Women & Children’s Division
Women’s Health Unit

You have decided to have a termination (abortion). This leaflet tells you about the treatment and how it is carried out.

SURGICAL TERMINATION OF PREGNANCY

This is an operation to empty your womb (uterus) and is suitable for most women. This can be done under local (awake) or general (asleep) anaesthetic.

November 2016
The Women’s Health Unit (WHU) is staffed by nursing and medical staff who are specially trained to care for women in circumstances like your own. Let them know how you feel and if you have any concerns. Please don’t hesitate to ask questions at any time - before, during and after your treatment. Ask as many questions as you need so that you know what to expect and you are sure your decision to have a surgical termination rather than a medical termination is right for you.

At your first visit to the WHU we will:

- Confirm how many weeks’ pregnant you are
- Explain about the treatment and how it is carried out so that you know what to expect
- Discuss any medical conditions or illnesses you have and the medications you take. It is very important that you also tell the doctor or nurse about any allergies you have

If required, we will offer to take swabs from inside your vagina to test for infections such as bacterial vaginosis, thrush, chlamydia and gonorrhoea. To do this a doctor will need to pass a speculum (metal instrument) into the vagina but it should not be painful and is very quick. About 1 woman in 10 will have an infection. If an infection is found this will be discussed and treated at the time of your admission.

We will also arrange a blood test to establish your blood group and Rhesus status. These are done in either the main hospital phlebotomy department or on WHU. If you are Rhesus negative you will need an injection after the procedure to stop any antibodies forming as these could be a problem if you ever become pregnant again.

You will then be asked to sign a consent form, to state that you understand and agree to the surgery, and you will be given a date and time to come back to the WHU for your procedure.

To reduce the surgery risks as much as possible, we advise you not to smoke or drink alcohol for 24 hours before your procedure and at least 24 hours afterwards. This is because smoking increases the risks associated with an anaesthetic and alcohol can prevent antibiotics from working effectively.

You are usually able to go home the same day as your surgical termination but we do advise you to bring a small overnight bag just in case you need to stay a bit longer. Please arrange for someone to drive or accompany you home. We recommend you have a responsible adult with you overnight, particularly if you have had a general anaesthetic.
**Surgical termination under local anaesthetic (MVA/Manual vacuum aspiration)**

You may eat and drink normally on the day of the procedure.

**On the day of your procedure.**

Take two tablets of paracetamol (1 gram) and two tablets of ibuprofen (400mg) one hour before your appointment. (These medicines are available over the counter)

Upon arrival to the Women’s Health Unit the nurse will take you into the treatment room. You will be asked to position yourself on the treatment couch. The neck of your womb (the cervix) will be cleaned with antiseptic solution and treated with local anaesthetic. When the area is numb the cervix is stretched open and a thin plastic tube will be inserted through your cervix and the contents of the womb are removed by suction. This will take about 10 minutes.

As you are awake you will be able to see and hear what is happening around you and there may be some discomfort during the procedure.

Following the procedure you will be asked to rest on the ward for approximately half an hour, during which time you will be offered a drink. It is essential for someone to accompany you home.

Before you leave we will give you some antibiotics to take called Azithromycin. This is an antibiotic that helps to prevent the danger of infection after the operation. If you are allergic to either this or erythromycin, please tell the doctor and we will instead give you a course of Doxycycline.

**Possible complications**

No method of termination is without complications but a termination under local anaesthetic has fewer risks than a termination under general anaesthetic. The most common problems are:

- Retention of a small amount of tissue which may cause heavy bleeding and/or infection. This may require a small surgical procedure to remove
- Excessive bleeding
- Damage to the womb (uterus) or cervix during the procedure, however, the risk is very low
Follow up
Usually no formal follow up is arranged and you will be discharged with necessary advice.

Pain relief after the procedure
You are advised to get supplies of whatever painkillers you find useful – for most people we recommend a combination of paracetomol 1g (two tablets) together with ibuprofen 400mg (normally two tablets). These medicines are available over the counter.
**Surgical termination under general anaesthetic**

You will be asked not to eat or drink anything after 2.00am on the day of your operation. You can drink water until 6.30 in the morning.

**At home**

Please bath or shower on the morning of your operation and remove all make-up, jewellery and nail varnish.

**What should I bring with me?**

On the day of your procedure, please bring with you:
- All medication / tablets/inhalers that you currently take
- clean slippers and dressing gown
- Sanitary towels
- This leaflet
- A book or magazine, as there may be some waiting.

**On the Women’s Health Unit**

You will be seen by a doctor and a nurse who will do the pre-operative and pre-anaesthetic checks to make sure that you are fit for the operation. If it is safer to delay your operation, an alternative date will be arranged as soon as possible. Do not hesitate to ask questions you may have about the procedure.

To ensure the safety and confidentiality of other patients it is not always possible for your partner/friend to stay with you during this time. If you have any concerns about this please discuss them with us and we will do our best to support you.

