



Pregnancy Advisory Service

Your Appointment and Information

Surgical termination of pregnancy under general anaesthetic

Please read this leaflet carefully. It gives the date, time and place of your appointment for a surgical abortion and describes what happens on the day of admission to hospital.

Appointment for mifepristone (surgical abortion over 14 weeks gestation):

Please attend **Hope House**, Gloucestershire Royal Hospital, Great Western Road, Gloucester, GL1 3NN. The telephone number for the Pregnancy Advisory Service at Hope House is: **0300 421 6532**

Monday / Tuesday / Wednesday / Thursday / Friday
Date / / Time

Overview

There are two types of surgical termination of pregnancy under general anaesthetic:

- Vacuum aspiration – for pregnancies from 7 weeks up to 14 weeks gestation
- Dilatation and evacuation – for pregnancies 14-18 weeks gestation

Before the procedure

You will have an ultrasound scan and full clinical assessment to ensure that this is a suitable and safe procedure for you.

Appointment for surgical termination of pregnancy:

Please attend.....

Monday / Tuesday / Wednesday / Thursday / Friday

..... /..... /..... at

DO NOT EAT FOR SIX HOURS BEFORE YOUR ADMISSION

You may have small sips of water until two hours before your admission

Testing in clinic

We offer everybody a sexual health check-up. This includes testing for chlamydia and gonorrhoea by a self-taken vaginal swab and a blood sample for HIV and syphilis. The results are usually sent by text message. We will telephone you if any of the results are positive and need treatment. Please call us if you have not received your results within three weeks.

We check your blood rhesus status to identify women who have a rhesus negative blood type. If you have a rhesus negative blood type we recommend that you have a single injection of Anti-D at the time of the abortion procedure. This treatment is to minimise the risk of developing antibodies that could harm a future pregnancy. The Anti-D injection will be fully explained and given to you when needed. Further information can be obtained from www.nhs.uk/conditions/rhesus-disease/prevention.

We will also do a blood test to check you are not anaemic.

Contraception

We discuss contraception with every patient attending our clinic. Your fertility returns immediately after your abortion procedure so effective contraception is required straight away. Information about contraceptive choices can be found at:

www.hopehouse.nhs.uk or www.sexwise.fpa.org.uk

All methods of contraception are suitable after surgical abortion. If you wish to have the contraceptive injection (depo), an implant fitted or a coil fitted (IUD or IUS), this can be done at the time of your abortion. A supply of pills can also be given.

On the day

- Do not eat anything for six hours before your admission time. This includes chewing gum and sweets
- You may have small sips of water until two hours before your admission time
- Take any regular medications as usual (unless we have advised you otherwise in clinic) with a sip of water and bring them with you
- Take any inhalers as usual and bring them with you
- Have a bath or shower
- Remove any false nails or nail varnish
- Remove any jewellery and leave at home. One band ring can be left on and taped in place. Please let the nursing staff know if there are any piercings that can't be removed
- Do not smoke or drink alcohol for 24 hours before your procedure
- Please arrive on time. You will be taken to your bed space and your admission paperwork completed

You will need to bring

- Loose comfortable clothing
- A dressing gown and slippers
- Sanitary pads and spare underwear
- Any medication or inhalers you are taking
- Something to occupy you, such as a book or fully charged device. Please note that chargers are unable to be plugged in at the hospital

Cervical preparation and the procedure

Vacuum aspiration – for pregnancies up to 14 weeks gestation

We recommend that all women having a surgical termination of pregnancy have medication called misoprostol before their procedure to prepare the neck of the womb (cervix). Misoprostol is placed under the tongue or inside the vagina. Misoprostol is a medication that is not licensed for this purpose, but is recommended by the Royal College of Obstetricians and Gynaecologists and the National Institute for Health and Care Excellence (NICE). You need to be certain that you wish to have the procedure before you take the misoprostol. Please discuss any concerns with a nurse before taking the medication. The misoprostol may give you pelvic cramping and vaginal bleeding. This is a sign that the medication is working. Common side effects of misoprostol include nausea and vomiting. Anti-sickness medication is available if needed. You may also have loose bowels or feel chills.

The surgeon and the anaesthetist will see you before your procedure and will be able to answer any questions you have. The general anaesthetic is usually administered through a cannula in the back of the hand. The procedure is performed whilst you are completely asleep.

During the operation the neck of the womb will be gently opened. A tube is then inserted and the pregnancy tissue is removed using suction. The procedure usually lasts about 10 minutes. At the end of the procedure, whilst still asleep, you will be given antibiotics and a pain relief suppository called diclofenac.

