happens to this tissue following this examination, please see the separate leaflet '*Sensitive Management of Pregnancy Tissue*.'

## What are the benefits of ERPC?

An ERPC is a quick, simple and essentially safe procedure, which will reduce the amount of vaginal bleeding and allows the body to get back to normal quickly.

## What should I bring with me?

- Sanitary towels
- Dressing gown
- Slippers
- Something to occupy your time while you are waiting e.g., book or magazine.

Please do not bring jewellery or valuables with you (except wedding rings). We do not have anywhere safe to store them and cannot accept responsibility for any loss of your possessions. Please do not wear any make up or nail varnish.

## What can I expect afterwards?

- **'Period-like' pain:** you may experience some cramping for a day or two following your operation. Taking regular analgesia such as paracetamol will help to make you more comfortable.
- **Bleeding:** It is normal to experience some bleeding or discharge for a couple of weeks following the operation. It is advisable not to use tampons or resume sexual intercourse until the bleeding has settled.

**If the bleeding becomes very heavy (i.e., you are soaking through sanitary towels every 15 minutes or passing clots the size of the palm of your hand), you should contact the Early Pregnancy and Acute Gynaecology Unit on 0118 322 7181 as soon as possible (out of clinic hours to 0118 322 8204).**

- **Your next period:** This should come in about 4 to 6 weeks. If your periods are normally irregular, it may take longer.
- **Please do a pregnancy test 3 weeks after the procedure, and if positive, please contact us.**
- **Driving:** The effects of the anaesthetic can stay in your system for up to 48 hours after your operation. You must not drive or operate machinery during this time. **We recommend that you check with your own insurance company regarding driving following a general anaesthetic.**
- **Going home:** Normally, you will go home on the same day as your operation. You should go home by car, accompanied by a responsible adult who must stay with you for at least 24 hours.

## References

1. Dalaker K et al (1981) Ann Chir Gynaecol 70: 331-6
2. Pridmore BR, Chambers DG (1999) Aust NZ J Obstet Gynaecol 39: 349-353
3. Sykes P (1993) NZ Med J 106: 83-85
4. RCOG Consent advice No 10 June 2010 Surgical evacuation of the uterus for early pregnancy loss.

## Contact us

If you have any concerns or questions regarding your operation, you can contact Sonning Ward on **0118 322 7181** or out of clinic hours **0118 322 8204**

**Date of operation:** \_\_\_\_\_

Please arrive on Sonning Ward at: \_\_\_\_\_

Nothing to eat after: \_\_\_\_\_

Continue drinking clear fluids until: \_\_\_\_\_

**\*NB:** Clear fluids include water, black tea, black coffee (no sugar or sweeteners), well diluted squash (but not fruit juice) – you should be able to read newsprint through it.

**Do not suck sweets or chew gum on the day of your operation.**

To find out more about our Trust visit [www.royalberkshire.nhs.uk](http://www.royalberkshire.nhs.uk)

**Please ask if you need this information in another language or format.**

A Chase, Consultant Gynaecologist, November 2019

Reviewed: October 2023

Next review due: October 2025