Are We Over Instrumenting? Evaluating Diagnostic Criteria and Outcomes for Surgical Management of Retained Products of Conception: A Clinical Audit

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Background

Retained products of conception are a common reason for emergency presentation after miscarriage or termination. Diagnosis varies between clinicians and departments, often relying on ultrasound findings alone. Overuse of surgical evacuation may increase the risk of intrauterine adhesions[1]. RANZCOG recommends integrating clinical symptoms with targeted ultrasound, particularly the presence of an echogenic mass with vascularity, to support diagnosis[2].

Aims

To assess whether emergency suction dilatation and curettage procedures for suspected retained products of conception were supported by clinical and ultrasound criteria, and to determine the rate of negative histopathology. Secondary aims included documenting sexually transmitted infection screening, contraception counselling, and delays to operative theatre.

Methods:

A retrospective audit was conducted of all emergency suction dilatation and curettage procedures performed from January to June 2025 in a metropolitan hospital. Cases performed specifically for suspected retained products of conception were analysed primarily. Data included symptoms, ultrasound characteristics, timing of imaging, histopathology, initial pregnancy event, and secondary quality measures.

Results:

Of 124 emergency procedures, 50 were for suspected retained products of conception. Fourteen of these (28 per cent) had no products on histopathology. These cases commonly had minimal symptoms, small or avascular ultrasound masses, or early imaging. In the full cohort, 85 patients (69 per cent) had no sexually transmitted infection screen, and 60 (48 per cent) had no contraception discussion. Operative delays occurred in 18 patients once and 7 patients twice due to emergency board overcapacity.

Discussion:

A substantial proportion of procedures for suspected retained products of conception showed no histopathological confirmation. Clearer diagnostic criteria, particularly regarding ultrasound vascularity and timing, may reduce unnecessary procedures and associated risks[3].

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2. 2025 Miscarriage, Recurrent Miscarriage and Ectopic Pregnancy (C-Gyn 38), Guideline, RANZCOG, https://ranzcog.edu.au/wp-content/uploads/Miscarriage-Ectopic-Pregnancy.pdf

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