Dilatation and evacuation – for pregnancies 14-18 weeks gestation

We recommend that all women having a surgical abortion over 14 weeks have additional medication to prepare the neck of the womb (cervix). This is an anti-progesterone oral tablet called mifepristone. Mifepristone is taken 24-48 hours before your procedure and is administered during a short clinic appointment in Hope House. It softens the cervix, reducing the chance of damage to the cervix and womb. It also stops the hormone supply to the pregnancy, and is the start of the abortion process. Most people experience no side effects from this tablet. Occasional side effects include faintness, headache, feeling or being sick and skin rashes. If you are already suffering from nausea and vomiting because of

the pregnancy, you will be offered some anti-sickness treatment before taking this tablet. If vomiting occurs within two hours of taking the tablet, you must contact Hope House immediately and the staff will arrange for you to return for a further dose. Occasionally, some women experience cramps and bleeding after taking mifepristone. If you have any concerns between taking the first tablet and attending for the surgical procedure, please call Hope House on **0300 421 6532** before 4pm, Monday to Friday or go to Gloucestershire Royal Hospital Emergency Department outside of these hours. After you have taken the mifepristone it is not advisable to change your mind about having the abortion. If you are considering continuing the pregnancy, please talk to us before you take the tablet.

In addition to the mifepristone you will be given another medication to prepare the cervix on the day of the procedure. This is called misoprostol and is placed under the tongue or inside the vagina. Misoprostol is a medication that is not licensed for this purpose, but is recommended by the Royal College of Obstetricians and Gynaecologists and the National Institute for Health and Care Excellence (NICE). The misoprostol may give you pelvic cramping and vaginal bleeding. This is a sign that the medication is working. Common side effects of misoprostol include nausea and vomiting. Anti-sickness medication is available if needed. You may also have loose bowels or feel chills.

The surgeon and the anaesthetist will see you before your procedure and will be able to answer any questions you have. The general anaesthetic is usually administered through a cannula in the back of the hand. The procedure is performed whilst you are completely asleep.

During the operation the neck of the womb will be gently opened. A tube is then inserted and the pregnancy tissue is removed using suction and small forceps. At the end of the procedure, whilst still asleep, you will be given antibiotics and a pain relief suppository called diclofenac.

After the procedure

For all procedures The Trust will sensitively dispose of the pregnancy remains. Alternatively you can choose to make your own arrangements. Further information can be provided if required so please ask us if you would like more information.

After your procedure you will be taken to the recovery area before being transferred back to the ward. You will need to stay on the ward for approximately two hours. During this time you will be offered a drink and a biscuit. Once you feel ready please check with the nurse before getting dressed and walking to the bathroom.

Due to the general anaesthetic, you must have a supporting adult to drive you home or accompany you in a taxi, and stay with you for 24 hours. Please do not use public transport or walk as the anaesthetic can affect your memory, concentration and reflexes. You should also avoid driving, cycling, operating machinery, drinking alcohol and signing any legal documents for 24 to 48 hours. The nurses can inform you of what medications you have had while in hospital. Do not take any sleeping tablets following your anaesthetic.

Symptoms needing medical attention

Pain and light bleeding is expected following the abortion. You may have cramping pelvic pain for a few days which can be managed with simple pain relief such as paracetamol or ibuprofen. You may have some intermittent vaginal bleeding for up to two weeks. During this time use sanitary towels, not tampons or mooncups to reduce the risk of infection.

Heavy bleeding: If you soak two or more pads in an hour for **more than** two hours, you should seek **URGENT** advice and help. Please go to Gloucestershire Royal Hospital Emergency Department and show them your discharge letter.

Infection: If you develop abdominal pain, smelly vaginal discharge or persistent bleeding along with feeling generally unwell and/or a temperature, you may have developed an infection. Seek medical help through your GP, out of hours services or Hope House on **0300 421 6532**.

What are the risks?

Abortion is a safe procedure for which major complications are uncommon at any stage of pregnancy. The earlier in your pregnancy you have an abortion, the safer it is. Abortion is safer than carrying a pregnancy and having a baby, but all procedures have risks. These are described below.

Infection: 1-2 women in 100 will get an infection after an abortion. Having antibiotics at the time of the abortion helps to reduce this risk. If the results of the vaginal swab are not available we will discuss this with you. If the swab has detected an infection additional antibiotics will be given. If you are not treated it can lead to a more severe infection known as pelvic inflammatory disease, which can affect future fertility. To further reduce the risk of infection avoid having sex or using tampons and mooncups for at least two weeks following the abortion, until the bleeding has settled.

