

Surgical Abortion

This is a guide for your Surgical Abortion during COVID-19 restrictions

What is a surgical abortion?

A surgical abortion is a procedure to end a pregnancy that typically takes 10-15 minutes. During the procedure the doctor (surgeon) will insert a speculum into the vagina; your cervix (the opening to the womb) is then made numb using an injection of local anaesthetic. The surgeon will then open your cervix to allow a plastic tube to pass into the uterus (womb). The pregnancy tissue is removed through this tube by suction. A 1st trimester surgical abortion can be offered from 6-13 weeks gestation at EDU (Epsom Day Unit)

Please note: Due to COVID restrictions we have smaller surgical lists to meet infection prevention guidelines. If you are 9 weeks gestation and below, you may experience some delay to get a surgical appointment as those >9 weeks will be prioritised first. If you would like an earlier abortion please discuss an early medical abortion with the nurse/social worker or doctor as an alternative option.

What is the process to have a surgical abortion?

Firstly, you need to have an ultrasound to determine your pregnancy gestation, antenatal bloods and swabs arranged. You can do this by either an appointment with your doctor, ring directly to Epsom Day Unit (EDU) **09 631 0740** or email epsomdayunit@adhb.govt.nz and refer yourself. We will then assist.

An EDU staff nurse or social worker will call you as soon as possible for an appointment for a phone consultation when all your results are available. *The nurse/social worker will help you explore your pregnancy options.* We also offer pregnancy options counselling appointments to help if you are undecided.

Next, you will be booked to have a phone consultation with a doctor who will check your health history to ensure your safety to have a surgical abortion. If it is safe to have a surgical abortion the nurse will ring you back to provide you with the information you need and the date of your surgical appointment at EDU.

Support Person during Covid-19

During COVID-19 level 4-lockdown there are no visitors allowed inside the hospital building. We kindly ask you to be dropped off and picked up for your appointment. Your appointment will be up to 3 hours in length. Bring your phone to communicate with your support person.

What if I am unwell on the day of my surgery?

Please ring us on 09 631 0740 to let us know prior to you attending clinic so that we can negotiate a different appointment time when you are better. We appreciate your help with this for the safety of other patients and staff

What happens on my surgical appointment?

A nurse will meet you at the EDU front entrance and help guide you through our infection prevention pre-cautions such as washing your hands on your way to your designated bed space in pre-op and recovery room (same space). You will then be seen by the surgeon that will be performing your procedure to answer any questions you may still have, confirm your intended choice of birth control (contraception), and obtain your consent for the procedure.

Possible Surgical Complications:

With all operations, complications can occur. About 5% (1 in 20) of women will need further medical attention and some may require re-admission to hospital.

Complications can be:

- Ongoing bleeding after the procedure.
- Blood clots collecting in the uterus. These may need to be removed by another suction procedure at the time.
- Infection of the womb.
- Some pregnancy tissue may be left behind which can cause ongoing bleeding and or discomfort. At times the tissue may just pass with your bleeding and the bleeding slows down and stops; or you may need tablets or an operation to remove the tissue.

Less common complications can be:

- Perforation of the wall of the womb (and/or other organs), which usually heals itself or may require surgical repair. In extremely rare situations a hysterectomy (removal of the womb) may be required and this will be done at Auckland Hospital.
- Cervical tear, this is repaired with stitches at the time of the procedure.
- Excessive bleeding during the procedure may require a blood transfusion (1:1000 risk).
- The pregnancy continues (less than one in 1000 chance) and may require the surgical procedure to be repeated

What happens before the procedure?

A nurse will provide you with a hospital gown to wear during your stay. A plastic tube (IV cannula) will be inserted into a vein in your arm so you can have some medication for pain and anxiety during your procedure. You will be given some oral pain relief and misoprostol (see next section). In addition the contraception Depo Provera or the implant (Jadelle) will also be administered if one of these was your choice for contraception.

If your blood group is Rhesus negative it will be recommended you have an injection Anti-D immunoglobulin to protect future pregnancies from complications. This will be ordered by the doctors – and administered to you on the day of your procedure.

What is Misoprostol?

We use this drug because research has shown it makes surgical abortion safer with fewer complications. The drug starts the termination by contracting the muscles in the uterus (womb) and relaxing (softening) the muscles in the Cervix (entrance to the uterus). When misoprostol is taken by women in the dose that we use it can cause a miscarriage. These tablets are given to you about one hour before your surgery and taken buccally (between the cheek and gum; the lining in your mouth will dissolve the medication and it will directly enter your bloodstream). Common side effects are nausea, vomiting, diarrhoea, abdominal (stomach) cramps and vaginal bleeding. Very occasionally bleeding can start similar to a heavy period.

Please Note: Misoprostol is only registered in NZ for the treatment of stomach ulcers. It is not registered in NZ for use in abortion. However, it has an established safety record here and overseas - with research showing misoprostol to be an effective and appropriate to end a pregnancy. Misoprostol has been used in NZ since 1996. If you would like further information please ask for our Misoprostol data sheet.

What happens in the procedure room?

COVID restrictions mean you will be introduced to your theatre support nurse at the door of the procedure room. Your theatre nurse will be in protection clothing to protect both of you from infection. Whilst the theatre nurse appearance may make you feel more anxious, they are there to support you throughout the procedure.

