 瑪麗醫院 QUEEN MARY HOSPITAL	Department of Obstetrics and Gynaecology	Document No.	OGGG-0510-02-19-E_version 1
		Issue Date	AUG 2022
	Subject Expectant management of first trimester miscarriage	Next review date	JUL 2024
		Approved by	General Gynaecology Division, QMH
		Page	Page 1 of 2

INFORMATION SHEET FOR EXPECTANT MANAGEMENT OF FIRST TRIMESTER MISCARRIAGE

Indication: incomplete miscarriage and silent miscarriage

Nature of procedure

- Await spontaneous complete emptying of the womb without surgical or medical intervention
- Pain-killers may be needed
- Vaginal bleeding and pain can occur prior to passage of tissue mass
- Complete miscarriage in the follow-up up to 2 weeks: 85% in incomplete miscarriage and 30-40% in silent miscarriage
- Surgical evacuation may be required in case of retained tissue mass or incomplete miscarriage with heavy bleeding and/or severe pain
- Tissue removed will be sent to the Department of Pathology or disposed of as appropriate unless otherwise specified

Benefit of the procedure:

- Emptying of the womb without surgical or medical intervention and their associated risks or side-effects

Other consequences after the procedure:


- May experience some vaginal bleeding (longer and heavier compared with surgical evacuation) and abdominal cramps within 2-3 weeks

Risks and complications may include, but not limited to the followings:

- Women who are obese, who have significant pathology, who have undergone previous surgery or who have pre-existing medical conditions must understand that the quoted risks for serious or frequent complications will be increased.
- Serious
 excessive bleeding which may need blood transfusion
 pelvic infection(lower risk compared with suction evacuation) and the associated adverse effect on future fertility

Possible alternatives

- Medical treatment
- Surgical evacuation
- others: _____

 瑪麗醫院 QUEEN MARY HOSPITAL	Department of Obstetrics and Gynaecology	Document No.	OGGG-0510-02-19-E_version 1
		Issue Date	AUG 2022
	Subject Expectant management of first trimester miscarriage	Next review date	JUL 2024
		Approved by	General Gynaecology Division, QMH
		Page	Page 2 of 2

Other associated procedures (which may become necessary during the procedure):

- Surgical evacuation in case of incomplete miscarriage with heavy vaginal bleeding or severe abdominal pain

Any special follow up

- Please consult doctor in case of heavy vaginal bleeding and/ or severe abdominal pain
- A specimen bottle would be given to you for collection of tissue mass passed vaginally. Please send it to our general gynaecology ward (K5S) for pathological examination at your earliest convenience.
- Assessment 2-3 weeks later to ascertain whether miscarriage is complete.

Statement of patient: procedure(s) which should not be carried out without further discussion

I acknowledge that the above information concerning my operation/procedure have been explained to me and discussed with me by the medical staff and I fully understand them.

I have been given the opportunities to ask questions pertinent to my condition and management and satisfactory answers have been provided by medical staff.

Signature _____

Date _____