Retained products of conception: Less than 5 in 100 women having a surgical abortion require further treatment if the womb is not completely emptied. This treatment involves a short course of tablets or another procedure, and additional antibiotics may be recommended. In our service, the risk of retained products is reduced by the availability of an ultrasound machine to scan the womb during the procedure.

Injury to cervix: 1 in 100 women will have damage to their cervix. This risk is lower for early gestations and further reduced by cervical preparation prior to the procedure.

Risk of the abortion failing: All methods of early abortion carry a small risk of failure to end the pregnancy and therefore a need to have another procedure. This occurs in less than 1 in 100 women.

Uterine perforation: Uterine perforation with damage to surrounding structures, including the bowel, bladder and blood vessels, occurs in 1-4 in every 1000 abortions. The womb can heal itself with some perforations however occasionally, further surgery may be required. This would happen in the hospital under general anaesthetic (fully asleep) and would involve a longer stay and recovery period. Further surgery might involve:

- Laparoscopy - a type of surgical procedure to see the inside of the abdomen and pelvis and can be used to investigate any damage (known as keyhole surgery).

- Laparotomy - where a cut is made in the abdomen to be able to repair any damage.

Excessive vaginal bleeding: There may be some bleeding during the procedure. If needed, medications can be used to control bleeding. Severe bleeding, such that you require a blood transfusion, occurs in less than 1 in every 1000 abortions.

Hysterectomy: Hysterectomy would only be required in life saving situations; this occurs in 1 in 10,000 women (extremely rare).

Venous thromboembolism (VTE) (blood clots in the veins): During your procedure and recovery you will not be as active as you may be normally. This increases the risk of blood clots forming in your legs. These clots can travel to your lungs, which can be serious. You can reduce the risk of these by walking, and by moving your legs and feet while sitting or lying. You may also be given stockings to wear and/or injections. If your leg is red, painful, swollen, or hot, or if you have shortness of breath, chest pain, or cough up blood, please contact your GP urgently, or go to your nearest Emergency Department.

General anaesthetic: During a general anaesthetic medications are used to send you to sleep so you're unaware of the procedure. The anaesthetic used is chosen to ensure rapid recovery with as few side effects as possible. Serious complications associated with general anaesthetics are rare. They are more likely to occur if you're having major or emergency surgery, you have any other illnesses, you smoke or you're overweight. An abortion is not a type of major or emergency surgery and your general health and lifestyle will be assessed in clinic.

Will abortion affect my chances of having a baby in the future?

If there are no problems with your abortion it will not. It is important to remember that the risks of abortion are lower than the risks of carrying a pregnancy and childbirth.

Will abortion cause complications in future pregnancies?

Abortion does not increase your risk of a miscarriage, ectopic pregnancy or low placenta if you have another pregnancy. However, you may have a slightly higher risk of a premature birth.

Does abortion cause breast cancer?

An abortion does not increase your risk of breast cancer.

Follow up

If there are no problems following the procedure and you are happy with your contraception, a follow up appointment is not needed. However, if you have any problems or concerns following the procedure please call Hope House on **0300 421 6532**.

For further information regarding contraception you can visit our website **www.hopehouse.nhs.uk** or make an appointment at your GP practice or Hope House. Over 25-year-olds are eligible to be seen by Sexual Health Services within 12 weeks of their abortion, please state that you are a "PAS patient" when calling. Women who have an IUD or IUS fitted may attend for a check-up either with their GP or Sexual Health Services after four weeks if needed.

Emotional support

For most women the decision to have an abortion is not easy. How you react will depend on the circumstances of your abortion, the reasons for having it and how comfortable you feel about your decision. You may feel relieved or sad, or a mixture of both. Most women will experience a range of emotions around the time of the decision and abortion procedure.

The majority of women who have abortions do not have long-term emotional problems. Long-term feelings of sadness, guilt and regret appear to linger in only a minority of women. Please talk to your GP if you have concerns or to someone who can help and support you.

An abortion will not cause you to suffer emotional or mental health problems in itself, but if you have had mental health problems you may experience more after an unplanned pregnancy. These are likely to be a continuation of previous problems, and to happen whether you choose to have an abortion or to continue with the pregnancy. If you think it would be helpful to talk through your feelings, please call Hope House on **0300 421 6532**.

Directions

Gloucestershire Royal Hospital

www.gloshospitals.nhs.uk/your-visit/travel-parking/hospital-locations-and-directions

Stroud General Hospital

www.ghc.nhs.uk/locations/stroud

Tewkesbury Community Hospital

www.ghc.nhs.uk/locations/tewkesbury

