

Surgical Termination of Pregnancy

PLEASE READ THIS LEAFLET CAREFULLY AND KEEP IT THROUGHOUT YOUR TREATMENT AS IT CONTAINS IMPORTANT INFORMATION REGARDING YOUR PROCEDURE AND AFTERCARE.

A surgical abortion is available from the eighth week to the twelfth week of pregnancy. If you choose and are found suitable for this method, it will involve a day-case admission after your initial consultation.

You will be asked to sign a consent form for this procedure and by doing so you are showing that you have read, understood, and accepted all the information provided. Your confidentiality will be maintained in accordance with Trust policy, however there are certain circumstances where sharing of information with other health care professionals or organisations is required to protect an individual from harm. Wherever possible we will involve you with the sharing of your personal information.

THE SURGICAL PROCEDURE

The procedure takes approximately ten minutes and is carried out under either general anaesthetic or deep sedation, which means you will be asleep or very deeply sedated. The surgeon gently dilates (stretches open) the passage through the cervix (entrance to the womb) until it is wide enough to allow the pregnancy in the womb to be removed with a suction tube.

POINTS TO BE AWARE OF BEFORE YOU START THE PROCEDURE

- To avoid cancellation of your operation it is extremely important that you do not have anything to eat (including chewing gum), drink (this includes water) or smoke from the time stated on your appointment letter
- Please remove any body piercings, e.g., belly piercing / tongue
- Please ensure that you have a bath or shower on the day of your admission before you arrive at The Bedford Centre
- Please remove all make up / false nails / nail varnish
- You will need to bring with you the following

- Nightdress / pyjamas
- Dressing Gown
- Slippers
- Packs of press on sanitary towels
- Several pairs of briefs
- Any prescribed medicines including Inhalers
- Please do not bring any valuables and any electrical equipment that needs to be plugged in.
- If you are breast feeding, please inform a member of staff for more advice.
- Whilst you are in the hospital you will need to sign a consent form to allow the Trust to take responsibility for the communal cremation of your pregnancy loss. Alternative arrangements can be made, if you require further information, please ask a member of staff.

DAY OF ADMISSION

You will need to attend The Bedford Centre at the time given to you on your appointment letter. It is important that you arrive on time as if you do not, we may not be able to perform the procedure.

On arrival at the centre, you will be shown to a waiting room by a member of staff. You will then be seen by one of the nurses who will go through the admissions procedure which will involve asking you a few questions and completing a theatre check list. The nurse will discuss with you what will happen throughout your stay.

You will be given tablets called Misoprostol to soften and dilate the cervix (neck of the womb) to help reduce the risk of damage during the procedure. The use of these tablets to help reduce the risk of damage is outside the product licence. Whilst we are obliged to inform you of this, we should at the same time reassure you that there is much research and clinical experience of use of this drug in this way. These 2 tablets need to be inserted into the top of your vagina this can be done by yourself or a nurse if you wish. Side effects of these tablets are uncommon however you may experience sickness, cramping, bleeding and diarrhoea. It is important that you are certain of your decision to proceed with the termination before the tablets are inserted. If you change your mind after insertion of the tablets you may go on to miscarry the pregnancy, however if miscarriage doesn't occur and the pregnancy continues there are known risks to the foetus (birth defects)

In preparation for your operation, you will be asked to remove all your clothes including your underwear and put on the theatre gown provided.

We advise you to attend alone as unfortunately the ward cannot accommodate visitors. This will also help our aim of maintaining your privacy and dignity and that of other patients on the ward. Children are not permitted on the Bedford Centre. You will also be seen by the surgeon and the anaesthetist on the day of the procedure, and we ask for this reason and for your safety that you remain on the ward during your admission.

If you leave the ward against the advice of nursing or medical staff the Trust cannot accept responsibility for your health and welfare.

When it is time for your operation, you will be accompanied to theatre reception by one of the nurses or healthcare assistants.