**The procedure**

About an hour before you go to theatre 2 small pessaries will be placed into your vagina – this is done to soften the neck of the womb and help it to open to make the operation easier. When you are in theatre a small needle will be placed in the back of your hand and the general anaesthetic administered. Once you are asleep the doctor will open the neck of your womb (cervix) and gently scrape the inside of your womb to remove the pregnancy. This takes approximately 10-15 minutes. Afterwards you will be taken to the recovery room to wake up and then returned to the WHU. You will probably feel drowsy and sleep for a short period after the operation.

**Discharge home**

Before you can be discharged home you will be offered food and drink. The nurses will make sure that your bleeding is not excessive; you are safe
enough to walk unaided and also that you have no problems passing urine. Very occasionally patients are advised to stay overnight.

Before you leave we will give you some antibiotics to take called Azithromycin. This is an antibiotic that helps to prevent the danger of infection after the operation. If you are allergic to either this or erythromycin, please tell the doctor and we will instead give you a course of Doxycycline.

You should be accompanied home by a responsible adult who knows you have had this operation and who is willing to stay with you overnight. If they do not drive we recommend travelling by taxi rather than public transport.

You may feel light headed after the anaesthetic so you should stay at home and rest during the evening of your operation and the following day.

**Because you have had a general anaesthetic for the operation, for the next 24 hours you are advised:**
- Not to go to work or to travel alone
- Not to drink any alcohol or take sedatives without medical advice
- Not to drive or operate any machinery
- Not to be in charge of young children at home
- To be extra careful if using gas or electric cookers or heaters

**Possible complications**
- It is very rare for a pregnancy to survive the operation; however, sometimes tissue may be left in the womb. This tissue can cause heavy bleeding or infection so you must contact your GP or the Women’s Health Unit if you pass clots or tissues, have severe pelvic pain or an offensive smelling discharge
- There is a small risk of accidental damage to the uterus, bladder or bowel during the operation which may require a longer stay in hospital to repair the damage. Very, very rarely this damage may cause excessive bleeding or infection and a hysterectomy may be necessary
- The procedure can cause cervical weakness (increasing the chance of a miscarriage in future pregnancies) which is why you were given the pessaries to soften the neck of your womb

**Follow up**
Usually no formal follow up is arranged.
Your physical health after a termination

The pregnancy hormones may have made your breasts tender and your moods more changeable but your body should feel back to normal a couple of weeks or so after your termination.

You should recover quickly from the procedure itself, but take things easy for a few days, particularly if you have had a general anaesthetic.

Bleeding
It is normal to have some bleeding from the vagina following a termination and you may notice some small clots in the first 48 hours. The bleeding can last for up to 2 weeks and you must use sanitary towels, not tampons, until the bleeding stops to minimise the risk of an infection. If the bleeding becomes heavier with clots or smells offensive at any time, or has not stopped or almost stopped after two weeks, contact your GP or the Women’s Health Unit.

Pain
Usually women experience only mild, period-type pains which can be relieved by Paracetamol or Ibuprofen. If you experience severe abdominal pain or you feel feverish or unwell contact your GP or the Women’s Health Unit.

Periods
This varies and your next period can be early or late, heavy or light. If you have started hormonal contraception (such as pills, injections and implants) these are likely to interfere with your normal menstrual cycle. It is important to remember that you can get pregnant before your first period.

Your emotional health
Most women cope well after having a termination. However, some women have more long term emotional problems. If you need help please do not hesitate to contact the Women’s Health Unit or your GP.

Contraception
You will need to start using contraception immediately after the procedure as you can get pregnant again straight away. The nurses will be happy to provide information about methods of contraception. The following methods of contraception can be administered straight after your termination before you are discharged from the WHU.

- If you wish to take the contraceptive pill you will need to take it in the evening of your termination or the following morning if you prefer to take
the Pill in the morning. If you choose this method you will be given 3 months’ supply before you leave the WHU

- **Depo Provera** is a contraceptive injection and is effective straight away and will last for approximately 3 months
- Contraceptive implants, **Implanon or Nexplanon**, are effective straight away and will last for up to 3 years
- A **copper coil** (IUD) or a hormone releasing coil called a **Mirena** can be fitted at the time of your procedure and are effectively immediately. The number of years protection depends on the type of coil used

If you prefer to discuss contraception with your GP or Family Planning Clinic, use condoms in the meanwhile to avoid getting pregnant. Remember that there is a 1 in 10 chance of a condom failing so they are recommended as a back up method only. If you are in a new relationship, condoms are recommended to use alongside a more reliable form of contraception as they significantly reduce the risk of infection when used correctly.

**The future – are there long term risks?**

Your future fertility is unlikely to be harmed by a straightforward termination. However, damage to the uterus during the procedure or a serious infection may reduce your ability to get pregnant when the time is right for you.

Also repeated terminations can cause damage to the cervix, leading to an increased chance of miscarriage or premature birth in a future pregnancy.

**Useful contact numbers**

- **Women’s Health Unit (7am – 10pm)**
  - 01246 512464
  - 01246 512465
- **Trinity Ward (10pm – 7am)**
  - 01246 512460
- **Emergency Department (24 hours)**
  - 01246 513777

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Produced May 2012: Reviewed November 2016, Next review date November 2019