

Second trimester surgical abortion

National Women's Health
Gynaecology





Key Points

- ◆ A second trimester surgical abortion can be offered from 13-18 weeks gestation.
- ◆ A second trimester surgical abortion involves two appointments;
 1. **Dilapan rods**
An appointment to place the **dilapan rods** into the cervix (opening of the womb).
 2. **Surgery**
An appointment for the **surgery** the next day. This is to remove the pregnancy. You will be given misoprostol which prepares the cervix by softening and dilating (opening).

Do I have any pre-abortion counseling?

You will meet with a counsellor in our abortion service before the surgery. This counsellor will give you support and pre-decision counselling. They will talk with you about the abortion process and explore your options.

Can I bring someone with me?

Yes, you can bring a support person to all your appointments and visits.

Can I change my mind?

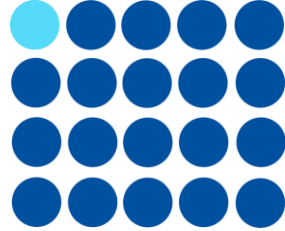
Yes. It is important to be sure of your decision to have a surgical abortion. You may opt out at any time.

Please let a staff member know straight away if you are unsure or want to change your mind. **There may be potential risks to your pregnancy if you change your mind after having the dilapan rods and/or taking pre medications for surgery as they start the abortion process—you can discuss these risks with the doctor.**

Are there any risks with the surgery?

All operations have some risk and or complications associated with them.

Five percent (1 in 20) of women who have a surgical abortion will need further medical attention and some will need to come back into hospital for treatment.



The most common complications include

- **Pregnancy tissue and/or blood clots remaining in the uterus**
This may require going back to theatre to empty the uterus again. The risk rate for an abortion is 1-2% (1-2 out of every 100).
- **Infection inside the uterus**
This is usually easily treated with antibiotics. It affects 2% of women having an abortion.

Less common complications include

- **A cervical tear**
This can usually be repaired at the time of surgery.
- **Perforation (hole) of the wall of the uterus (and/or other organs)**
Some may heal themselves, some may require surgical repair and in extremely rare situations a hysterectomy (removal of the uterus) may be needed.
- **Heavy bleeding due to failure of the uterus to contract**
Medications may be used to contract the uterus, and a blood transfusion may also be needed.

Your first appointment: dilapan rods

Talking with a doctor

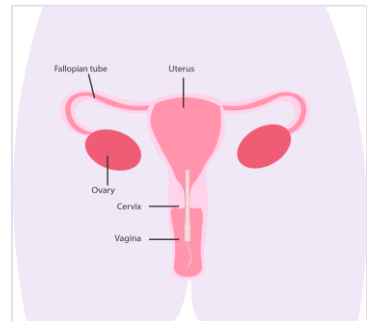
You will meet with the doctor who will perform your surgery. On this visit the doctor will check:

- ◆ your general health
- ◆ that you are clear in your decision to have the surgery
- ◆ that you understand what is involved.

If you need or are thinking about contraceptive options, talk about this with your doctor. They can prescribe contraception for you.

Beginning treatment

If you decide to go ahead with surgery, the doctor will begin your treatment by inserting the **dilapan rods** into your cervix (opening of the womb). The rods may be held in place by a tampon. Do not remove this tampon.



- **Dilapan rods are used to make your surgery safer.** They absorb fluid from the cervix. The rods slowly swell and this helps open and soften the cervix ready for surgery.
- **You may feel some cramping like abdominal pain after the insertion of the dilapan rods.** Please take pain relief to help you. However, If you experience severe abdominal pain or heavy bleeding then phone the senior nurse at Women’s Assessment Unit (see back page for details).
- **After the dilapan rods have been inserted, the appointment is complete.** Before you leave the doctor will provide you with your appointment time for the procedure the following morning at the Greenlane Surgical Unit (GSU).

Your second appointment: surgery

The surgery will be performed at the **Greenlane Surgical Unit (GSU)** at **Green Lane Clinical Centre. Building 4, Level 4.**



Getting ready for surgery

Be prepared to be at the surgical stay unit for around 4-5 hours

Stop Eating and drinking, including no chewing gum at **midnight**

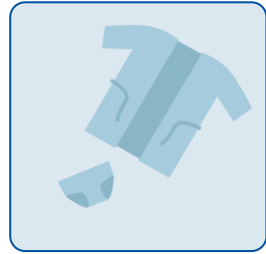
You can have **sips of water** only **until 06.00am**

Please remove any nail polish, hairpins, makeup and piercings. Leave your jewellery and valuables at home.

You can bring snacks and a drink to eat for **after** the surgery. Also bring sanitary pads and some spare underwear.

1. **Getting changed**

When you arrive at GSU, a nurse will carry out a check and give you with a theatre gown, disposable underwear and a pad to wear. The nursing staff will ask you to empty your bladder before surgery.