When you are on the procedure bed, your support nurse will administer pain relief (fentanyl) and sometimes light sedation (midazolam) to help alleviate anxiety through your IV line prior to the procedure. Other good methods of helping get through the procedure is meditation, deep breathing exercise, using a squishy/ stress ball, listening to your own music and talking with your nurse.

If you have requested to have an IUCD/Mirena as contraception this will be inserted into your uterus by the surgeon at the end of the procedure.

At the end of the procedure the doctor usually administers an antibiotic (metronidazole) into your rectum (bottom); this is to help reduce the risk of an infection and ensure a safer recovery.

Can I access contraception at Epsom Day Unit?

Without effective contraception it is possible get pregnant immediately after your abortion. If you are requiring or considering contraceptive options please discuss this with the doctor, they can be provided and administered on the day:

Types of contraception available: Long Acting: Mirena, Copper intra-uterine device, Jadelle and others such as: Depo Provera injection, contraceptive pill, condoms.

What happens after my procedure?

Nursing staff will monitor you for approximately 30minutes you will be able to start to drink and eat light snacks as tolerated. If you meet all discharge requirements the nurse will remove your IV line and discuss your aftercare advice.

What should I expect after I leave Epsom Day Unit?

Some abdominal discomfort or cramps is normal. Please remember to use regular oral pain relief such as paracetamol or ibuprofen at home as directed.

Passing of small blood clots or light period bleeding is normal in the following days. The amount of bleeding women experience following procedure varies. The bleeding should gradually become lighter and may turn a darker brownish colour. This lighter bleeding may range between 1-14 days. Some women may bleed on and off until their next menstrual period. Your next period should arrive 4-6 weeks after your procedure, this may be heavier than normal and you may pass clots.

Breast tenderness, morning sickness, tiredness and other symptoms of pregnancy should stop within a few days. Some women may find their breasts create milk like substance as their hormone levels reduce; avoid massaging your breasts and wear a firm bra. See your doctor if this continues for more than one month or your pregnancy symptoms do not subside.

What aftercare precautions should I take?

- Have an adult support person care for you for the rest of the day.
- Do not put anything inside your vagina for two weeks after your procedure to reduce risk of infection; this includes no sexual intercourse/activities or use of tampons.
- Do not go into a swimming pool, bath or spa until the bleeding stops.
- We advise that you do not take any long-haul flights within 14 days week of your procedure.

When should you seek medical attention?

If you experience any of the following symptoms please present to your nearest hospital emergency department:

- Heavy bleeding that soaks 2 pads per hour for 2 hours in a row and/ or clots larger than a golf ball size and you also may feel light headed and dizzy.
- Severe, persistent abdominal pain or cramps that are not relieved by simple pain medication.

Follow up care: Please see your GP or family planning Doctor as soon as possible if:

- If you do not get your period within 4-6 weeks after the procedure.
- You are feeling generally unwell, feeling hot and cold, sweats, and chills.
- A temperature of over 38 degrees.
- If you have an unpleasant (smelly) vaginal discharge.
- If you continue to feel pregnant one week after procedure.

We recommend that you see your GP or Family Planning within 2 weeks of your procedure for a check-up. If an IUCD or Mirena was inserted during your procedure your GP should check the length of the strings is correct for you

Feelings and emotions after your abortion

Some women often feel a sense of relief after the abortion; others have a feeling of sadness which can be immediate or days to weeks later. Women may experience a sense of loss and grief. Some women who choose abortion feel guilty about expressing the grief that may follow.

Dealing with your feelings can take time and there is no right or wrong way to move through this process. Set aside time to think about your experience and what it means. If you feel you are going over and over it, talk to a counsellor or friend to help move forward in your life.

Whatever your emotions the most important aspect is to be able to talk about your experience. We encourage you to find a safe place to talk and share your stories with people who are supportive and understanding.

During and following any significant experience in your life you are likely to reflect on yourself, your relationships, your life and goals. This is a normal and healthy response to a life event. To get support around your feelings and emotions we have social work counsellors available, you can call EDU to arrange a counselling phone call appointment during opening hours on (09) 630 0740 – option 4. Another good resource is:

www.abortionconversation.com

Your Procedure appointment will be at Epsom Day Unit.

Please allow for travel time.

If you are late you may need to be re-booked for a different surgery time

Your surgery day:

Date:

	Morning Clinic	Afternoon Clinic
Arrive at:	<input type="checkbox"/> 0745am <i>* If you arrive before 0730hrs please wait on the ground floor until our doors open</i>	<input type="checkbox"/> 1145 am
Stop Eating (only water now): <i>*no chewing gum</i>	<input type="checkbox"/> 3am	<input type="checkbox"/> 7am
Drink only Water until: <i>*Please keep sipping water until given time to help prevent dehydration.</i>	<input type="checkbox"/> 7am	<input type="checkbox"/> 11am

Please Note:

1. If you eat or drink out of the times indicated; your surgery will need to be re-booked.
2. Children are not permitted in the Recovery area, so please arrange childcare.
3. You cannot drive yourself home after the procedure. Please arrange transport home

Please bring with you on the day of your procedure:

- 3x Sanitary pads
- Spare pair of underwear
- A snack or something to eat after your procedure

If you need to contact us:

Epsom Day Unit (EDU): Monday-Friday 0730-1600: (09) 631 0740

Emergency services:

If you think you have an emergency call 111 for an ambulance, or go to your nearest hospital.