

MISOPROSTOL FOR MISCARRIAGES: PATIENT INFORMATION AND CONSENT

Your doctor has diagnosed you as having an early miscarriage. While it is likely that you will eventually pass the uterine contents without intervention, such a process may take considerable time. The options for treatment of your condition include waiting to have a miscarriage on your own or surgical evacuation of the uterine contents. That evacuation can be done in the operating room with anesthesia.

Recently it has become apparent that a medication (misoprostol or cytotec) can speed the completion of a miscarriage in a safe non-surgical way. This medicine works by mimicking the action of a naturally occurring substance (prostaglandin) that causes uterine contractions. In miscarriages less than 12 weeks of gestational age, about 70% of the time misoprostol will bring on a complete miscarriage within 24 hours. Frequently the process occurs within 4 hours with cramping starting within an hour of putting the medication in the vagina. When adding a second medicine Mifepristone the tissue will pass 90% of the time so the combination of medication is recommended.

Patients will take **800 micrograms of misoprostol** (given as four 200 micrograms tablets) **placed vaginally**. Blood work is required prior to administration of this medication. We recommend that you have someone close by in the event that you have a complication that requires medical attention. The cramps and vaginal bleeding that are induced are sometimes quite heavy. If the flow is greater than two pads per hour for four hours or the pain is prolonged and severe, you need to be seen in the office or in the hospital. You may take Tylenol or narcotics for pain relief but do not take Aleve, Advil, Naproxen, Ibuprofen, or Celebrex as these medications may reduce the effectiveness of the misoprostol.

The risks of misoprostol use for treatment of early miscarriage are minimal. The ensuing miscarriage may be painful, but no more than a spontaneous miscarriage. Excessive bleeding may occur. Uterine rupture has been reported with misoprostol use, usually in patients late in pregnancy who have had previous uterine surgery, but in patients being treated for miscarriage. If you have had previous surgery, including cesarean sections, please discuss these with your doctor to decide if misoprostol is right for you. Finally, misoprostol may cause diarrhea or nausea.

Misoprostol should not be used if you have severe asthma, heart conditions, glaucoma, high blood pressure, or sickle cell disease. If there is any question that your pregnancy is viable or is outside the uterus (ectopic), then misoprostol should not be considered.

Following misoprostol administration a follow up is needed in 72 hours if no miscarriage has occurred. If you are having prolonged (>24 hours), excessive vaginal bleeding, or severe pain, contact your doctor. You will need medical follow up as outlined by your physician after the treatment is completed. This will include a repeat ultrasound or blood tests. The pregnancy hormone must be followed until it reaches a nonpregnant value.

I have read and understand this description of misoprostol treatment of my early miscarriage and I understand this information completely. I have had all my questions regarding use of this medication answered to my satisfaction.

Patient: _____

Date: _____

Witness: _____

Date: _____