GYNAECOLOGY CENTRES AUSTRALIA

Canberra Gosford Newcastle Sydney Wollongong

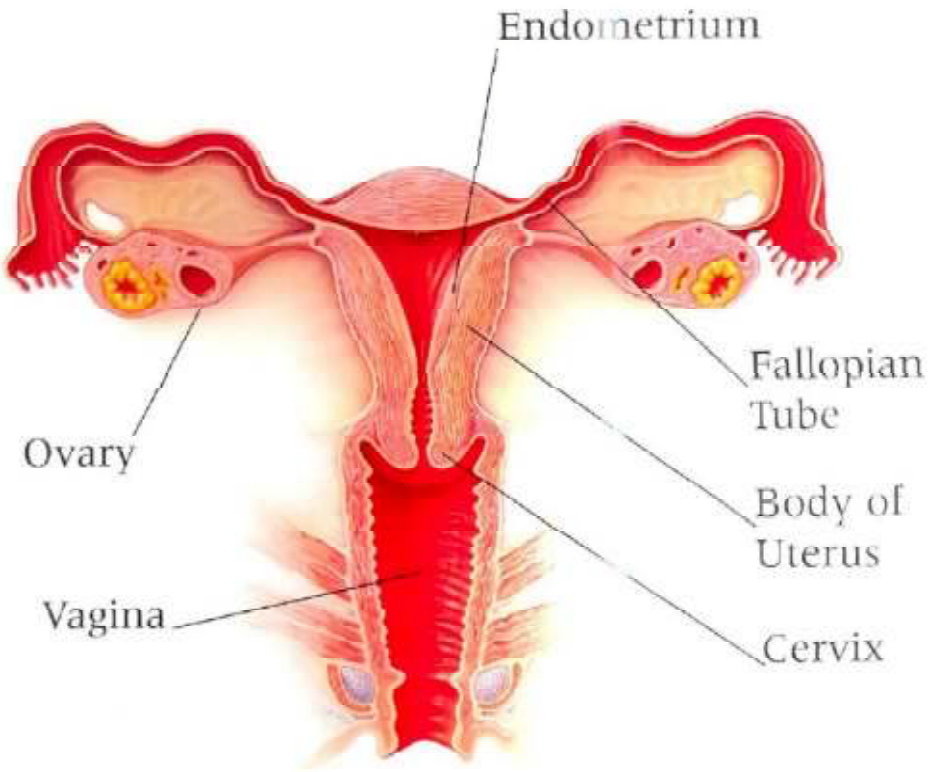
Notes to read prior to consultation

The doctor doing the procedure will see you after reading this information. The consultation is conducted with only you and the doctor. She/he will take a medical history and conduct an ultrasound to determine where the pregnancy is and to make sure it corresponds with your dates. Most ultrasounds can be done with a probe placed on the abdomen. However, an internal (vaginal) ultrasound scan (and possibly a vaginal examination) may need to be performed to confirm the presence of the pregnancy and to estimate the gestational age of the pregnancy, if the abdominal ultrasound isn't clear enough.
The scans are limited to this purpose. A detailed analysis of uterine and ovarian abnormalities is beyond the scope of services performed at GCA. Referral to a specialist diagnostic imaging facility may be recommended in some cases. Ultrasound probes have been through a high-level disinfection process prior to each use and the doctor wears single-use disposable examination gloves while performing vaginal ultrasound scans.

EXPLANATION OF THE PROCEDURE:
This procedure is very simple, quick and safe and only takes about 10 minutes. An anaesthetic is given to you by the sedationist. She/he puts a very small needle into a vein and then gives you medications that make you very sleepy. This type of anaesthesia allows for a pain-free procedure and you tend to not remember anything about it, in most instances. You are asleep but still breathing on your own making it a safe type of anaesthesia. You are not paralysed (as you would be with a general anaesthetic), therefore it is much safer. The sedation is very effective and is the most common type of anaesthesia used for this procedure.

After you have had the sedation and you have drifted off to sleep, the doctor starts the procedure by doing an internal (vaginal) examination to ascertain which way the uterus is positioned, and then puts a speculum into the vagina (the same instrument is used when you have a pap smear or cervical screening test). She/he then gives you some local anaesthetic into either side of the cervix (which is the neck/opening of the womb). You won't be aware of this because you are under the effects of the sedation. The reason for local anaesthetic is to numb the tight muscular area in the cervix. Different sized rods are used to gently open the cervix, the size of which is dependent on the size of the pregnancy. The cervix will go back to normal afterwards. Then a disposable thin plastic tube may be inserted into

the uterus and gentle suction is used to remove the pregnancy tissue and then the procedure is finished.



You may require extra medications during or after the procedure, eg. Anti-D injection into your thigh muscle (if your blood type is Rhesus negative), anti-nausea medication, antibiotics, pain relief, medication to help the uterus muscle contract, etc.

After the procedure, you are transferred into your own private recovery bay. You will stay in recovery for approximately 1 hour in most instances. Some people may get a bit of cramping after the procedure, like a period, and that's because the uterus is contracting after it has been emptied. Simple pain relief medication is usually all that is required. You will have a sanitary pad in place in your underpants as most people bleed after the procedure too.