2. **Tissue release form**

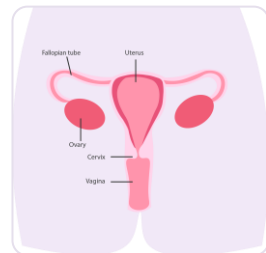
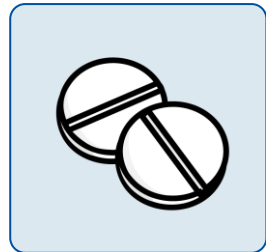
You will be asked to sign a Tissue Release form letting us know if you want to take your pregnancy tissue home with you or allow us to send to Māngere Cemetery for cremation for you. In addition, you could also arrange for your own funeral director to collect the pregnancy tissue



3. **Medication**

A nurse will give you pain relief and misoprostol one hour before your surgery.

Misoprostol is a medication used to start the abortion by contracting the muscles in the uterus (womb) and softening the cervix. This makes the surgery easier and safer. Common side effects of misoprostol are vaginal bleeding, cramps, nausea and/or mild diarrhea.



What happens during the surgery?

1. Getting to the operating room

You will walk into the operating room with a staff member and support person will be shown where to wait in the recovery area.

2. Meeting the team

Once in the room, you will be introduced to the theatre staff helping keep you safe for the procedure. There are usually about six staff in the theatre including the surgeon, anaesthetist, team leader, and three nurses.

3. Sedation

Firstly you will be asked to get up on the theatre bed. Then you will be given a sedative and some pain relief by the anaesthetist. This will be put into your vein via a plastic tube, or IV line, so you are sleeping lightly for the surgery.

4. Surgery

The surgery will take approximately 20 minutes. The fetus and pregnancy tissue is not removed intact - this is to keep you safe.



If you have a Rhesus Negative blood group and have given consent for blood product, you will also be given an Anti-D injection after the surgery.



If you are having a copper IUCD, Mirena device or Jadelle inserted, or having the Depo Provera injection for contraception, those will be given in the operating room directly after your surgery finished.



If you need genetic testing on the pregnancy tissue, staff will arrange for this to be sent to the lab.

5. Recovery

After the surgery is completed, you will be taken to a recovery room on the operating bed. We will monitor you for up to an hour. After this you will be asked to get up to go to the toilet to pass urine and also to check your pad. If everything is okay, you will be allowed to go home with your support person. At this time you can start drinking and eating light snacks.



Discharge Advice

After surgery

- Because you will be given sedation, it is important to remember that over the next 24 hours you may feel a little light headed, slower to react, sleepy and sometimes some nausea. These symptoms will improve and disappear over time.

During this time please **do not**

- Drive
 - Drink alcohol
 - Sign important documents
 - Engage in heavy work or strenuous activities
- We suggest you eat only light food after sedation. If you are experiencing nausea and vomiting, avoid solid food, spicy food and acidic food and drink clear fluids only for a small time. You can move onto light diet food when you feel ready. Plain crackers, flat lemonade or ginger ale might help until your symptoms resolve (no bubbly soft drinks).

Getting home

You **MUST** have someone to drive you home after surgery or someone to accompany you in a taxi (other than the taxi driver). You should have an adult at home with you for the rest of the day.

Pain relief

Some abdominal discomfort and or cramps are normal; you can take paracetamol or ibuprofen at home as directed. Sometimes a heat pack on your stomach can also help.

Bleeding

The amount of bleeding each woman has varies. Passing of small blood clots or light period bleeding is normal in the following days. This lighter bleeding may range between 1-14 days and some women may bleed on and off until their next period. Your next period should arrive 4-6 weeks after your surgery, this may be heavier than normal and you may pass clots (lumps).

Other effects

- Tiredness, breast tenderness, morning sickness 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.

Looking after yourself

- 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. **Shower only.**
- We advise you to wait two days before returning to work
- We advise that you do not take any long haul flights within 14 days week of your procedure.

When should I seek medical help after your surgery?

- **Bleeding:** If your bleeding becomes heavy (soaks 2 pads per hour for 2 hours in a row and/or you pass multiple clots larger than a \$2 dollar coin)
- **Pain:** You have severe, persistent abdominal pain or cramps that are not relieved by simple pain medication when taken regularly.
- **Fever:** You feel generally unwell; hot and cold, sweats, and chills including a temperature of over 37.8 degrees for more than 3hours.
- If you are experiencing difficulty passing urine.
- If you feel significantly light headed or dizzy
- If you have an unpleasant (smelly) vaginal discharge
- If you do not get your period within 4-6 weeks after the procedure or continue to feel pregnant one week after procedure.

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 further support around your feelings and emotions book in with our social work counsellors available at Epsom Day Unit.

If you want to speak with a social work counsellor, call Epsom Day Unit for an appointment on
09 630 9943 ext 27722

Another good resource is: www.abortionconversation.com



Contact phone numbers

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

Women's Assessment Unit (After hours assistance)

(09) 307 4949 ext 25900

Epsom Day Unit (EDU) Monday – Friday 0730-1600hrs

(09) 307 4949 ext 27728

Greenlane surgical Unit

(09) 307 4949 ext 26387

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

Another good resource is: www.aborticonversation.com