When you arrive in theatre reception your details will be checked, and you will then be taken through into the anaesthetic room on a theatre trolley. It is here that you will be given a general anaesthetic. Once you are asleep you will be taken through to the theatre. During your operation you will be given an antibiotic in the form of a rectal suppository. After the procedure has been performed you will wake up in the recovery area. When the recovery nurse is satisfied that you are well, a nurse from the ward will collect you and take you back with a theatre porter to the ward on a theatre trolley. You will be away from the ward approximately 30 minutes. On return to the Gynaecology Ward the nurse will assist you back into bed and check your blood loss. If you have any pain the nurse will give you pain relief. You will be allowed a drink of water. After resting, you will be given something to eat and drink.

If your blood group is found to be Rhesus negative, you may require an Anti D injection. If Anti D is required, you will be given an information leaflet explaining this and why Anti D is recommended.

You will remain on the Gynaecology Ward for at least two hours. Nursing staff will be available to support you throughout the day. A nurse will complete a discharge assessment with you prior to you leaving the ward ensuring that you are fit to go home. You should arrange for someone to escort you home and look after you that night, as you may feel unwell or have a heavy bleed.

RECOGNISED RISKS OF SURGICAL ABORTION

- Abnormal bleeding – there are various causes; if the bleeding lasts for longer than 2 weeks or if you feel that your bleeding is abnormal you should contact your GP. This bleeding may be treated by your GP; however, it sometimes requires further intervention which may need to be carried out in the hospital.
- Excessive bleeding (haemorrhage) 1 in 1000, if you feel that your bleeding is excessive you should seek urgent medical care from the Emergency Room at the Liverpool Women's Hospital or your local Accident and Emergency Department.
- Retained pregnancy tissue requiring further treatment 1 in 100. You may experience irregular or continuous bleeding and / or abdominal pain. You will need to seek medical advice from your GP or the Emergency Room. If this occurs, treatment options will be discussed with you.
- Infection up to 1 in 10 – If you notice any abnormal, offensive discharge, general feeling of being unwell, high temperature / fever, you should contact your GP. If left untreated this can lead to a more severe infection known as pelvic inflammatory disease which may affect your future fertility
- Slightly higher risk of premature birth with subsequent pregnancies following an abortion, this risk increases with the number of abortions.
- Damage to the womb up to 4 in 1000 can occur during the operation.
- Damage to the cervix (entrance to the womb) is less than 1 in 100 can occur during the operation

- Damage to bowel, bladder, or serious damage to cervix (entrance to the womb) - very rare
- The risk of a failed procedure and a continuing pregnancy is less than 1 in 100; therefore, it is extremely important that you keep any follow up arrangements given to you before you leave the ward.
- Emotional / psychological distress – as an individual it is difficult to predict whether you will experience any emotional problems immediately after or in the future following an abortion. If you feel that you are not coping, we suggest you contact your GP or Liverpool Bereavement Services on 0151 236 3932 so that counselling or support can be arranged.
- Previous uterine (womb) and / or cervical (neck of womb) surgery (e.g. Caesarian section or loop biopsy of cervix) or pre-existing medical conditions may increase the risk of complications during the procedure.
- Risk of death is very rare

There are other procedures that may become necessary during the operation

- Blood transfusion – this is possible but not probable less than 1 in 1000, however this does depend on how much blood you lose during the procedure.
- Repair of a cervical tear – a tear in the cervix (entrance to the womb) may occur during the procedure.
- Laparoscopy (keyhole surgery) – a small camera is inserted through a small incision to allow the surgeon to inspect the abdominal organs.
- Laparotomy – an incision is made through the abdominal wall to allow the surgeon to inspect the abdominal cavity and organs.
- Repair of damage to cervix, uterus (womb), bladder, bowel, or blood vessels
- Hysterectomy (removal of the womb) is possible but is rare

The risk of serious complications increases if a further procedure is required to be performed other than the termination of pregnancy.

