

Surgical Abortion Information

(Surgical termination of pregnancy before 14 weeks)

Deciding on the method of abortion care you receive is not always easy and there may be many factors that impact your decision. This leaflet is specifically aimed to provide you with an overview of surgical abortion care. This will include outlining what to expect before, during and after the procedure to help you make an informed choice.

What is a surgical abortion?

In Lothian, a surgical abortion (also referred to as a surgical termination of pregnancy 'STOP'), involves a short procedure in an operating theatre to remove the pregnancy whilst you are asleep (under general anaesthetic). It is a procedure usually carried out as a day case, which means that you are given a date to have it performed and go home on the same day.

The procedure itself (the part when you are asleep) normally takes 10-15 minutes. However, to make the procedure easier, you will be asked to take medication to help soften the cervix (neck of the womb). This will either be 2 tablets of Misoprostol to place beneath your tongue, which will be given on the same day as your procedure, or Mifepristone, which you will have been advised to take 24-48 hours before your STOP appointment date.

During the procedure, the cervix is gently stretched, and the pregnancy tissue is then removed using a plastic suction tube. No cuts or incisions are made to your abdomen or inside the vagina during a STOP procedure.

What appointments should I expect?

Before a surgical abortion can be arranged, you will need to attend for an in-person ultrasound appointment. An ultrasound will confirm how far along in the pregnancy you are and check the pregnancy is in the womb. This can be done as part of your assessment appointment where a nurse will also ask about your medical history and discuss your options. Do not worry if your assessment has been done over the phone, we will arrange a further appointment for you to have an ultrasound.

Once your medical history has been checked and an ultrasound has confirmed it is safe to continue with a surgical abortion, a nurse will gain written consent and book you into the next available appointment. The procedure will be at the Day Surgery Unit at either the Royal Infirmary of Edinburgh or St John's Hospital. You will be given written instructions about how to prepare for the anaesthetic and procedure with all relevant contact details.

Further Tests

1. A blood test will be taken when you attend for your ultrasound to determine your blood group. This is required whenever there is a possibility of a patient requiring a blood transfusion e.g. surgical risk, haemorrhage or anaemia. If the pregnancy is over 12 weeks, a second factor in your blood group called rhesus status is checked. Your rhesus status will either be positive or negative, and all rhesus negative individuals are offered an anti-D injection following their STOP. This prevents complications in any future pregnancies.

2. You will also be offered an optional routine sexual health screen. This involves a self-taken vaginal swab to test for Chlamydia and Gonorrhoea and a blood test to test for HIV and Syphilis.

What to expect on the day of the procedure

Before the procedure

As you will be having a general anaesthetic, it is very important that your stomach is empty beforehand. This is known as fasting. You will be given instructions when you will need to fast from depending on the time of your procedure, although it is usually a minimum of 6 hours prior to your STOP procedure. You will still be able to sip on plain water until you are sent for your procedure.

Once you arrive at Day Surgery, one of the nurses will meet you. They will check your details, take your blood pressure and repeat any required blood tests. Your surgeon will discuss the procedure and answer your questions before you have surgery. You will be asked to confirm your consent in writing. Your anaesthetist will also meet you and discuss your anaesthetic. You will then be allocated a bed until you are called through for your procedure. An approximate time for your procedure will be given to you on admission. If your appointment is at St John's Hospital, you are usually taken to your bed space on arrival and admitted by the nurses. You will then be seen by your surgeon and anaesthetist and when everything is ready for your surgery, you will be taken to theatre on your bed.

Just before your procedure, your nurse will show you to the changing room so that you can change into a theatre gown. For your own comfort, you can wear your own dressing gown and slippers. A bag can be provided for your clothes. You may have to wait 3-4 hours before the time of your procedure. You might find it useful to bring something to pass the time, like a book or magazine.

After the procedure

After your procedure, you will wake up in the recovery room and will be taken to the Day Surgery Unit on your bed. After 1 or 2 hours, you should be ready to have something to eat and drink. You will need to stay for at least 2-4 hours following your procedure and you should plan to be in the hospital for 4-8 hours.

If an adult has not accompanied you to the hospital, you will be required to call a responsible adult to pick you up from Day Surgery. If you don't have someone to collect you and stay with you overnight, you will not be allowed to go home. If you are not well enough to go home, you will stay in hospital overnight. Your nurse will inform a friend or family member of your choice, on your behalf.

Going home: what to expect after?

Effects of anaesthetic

The effects of an anaesthetic will stay in your body for longer than most people think. You may feel drowsy, and your reaction times will be slower. For 24 hours after your anaesthetic, you should not:

- Drive a vehicle or ride a bike
- Operate machinery, including kitchen machinery
- Drink alcohol
- Climb ladders or work at heights
- Make important decisions or sign legal documents
- Be left alone without another adult.

Vaginal bleeding and pain

You will have some vaginal bleeding after a surgical abortion. This can last for around 7 days and often starts off heavier than your normal period, but should get lighter day-by-day. Whilst you are bleeding, we advise against the use of tampons, menstrual cups and having sex as there is a small risk of introducing infection. Please use period pads until the bleeding stops.

You may also have some pain or cramping for a few days to a week after the procedure. Again, this should get better each day. It will normally feel a bit like a period-cramp and taking mild painkillers, or using a hot water bottle, can make you more comfortable.

To reduce the risk of infection, the hospital will give you antibiotics following your procedure and counsel you on how to take these. However, if the pain or bleeding does not improve within a few days, or you have any signs of infection (including a temperature, flu-like feelings or unusual vaginal discharge), you should contact the clinic for advice. When you feel comfortable, you can return to your normal activities.

When should I start contraception?

With a surgical procedure, you can choose to have a contraceptive coil or implant inserted whilst you are still asleep. If you would like to have a coil or implant inserted at the time of your procedure, a nurse will discuss this with you during your assessment appointment and add it to your consent form to make the surgical team aware.

As fertility can return immediately after treatment, methods such as pills, patches and injections should be started on the same day as the procedure. These can be supplied to you during your assessment appointment. If you did not receive any contraception during your assessment, you can phone the Choices team and arrange a follow-up appointment for this.

What are the risks of a surgical abortion?

A surgical abortion is safe. However, as with any procedure there are certain medical risks and complications which can arise. The table below compares the risks of a medical (taking medication) and surgical abortion.

Risks	Medical Abortion	Surgical Abortion
Risk of treatment failure (ongoing pregnancy or retained tissue)	1 in 100	1 in 500
Risk of infection	1 in 100	8 in 100
Risk of excessive bleeding (haemorrhage)	1 in 1000	1 in 1000
Risk of damage to the lining of the womb (uterine perforation)	N/A	1 in 1000
Risk of uterine rupture	1 in 1000 (after 10 weeks)	N/A
Anaesthetic risks	N/A	Present
Having an abortion does not increase the risk of infertility, breast cancer or mental health issues.		