

# Surgical Termination of Pregnancy

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## Introduction

The aim of this leaflet is to explain what happens to you when you come to this hospital for this operation. We hope it will lessen any feelings of apprehension you may have.

Such a decision is very difficult to make. We are here to help and support you; should you wish to see a counsellor, this can be arranged.

Surgical termination is mostly performed up to the twelfth week of pregnancy. It is usually carried out under a general anaesthetic.

We expect you to make a rapid recovery after your operation and to experience no serious problems. However, it is important that you should know about minor problems which are common after this operation, and also about more serious problems which can occasionally occur.

## Visitors

We ask that only ONE relative/friend accompanies you into hospital.

## The operation

The procedure takes about ten to fifteen minutes from the giving of the anaesthetic until the time you wake in the recovery room.

During the operation the neck of the womb is stretched to allow the pregnancy to be removed by suction. A pessary (vaginal tablet) is sometimes inserted into the vagina before going to theatre in order to make the cervix (entrance to the womb) softer. You may also be given some antibiotics.

## Anti-D Injection

During pregnancy, small amounts of fetal blood can leak into the maternal circulation (Feto-maternal haemorrhage (FMH)). If a FMH occurs in an RhD negative mother who is carrying an RhD positive fetus, the RhD positive fetal cells can cause an immune response in the RhD negative mother, producing antibodies against the RhD antigen (anti-D antibodies). These antibodies can cross the placenta and cause haemolytic disease of the fetus/newborn (HDN) in an RhD positive baby. This process is called sensitisation and can affect future pregnancies.

The use of intra muscular anti-D immunoglobulin, which neutralises the fetal antigen, is recommended for non-sensitised RhD negative pregnant women to reduce the risk of sensitisation in situations where FMH is more likely. These situations include miscarriage, termination of pregnancy and invasive procedures.

## Recovery and pain

Following the operation, you may have period-like pain. Any pain/discomfort should be regularly assessed throughout your stay and appropriate pain killers given.

Please ensure you have a supply of your preferred pain killers at home for use on discharge. Further pain killers are available to take home should you need them.

## Bleeding

The amount of vaginal bleeding is variable. It may be light, like a period, or slightly heavier than a period. It may come and go, lasting for up to ten days.

During this time it is important **not** to have intercourse or use tampons, because the neck of the womb is softer and more open than usual and infection can be introduced more easily.

## When can I go home?

We prefer you to stay for two hours after the operation to ensure you are rested and fit to go home.

We need to check that your pulse and blood pressure are satisfactory. We will also check you have passed urine without difficulty, and that any vaginal bleeding has settled. Having something to eat and drink may lessen the effects of the anaesthetic. We ensure that you are not feeling sick or dizzy and that any pain is well controlled.

A doctor will see you before you go, to explain the operation and ensure you are well enough to leave.

On discharge you will need to be accompanied by a responsible adult for 24 hours.

## What can I do? How will I feel?

Try to rest as much as possible for a day or two to allow recovery from the operation.

Feelings may vary. Relief may be followed by sadness and emptiness. Talking this through with someone close to you helps. Give yourself time to come to terms with what has happened.

Please contact your GP or counsellor if you need more help.

## Periods/contraception

Your next period should happen within four to six weeks. It is possible to become pregnant again straight away, therefore you must decide which method of contraception you will use and start it immediately.

## What can go wrong?

Complications are rare, but all operations carry some degree of risk, including reaction to general anaesthetics. The anaesthetist will assess you before your operation to take all possible action to avoid this.

Your GP should be contacted if:

- the bleeding is prolonged, or heavy;
- you have a lot of pain;
- you have a raised temperature;
- you have an offensive vaginal discharge.

These may all indicate an infection. Your doctor will decide what treatment is necessary. Antibiotics may be prescribed, or you may be sent to hospital for an examination and/or tests to make sure the womb is empty.

If an ultrasound scan shows you have retained products of conception, the procedure may need to be repeated.

Very occasionally the procedure fails to terminate the pregnancy. Whilst this is rare, you should not ignore on-going pregnancy symptoms.

Rarely, a complication can occur when the womb is perforated during the operation. This may require a longer anaesthetic so that the perforation (hole made in the womb) can be looked at with a laparoscope. This is a telescopic instrument inserted just below the tummy button. This will show whether any further action is needed. Usually observation, an overnight stay in hospital and a course of antibiotics are all that is required.

Hysterectomy (removal of the womb) is an extremely rare complication. It is only carried out if bleeding is profuse (very heavy) and cannot be controlled by other means.

## Follow-up

We do not normally arrange to see you again. You may wish to see your GP or visit the Family Planning Clinic to discuss contraception or any concerns you may have.

## How is pregnancy tissue managed after a termination of pregnancy at the Royal Devon and Exeter Foundation Trust?

Unless you request to make your own arrangements the hospital will store the pregnancy tissue temporarily in the mortuary before being cremated in a registered crematorium.

*We hope this information leaflet has been useful to you.*

## Contact numbers

- Day Case Unit.....  
**01392 406550**
- Wynard Ward .....  
**01392 406512**
- Clinic 2 Co-ordinator .....  
**01392 406503**
- Counsellors: Vicky Jay .....  
**01392 406678**
- Patient Advice and Liaison Service (PALS),  
RD&E Hospital, Wonford.....  
**01392 402093**
- British Pregnancy Advisory Service.....  
**03457 304030**
- Brook Advisory Centre .....  
**0117 929 0090**
- Contraception Service, Unit 4 (NHS Walk-in  
Centre)  
31 Sidwell Street, Exeter, EX4 6NH.....  
**01392 276892**

The Trust cannot accept any responsibility for the accuracy of the information given if the leaflet is not used by RD&E staff undertaking procedures at the RD&E hospitals.

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