Risk associated with General Anaesthetic – you will have the opportunity to discuss any concerns with an anaesthetist. Further information regarding the risks of anaesthetics can be found in the 'You and your anaesthetic' leaflet which can be located on the Royal College of Anaesthetists (RCoA) website – www.youranaesthetic.info

We give you this information regarding the risks not to alarm you, but we feel you would want to know so that you can make an informed decision.

CARE FOLLOWING THE SURGICAL PROCEDURE

1. You must be accompanied home by a responsible adult who is aware of the treatment you have had and will remain with you for 24 hours. During this time, it is important that the person who is looking after you can always gain access to you e.g., do not lock the bathroom door.
2. It is important that you do not drink alcohol, take illegal substances or drugs, which have not been prescribed for you by a doctor, operate machinery (including power tools, boiling kettles, fires etc.) or make any important decisions for 24 hours after having a general anaesthetic.
3. It is a legal requirement that you do not drive for 24 hours after a general anaesthetic.
4. You are advised not to travel long distances, especially by air, until you have performed your home pregnancy as advised following the procedure and are well. However, if you do decide to travel, we strongly recommend you inform your travel insurance company that you are undergoing a procedure.
5. Following your operation, it is advisable that you do not undertake any strenuous activity i.e., lifting, carrying heavy loads and exercise such as sports activities until your bleeding has settled.
6. You are advised to have a bath / shower daily whilst you are bleeding (you do not need to add anything to the bath water). If having a shower, it is important that you do not apply the jet of water directly to the vagina (douching) as this may increase the risk of infection.
7. You are advised to avoid sexual intercourse whilst you are bleeding as this may increase the risk of infection, however using condoms may help to reduce this risk. You need to be aware that you can get pregnant before your next period if adequate contraception is not used.
8. Your next period should occur 4-6 weeks following the operation however, this can be affected by the method of conception you are using. The bleeding on this period may be heavier than you are normally used to.
9. Blood loss following the operation can be expected up to 7 days. The amount can vary, and it is not unusual for it to stop and start. This is not a period. With this bleeding we advise you to use sanitary towels.
10. You may experience 'period type' pains (cramping) as an individual this can be anywhere from 24 hours up to 1 week. You can use Paracetamol / Ibuprofen for pain relief as directed on the patient information leaflet in the packet. Do not exceed the stated dose in 24 hours.

11. You will be advised on discharge regarding follow up arrangements.

- You will be asked to do a low sensitivity pregnancy test at home 2 weeks after your operation.

It is **important** that you contact The Bedford Centre on 0151 708 9988 x 1130 if the pregnancy test is **positive**. This is so we can arrange to see you in the clinic to confirm that your operation has been successful. **If you do not contact the clinic, we will assume that the test is negative.**

or

- You may be asked to return to the centre for your follow up.

12. If you should develop any of the following, attend the Gynaecology Emergency Department at the Liverpool Women's Hospital or contact your local Accident & Emergency Department:

- Heavy and continuous bleeding that soaks through 2 or more pads in an hour for a period of 2 hours. However, if at any time you feel unwell, please contact the Gynaecology Emergency Department at the Liverpool Women's Hospital for advice.
- Severe repeated or continuous abdominal pains - if not eased with the tablets you have taken for pain relief.
- Violent shivering attacks / chills
- High temperature
- Offensive (smelly) vaginal discharge

If you require advice for any of the above list the **Gynaecology Emergency Department** is open 24 hours a day to self-present.

If you require any further advice on your procedure, you can contact **The Bedford Centre on 0151-708-9988 ext. 1130** between 08.30 and 16.00hrs

This leaflet can be made available in different formats on request. If you would like to make any suggestions or comments about the content of this leaflet, then please contact the Patient Experience Team on 0151 702 4353 or by email at pals@lwh.nhs.uk

Liverpool Women's NHS Foundation Trust
Crown Street
Liverpool
L8 7SS

Tel: 0151 708 9988

Issue Date: 26/01/2026

Reference: Gyn/2022-365-v2

Review Date: 26/01/2029

© Liverpool Women's NHS Foundation Trust