

Second Trimester Surgical Termination of Pregnancy

**Tena koutou katoa, Kia orana, Talofa lava, Malo e lelei, Fakaalofa lahi
atu, Taloha Ni, Ni Sa Bula Vinaka,
Greetings and Welcome to National Women's**

Welcome to National Women's Gynaecology Service

This leaflet provides information for women undergoing surgical termination in second trimester (over 13 weeks) of pregnancy.

First appointment is at Epsom Day Unit at the Green Lane Clinical Centre the day before surgery. The procedure and risks are discussed in private with consultant (surgeon). Consent form is signed at that time.

Dilapan Rods

Consultant inserts one or two dilapan rods into the cervix. A nurse is present to assist with this procedure. Dilapan rods absorb fluid from the cervix which gradually swells painlessly opening and softening the cervix. Some women may find this mildly uncomfortable.

Termination of pregnancy, particularly in the second trimester, has a small risk of damage to the cervix or uterus. The dilapan rod procedure makes the surgical termination safer. Once the dilapan rod has been inserted it is held in place by a tampon. It is important to **not remove** the tampon.

Dilapan rod doesn't affect ability to pass urine or bowel motion. Once the dilapan rod has been inserted and woman is comfortable, she can leave Epsom Day Unit and return at the designated time in the morning.

It is important to be sure of the termination decision before the dilapan rod is inserted or any medications are administered. Once the rod is inserted or medications are administered the long-term effects on the foetus if the pregnancy continues are unknown, but could be harmful.

Surgery is performed at the Short Stay Surgical Unit at Green Lane Clinical Centre.

If experiencing severe abdominal pain or heavy bleeding overnight please telephone 307 4949 ask for the Women's Assessment Unit and speak to the senior nurse on duty.

In an emergency please contact emergency services.

Important information prior the termination procedure:

Please:

- **Do not remove the tampon**
- **Do not eat or drink after midnight before the surgery**
- **Remove nail polish**
- **Remove all jewellery and hairpins**
- **Put on the hospital gown and remove all under garments**
- **Empty your bladder before the surgery**
- The termination is carried out in the operating theatre. A nurse provides necessary preparation and with an orderly takes woman to theatre.

Misoprostol Tablets

Misoprostol is a prostaglandin (hormonal) product that is recommended in the treatment of termination of pregnancy. Misoprostol softens the cervix and makes the termination procedure easier and safer. The misoprostol tablets are usually taken one hour before the termination. Common side effects of Misoprostol are vaginal bleeding, cramps, nausea and / or mild diarrhoea.

Misoprostol is a registered pharmaceutical. However because it is not specifically registered for use in terminations, consent is required before it can

be administered. Extensive research on the use of misoprostol has shown it to be safe and effective for this purpose.

Complications

There are few complications from the termination of pregnancy procedure in New Zealand. However, as with any surgery, complications can occur. About 5% (1 in 20) of women who have an abortion will need additional medical attention and some will require readmission to hospital for treatment.

The most common complications include:

- Pregnancy tissue and/or blood clots remaining in the uterus. This may require returning to theatre to empty the uterus again. This happens to 1-2% (1-2 out of every 100) of women having an abortion.
- Infection inside the uterus, which is usually easily treated with antibiotics, affects 2% of women having an abortion.

Less common complications include:

- Perforation of the wall of the uterus (and/or other organs), which usually heals itself but may require surgical repair. In extremely rare situations a hysterectomy (removal of the uterus) may be required.
- A tear in the cervix, which can usually be stitched at the time of the abortion.
- Excessive bleeding due to failure of the uterus to contract that may require a blood transfusion.
- A small number of women experience ongoing psychological and emotional effects after an abortion.

Discharge advice and information

- We advise every woman to have someone to drive her home after the termination or alternatively to take a taxi.
- It is recommended to have someone at home overnight to assist in the case of problems arising.
- If experiencing problems please see your doctor. If are unable to contact your doctor after hours, contact your local hospital.
- A small – moderate amount of bleeding may occur for 2-3 weeks. It is important to use pads not tampons whilst bleeding. Avoid spa/swimming pools until the bleeding stops. Avoid sexual intercourse until the bleeding has stopped and strenuous activity or heavy lifting for 10 days after the termination. Normal menstruation should resume in 4-6 weeks.
- If experiencing heavy bleeding, severe abdominal cramps, chills/fever (temperature over 37.5°C) or an offensive discharge seek medical advice.
- Take paracetamol for pain if required.
- Because of the medication given during the termination woman is legally not permitted to drive for 24 hours.
- We advise to resume work two days following the termination
- Contraception advice and prescriptions are available from the surgeon.
- Counselling is also available through the referring doctor.
- It is important to see the referring doctor for a check two weeks after the termination.

Contact details for any concerns or enquiries

For any questions while in hospital please ask the nurse providing your care. For any concerns following the termination please contact referring doctor or GP.