

# OB-GYN Practice

## Evacuation of retained products of conception (ERPOC)

### Introduction

This leaflet is meant to give you information on the operation you are about to undergo. If you have any questions or worries, please don't hesitate to ask the Doctor.

### What is an ERPOC?

An **E**vacuation of **R**etained **P**roducts of **C**onception (ERPOC) is a surgical procedure to remove any remaining products of conception that are still inside your uterus (womb) following a miscarriage.

### How is the operation performed?

An ERPOC is performed under a general anaesthetic in operating theater (i.e. you will be asleep) and it will take about 5-10 minutes. 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 ERPOC?

ERPOC 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  
To be discussed with you by the anaesthetist.
  2. General complications of any operation:
    - Pain: Pain after an ERPC is similar to period pain and should be controlled with simple painkillers such as paracetamol.
    - 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) This usually causes tummy pain and

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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) .
- If this should happen 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).

### **What happens to the evacuated products?**

The products will be send to the laboratory to examine them under a microscope to confirm the presence of products of conception or an abnormal pregnancy such as a molar pregnancy.

### **What can I expect afterwards?**

“Period-like” pain

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 should become very heavy contact the doctor immediately

Your next period: This should come in about 4 to 6 weeks. If your periods are normally irregular it may take longer.

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.

Going home: Normally you will go home on the same day as your operation or the next day.