MAVEN CENTRE
ADVANCED GYNAECOLOGY & WOMEN'S HEALTH

Suite 5.3, Level 5,
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Surgical termination of pregnancy (or 'abortion')

What is a surgical termination?

Surgical termination of pregnancy (or 'abortion') is a safe, legal and common way to end an unplanned pregnancy. In Australia, approximately 80,000 women have an 'abortion' every year; it is one of the most common surgical procedures in Australia.

How is a surgical termination done?

Surgical termination is completed while you are under a general anaesthetic. Once you are asleep, you won't feel or remember anything. To have a surgical termination, the cervix muscle (or 'neck' of the womb) must be opened wide enough to allow the gynaecologist's surgical instruments into the uterus. The pregnancy is then removed from the uterus (or womb), using a small, gentle suction device called a 'suction curettage'. Another instrument (called a 'curette') is then used to check that the uterus is empty.

For a surgical termination is the second trimester (ie. after 12 weeks of pregnancy), and procedure is called a 'dilatation and evacuation' (or 'D&E'). This may involve asking you to take some additional hormonal tablets prior to your procedure, such as 'mifepristone' 1 – 2 days before, and 'misoprostol' on the day. These tablets help to soften the cervix muscle, to make your procedure safer for you.

A surgical termination is a day procedure, which means that you won't need to stay in hospital overnight.

Can I get reliable contraception inserted on the day of my SToP?

An unplanned pregnancy is a good time to discuss more reliable contraception, so you can plan for any future (wanted) pregnancies. Long-acting reversible contraceptive devices such as a contraceptive implant ('Implanon') or an intra-uterine device ('Mirena') are reliable and cost-effective. These can be inserted while you are asleep, during your procedure.

Other hormonal methods (such as 'The Pill') can be started the day after your termination.

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What are the possible complications of a surgical termination?

Generally, having a surgical termination performed by a trained professional is extremely safe. However, all surgery has some risks. Common but less serious complications include:

- Shallow tear to the cervix. This can be easily remedied at the time by your gynaecologist.
- Light vaginal bleeding. Your gynaecologist can give you medicines during the operation to stop the bleeding.
- Heavy vaginal bleeding. If there is heavy vaginal bleeding, which is very rare, we may need to temporarily leave a surgical balloon inside the uterus, to apply pressure to the uterine lining. This is deflated a few hours later, and removed vaginally.
- Infection. If the uterine lining gets infected, you may develop the following symptoms a few days after your termination: smelly vaginal discharge, abdominal pain, and fever. If you are worried about this, please contact Maven Centre and ask to be reviewed. Afterhours, if you are very concerns, please attend your local Emergency Department.
- A rare but serious complication is 'uterine perforation', which is when our surgical instruments accidentally go through the walls of the uterus. If this happens, we realise at the time, and may suggest that you stay in hospital overnight to receive antibiotics through a drip. This occurs in approximately 1 in 200 women who have a termination.

If we are really worried that there might be serious damage to bowel, bladder, or blood vessels, while you are still asleep we will perform keyhole surgery to assess and manage any internal injuries. This is extremely rare, and occurs in approximately 1 in 1,000 hysteroscopies.

What can I expect on the day?

As surgical termination is performed under a general anaesthetic, you will need to fast for at least six hours prior to your planned procedure. This means you cannot eat, drink (not even water!), smoke, vape, or use chewing gum for six hours prior.

When you arrive at the hospital, a nurse will go through a survey to admit you to hospital. You may need to wait around for a little while after this, so best bring something to entertain you while you wait, such as a book.

Your procedure will only take about 15 minutes.

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What can I expect afterwards?

You can eat and drink as soon as you wake up from your general anaesthetic. Most women can go home without 2 – 4 hours of a general anaesthetic. You need to have a responsible adult pick you up from hospital, as you may still feel a little drowsy from the general anaesthetic.

You may experience some pelvic cramping (like period pain) and light vaginal bleeding after a termination. It can help to take simple pain relief, like paracetamol and ibuprofen. Pelvic cramps should improve over the next few days. Vaginal spotting may last for up to a week after a termination, especially if an endometrial biopsy or fibroid resection ('myomectomy') was performed. It is normal for such bleeding to be heavier than your usual period, and it may stop and start. Use sanitary pads rather than tampons until your next period, to reduce the risk of infection.

If your pain gets worse and / or your bleeding heavier day-by-day, please contact Maven Centre and ask to be reviewed. If you are really concerned after hours, please attend your local Emergency Department.

You should be able to return to light activities on the same day as your procedure, and all of your usual activities within a day or two.

It is normal to have many different feelings after a surgical termination. These often depend on why you had your termination, and to what extent the people around you support your decision. Women often feel relieved that they have made the decision that was best for them at the time. There are supports available to talk through your feelings: contact 1800 My Options (1800 696 784) for more information.

When to seek medical advice

Please contact your Maven Centre gynaecologist if you notice any of the following:

- Persistent vaginal bleeding that is bright red and / or getting heavier each day
- Passing large blood clots (eg. the size of a fifty cent piece or larger)
- Severe pain in your pelvis (the part of your tummy below your belly button)
- A temperature at or above 38°C
- An abnormally smelly vaginal discharge
- Worsening nausea and / or vomiting

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If you think it is an emergency, and it can't wait until you can see your GP or Maven Centre gynaecologist, please attend your local Emergency Department.

Frequently asked questions

How much will it cost to have a surgical termination?

The starting cost for a surgical termination varies quite a lot, based on:

- Whether or not you have private health insurance
- To what extent your private health insurance will cover the costs involved

As a rough guide, estimated starting costs (ie. the lower end of the possible range) are:

- Surgical costs: $350
- Anaesthetic cost: $450
- Hospital cost: $600

You will be able to receive some of this back in the form of Medicare rebates. If you have private health insurance, your out-of-pocket costs may be reduced even further.

What will my bleeding be like, after having a surgical termination?

Women experience different bleeding patterns after having a surgical termination. This ranges from no bleeding at all, through a few days of heavy bleeding, to light bleeding for up to four weeks.
Your next period should come by six weeks after your surgical termination.

When can I go back to work?

The answer to this question will depend what type of work you do. If you work at a desk, you may feel up to going to work the day after your termination.

When can I have sex again?

To reduce the risk of infection after your termination, please don't have penetrative (penis in vagina) sex for two weeks after your procedure.

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When can I use tampons again?

Use sanitary pads (rather than tampons or a menstrual cup) up until your next period. This helps to reduce the risk of infection. You can start to use tampons again during your next period, if you want to.

When can I bathe or go swimming again?

To reduce the risk of infection, don't go swimming or have a bath for two weeks after your procedure. Showering is safe, and you can shower the day after your procedure.

When will I get the results of my procedure?

It usually takes 7 – 10 days for a laboratory to finalise the results from the specimens that are sent there. If you are concerned, please contact Maven Centre and ask your gynaecologist to pass the results on to you.

This pamphlet is a general overview of surgical termination, and may not apply to everyone.

If you have any further questions, please speak to your gynaecologist.