PREOPERATIVE DIAGNOSIS: , A 10-1/2 week pregnancy, spontaneous, incomplete abortion.,POSTOPERATIVE DIAGNOSIS:, A 10-1/2 week pregnancy, spontaneous, incomplete abortion.,PROCEDURE: , Exam under anesthesia with uterine suction curettage.,ANESTHESIA: , Spinal.,ESTIMATED BLOOD LOSS: , Less than 10 cc.,COMPLICATIONS:, None.,DRAINS:, None.,CONDITION:, Stable.,INDICATIONS: ,The patient is a 29-year-old gravida 5, para 1-0-3-1, with an LMP at 12/18/05. The patient was estimated to be approximately 10-1/2 weeks so long in her pregnancy. She began to have heavy vaginal bleeding and intense lower pelvic cramping. She was seen in the emergency room where she was found to be hemodynamically stable. On pelvic exam, her cervix was noted to be 1 to 2 cm dilated and approximately 90% effaced. There were bulging membranes protruding through the dilated cervix. These symptoms were consistent with the patient's prior experience of spontaneous miscarriages. These findings were reviewed with her and options for treatment discussed. She elected to proceed with an exam under anesthesia with uterine suction curettage. The risks and benefits of the surgery were discussed with her and knowing these, she gave informed consent.,PROCEDURE: ,The patient was taken to the operating room where she was placed in the seated position. A spinal anesthetic was successfully administered. She was then moved to a dorsal lithotomy position. She was prepped and draped in the usual fashion for the procedure. After adequate spinal level was confirmed, a bimanual exam

was again performed. This revealed the uterus to be anteverted to axial and approximately 10 to 11 weeks in size. The previously noted cervical exam was confirmed. The weighted vaginal speculum was then inserted and the vaginal vault flooded with povidone solution. This solution was then removed approximately 10 minutes later with dry sterile gauze sponge. The anterior cervical lip was then attached with a ring clamp. The tissue and membranes protruding through the os were then gently grasped with a ring clamp and traction applied. The tissue dislodged revealing fluid mixed with blood as well as an apparent 10-week fetus. The placental tissue was then gently tractioned out as well. A size 9 curved suction curette was then gently inserted through the dilated os and into the endometrial cavity. With the vacuum tubing applied in rotary motion, a moderate amount of tissue consistent with products of conception was evacuated. The sharp curette was then utilized to probe the endometrial surface. A small amount of additional tissue was then felt in the posterior uterine wall. This was curetted free. A second pass was then made with a vacuum curette. Again, the endometrial cavity was probed with a sharp curette and no significant additional tissue was encountered. A final pass was then made with a suction curette.,The ring clamp was then removed from the anterior cervical lip. There was only a small amount of bleeding following the curettage. The weighted speculum was then removed as well. The bimanual exam was repeated and good involution was noted. The patient was taken down from the dorsal lithotomy position. She was transferred to the recovery

room in stable condition. The sponge and instrument count was performed and found to be correct. The specimen of products of conception and 10-week fetus were submitted to Pathology for further evaluation. The estimated blood loss for the procedure is less than 10 mL.