

Information Protocol for Miscarriage Curettage

Name:

First name:

Date of birth:

This page should provide you with information, not worry you. It is only part of the information you will receive. The planned intervention will be discussed with you in person. Please ask about anything that is unclear or seems important, and don't hesitate to say if you would prefer not to know too much about the forthcoming procedure. Unfortunately, your current pregnancy has ended in a miscarriage (spontaneous abortion). The reasons for such events are mostly associated with the pregnancy itself. Due to a very early anomaly, the pregnancy is not viable.

Forms of miscarriage: After a pregnancy ends, the body can fully (complete miscarriage) or partially (incomplete miscarriage) pass the pregnancy tissue. In the case of incomplete miscarriage, parts of the pregnancy tissue, mostly placenta, remain in the uterus. However, it is also possible that a pregnancy ends but all of the tissue remains in the uterus (missed miscarriage). In the case of a blighted ovum, there is also an early anomaly in the development of the pregnancy, in which an amniotic sac develops, but no fetus. In these three cases, it is usually necessary to remove the pregnancy tissue from the uterus surgically, in a procedure known as curettage. If there has been a complete miscarriage, checks are carried out to ensure there is really no pregnancy tissue left in the body. This generally takes the form of blood tests for pregnancy hormones and an ultrasound.

Surgical method: Depending on the gestational age, the suction method (vacuum aspiration) and/or scraping of the uterus (curettage) are used to remove the remaining tissue from the uterus. Occasionally, it is necessary to widen the cervix for the procedure. In women who have not previously been pregnant, the cervix can be softened with a drug in advance to make this easier. As this procedure is painful, it takes place under either full or partial anaesthesia (spinal anaesthesia). In rare cases, the procedure can be carried out with local anaesthesia of the cervix.

Risks and complications: With miscarriage curettage, injuries to the uterus with tearing of the tissue can occur in rare cases. This can lead to bleeding in the abdomen or damage to other organs. In such cases, it may be necessary to carry out a laparoscopy or even surgery with an abdominal incision. Occasionally, heavy bleeding occurs during the procedure. However, blood transfusions are generally not needed. In rare cases, despite due diligence, the remaining pregnancy tissue is not removed in full, meaning that the procedure must be repeated. Rarely, prolonged bleeding, similar to a period, can occur after the procedure, as can infection and thrombosis (clots in the blood vessels), which require careful investigation and treatment. Occasionally, in rare cases, adhesions can form in the uterine cavity, which can affect menstruation and potentially fertility (problems getting pregnant).

After the operation, minor bleeding and mild pain in the lower abdomen, similar to a normal period, can occur. After the procedure, it is possible to shower, but baths, swimming and sexual intercourse must be avoided until the bleeding stops. If your blood type is rhesus negative, you will receive an injection with antibodies against rhesus positive blood. This prevents your body forming rhesus antibodies, which could harm a future fetus. Generally, it is possible to become pregnant again with no complications after a miscarriage curettage.

Cost: The operation is a standard benefit covered by health insurance. If you have supplementary insurance: is cost recovery clarified?

Your questions:

Explanatory consultation

Interpreter: _____

Proposed operation: _____

Outline of the operation: (surgical method, skin incision, what is removed, reconstructed etc., side designation left/right)

Doctor's notes on explanatory consultation (waiver of explanation stating reason, individual risk factors: age, heart disease, obesity, etc.).

Alternative treatment possibilities:

Date:

Time:

Duration of explanatory consultation:

Treatment Order

Dr _____ carried out an explanatory consultation with me. I have understood the explanation and could ask any questions I had. I have been given a copy of the consultation protocol.

I consent to the planned procedure, including any discussed changes and extensions that may be found necessary during the operation.

Place, date

Patient:

The text on the front page has been discussed with the patient, any questions answered, and a copy of this information protocol has been given to the patient.

Date, time

Doctor:
