



## Procedure Information Sheet

### Introduction

Suction evacuation is a type of abortion method by using vacuum force to remove the tissue (gestational products) from the uterus.

### Indication

- Miscarriage
- Retained products of gestation
- others: \_\_\_\_\_

### The Operation / Procedure

1. Priming of cervix if necessary.
2. General anaesthesia or local anaesthesia + conscious sedation.
3. Cervical dilatation if necessary.
4. Insertion of the suction curette.
5. Uterine content evacuated under negative pressure.
6. All tissue removed will be sent to the department of pathology or disposed of as appropriate unless otherwise specified.

### Before the Operation / Procedure

1. A written consent is required.
2. Keep fast 6 hours before operation.
3. Cervical priming with cytotec (if necessary) .
4. Take off all clothes (including underwear) and things such as denture, jewelry and contact lens, then put on operation gown.
5. Empty urinary bladder before operation.

### After the Operation / Procedure

1. Patient who have undergone general anesthesia may have fatigue nausea or vomiting. If the symptoms persisted or aggravated, please inform health care providers.
2. Bed rest 2 to 3 hours after operation.
3. Patient can drink some water after bed rest, if no vomiting, patient can eat some easily digested food such as congee.
4. May experience some vaginal bleeding and mild abdominal cramps within 2 weeks after operation.

### Risks and Complications

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.

1. Anaesthetic complications.
2. Serious :
  - 2.1 Uterine perforation ( 1-15 in 1000 ) with or without trauma to surrounding organs, like bladder, bowels, fallopian tubes and ovaries, necessitating laparoscopy/laparotomy for repair and/or urinary faecal diversion ;
  - 2.2 Significant trauma to cervix ( <1 in 1000 ) , resulting in cervical incompetence ;

<b>Patient's Label</b> Patient Name: _____ Hospital No: _____ Episode No: _____
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- 2.3 Trauma to endometrium causing intrauterine adhesion, third stage complications in future pregnancy ;
- 2.4 Significant trauma to cervix ( <1 in 1000 ) , resulting in cervical incompetence ;
- 2.5 Excessive bleeding ( 1-3 in 1000 ) , may need blood transfusion.
3. Frequent :
  - 3.1 Cervical tear ;
  - 3.2 Incomplete evacuation ( 40 in 1000 ) , need for repeat suction evacuation ( 3-18 in 1000 ) ;
  - 3.3 Pelvic infection ( 40 in 1000 ) and adverse effect on future fertility.
4. Adverse psychological sequelae.

## Risk of Not Having the Procedure

Vaginal bleeding, abdominal pain or infection in case of incomplete miscarriage

## Alternative Treatment

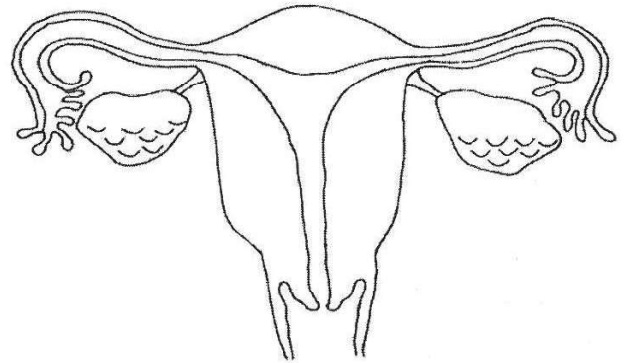
1. Observation
2. Medical treatment for miscarriage.

## Disclaimer

This leaflet only provides general information pertaining to and complications are described, the list is not exhaustive patients. Please contact your doctor for detailed information

## Reference

Department of Obstetrics & Gynaecology, United Christian Hospital, Pre-operative Information Sheet: Suction Evacuation (2022)



## Patient's Label

Patient Name: \_\_\_\_\_  
Hospital No: \_\_\_\_\_  
Episode No: \_\_\_\_\_

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_