When you go home, take it easy for the rest of the day – don't operate any machinery and don't drive a car for the rest of the day. Tomorrow you may resume normal activities.

When you are in recovery, we give you one antibiotic tablet to take at home (after food), which acts as a preventative for infection. Getting an infection is uncommon. When you go home we will give you a pink information sheet explaining what to expect after the procedure. If you have any concerns, call us. We are available 24 hours per day. Just ring the surgery number, located at the bottom of the pink sheet, which is diverted to our mobile phones after hours. Always call us first - We perform this procedure very often so we know what to expect afterwards.

The doctor also does a swab test of the vagina at the beginning of the procedure, which identifies people who may have an undiagnosed infection. If there is any abnormality, we will call you and organise your treatment. If the test is negative, you won't be contacted. We recommend a "general wellbeing" check up with your doctor in 10-14 days. In the meantime, if you have problems or questions, please call us first. Remember you may call us at any time.

Just take a few minutes now and read through the "Complications of Termination of Pregnancy" sheet. It lists the possible complications of the procedure. It is not here to alarm you; it is more to reassure you. The possible complications are not often major problems but sometimes they may happen and we need to let you know. Following that is the pink sheet explaining what to expect after the procedure. Please read this as well.

After reading all the information in this booklet, you will have a consultation with the doctor and an opportunity to discuss your situation and ask questions.

Thank you

COMPLICATIONS OF TERMINATION OF PREGNANCY

All procedures have potential complications. With termination of pregnancy about 1 in 100 people will experience some complication from the procedure. Minor complications are obviously much more likely than serious ones. The most frequent complications are:

Excessive Bleeding

Occasionally very heavy bleeding can occur at the time of procedure and rarely needs admission to hospital (approximately 1 in 5000 patients). Prolonged bleeding after termination of pregnancy may occur (approximately 1 in 200 patients) which usually requires no specific treatment.

Remaining Tissue

This complication causes very heavy vaginal bleeding with cramping pain. It happens when all pregnancy tissue has not been completely removed at the time of the operation (approximately 1 in 200 patients). This may not be evident at the time of procedure. Repeat suction of the uterus is usually necessary at no extra cost.

Infection

A small number of people may develop an infection of the uterus and more rarely in the tubes (approximately 1 in 200 patients) following termination of pregnancy. The symptoms of infection are abdominal pain, temperature and vaginal discharge with or without bleeding. When properly treated, future fertility is not affected.

Uterine Perforation

One of the instruments used during the operation can perforate the wall of the soft uterus causing a small hole (approximately 1 in 1000 patients). Usually this is no great problem and observation in hospital may be required. Rarely an operation may be necessary to repair the uterine wall.

Continuing Pregnancy

Very occasionally, particularly if the procedure is done very early in pregnancy, the pregnancy may not be removed. If pregnancy symptoms persist for more than 1 week after termination you should return for examination.

Ectopic Pregnancy

About 1 in 200 pregnancies grow in the tube and not in the uterus. At termination, we find no pregnancy tissue. If a pregnancy in the tube is confirmed, admission to hospital and removal of the pregnancy will be necessary.

Cervix Trauma

Damage to the cervix (neck of the womb) is no greater than 1%. The rate is lower when abortions are performed early in pregnancy (first trimester) and when performed by experienced clinicians. Sometimes, even without trauma, an adhesion may form over the opening of the cervix. This may stop periods but can easily be treated at any of our centres by slightly re-opening the cervix.

Psychological Effects

Only a small minority of women experience any long term, adverse psychological problems after abortion. It is quite common to feel some negative emotions after the procedure and is usually a continuation of symptoms present before the abortion. On the other hand, long-lasting, negative effects on both mothers and their children are reported where abortion has been denied.

Other risks

An association between abortion and breast cancer risk has never been proven. There are also no proven associations between abortion and future infertility. There have been studies on women who have had repeated terminations and there is no proven increased risk. However, Asherman's syndrome is a very rare complication of surgical procedures usually involving the pregnant uterus (more likely with miscarriage or termination between 12-20 weeks and if there is undiagnosed or untreated infection). Scar tissue forms inside the uterus and may prevent periods and pregnancy. A gynaecologist can usually treat it by removing the scar tissue and returning the uterus to its normal function. Very rarely does infertility persist.

Anaesthetic complications

These are uncommon but include allergic reactions to anaesthetics, both local and intravenous. This can happen with any sort of procedure so it is important for you to give full and accurate medical details. If you are having an intravenous anaesthetic, you must not have anything to eat for 6 hours before the appointment (you may drink only water up to 2 hours beforehand) or there is a risk of vomiting and possible lung complications. Anaesthetics may cause breathing difficulties. Risks are increased if you are overweight, smoke or have other medical conditions eg. gastric reflux, sleep apnoea, high blood pressure, diabetes, heart or kidney disease.

This list of complications is given to you to read, not to alarm you, but to make sure that you are aware that termination of pregnancy, like any other procedure, is not always completely straightforward. Only an experienced proceduralist and sedationist will be doing your procedure and administering the sedation and every care is taken to minimise the risk of complications.