GYNAECOLOGY CENTRES AUSTRALIA

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. A first trimester pregnancy termination is approximately 11 times safer than natural childbirth.

Excessive Bleeding

Occasionally very heavy bleeding can occur at the time of procedure but 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 (at the clinic).

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 should not be affected. The vagina has many bacteria and these may travel up to the sterile uterus.

Uterine Perforation

Instruments used during the procedure may perforate the wall of the soft uterus causing a small hole (approximately 1 in 1000 patients). Usually this is not a major problem and observation in hospital may be required. Most often patients are discharged home on antibiotics if there is a simple perforation as this usually heals without surgery. Rarely, an operation may be required to repair the uterine wall, particularly if there is damage to other organs (bladder or bowel) or blood vessels.

Continuing Pregnancy

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

Ectopic Pregnancy

About 1 in 200 pregnancies grow in the tube or outside the uterus. If the procedure is performed, we find no pregnancy tissue when examining the uterine tissue removed via the suction process. If a pregnancy in the tube is suspected or confirmed, admission to hospital and surgical removal of the pregnancy may be necessary. Very rarely, in approximately 1 in 30,000 pregnancies, an ectopic pregnancy co-exists with a uterine pregnancy (heterotopic pregnancy). Ectopic pregnancies may not always be readily identified by ultrasound, so if pregnancy symptoms persist, please contact us immediately. An ectopic pregnancy is a complication of pregnancy and not a complication of the procedure.

Cervix Trauma

Damage to the cervix (neck of the womb) is less than 1 in 100. The rate is lower when abortions are performed early in pregnancy (first trimester) and when performed by experienced clinicians. Sometimes, an adhesion (connective tissue) may form over the opening of the cervix. This may stop periods but may be treated at any of our centres by gently re-opening (dilating) the cervix. This requires another procedure under sedation at no extra cost.

Psychological Effects

Only a 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 (where choices have not been provided to women).

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. 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. Referral to a gynaecologist may be required to treat this condition 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 type 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.