Surgical termination of pregnancy

Information for women

This leaflet can be made available in other formats including large print, CD and Braille and in languages other than English, upon request.

This leaflet tells you what to expect during and after your surgical termination of pregnancy (abortion).

A surgical termination of pregnancy (STOP) means you will go to the operating theatre to have the pregnancy tissue removed under general anaesthetic. (Anaesthesia is a state of carefully controlled and supervised unconsciousness and means you are unable to feel any pain).

STOP is only available to women less than 12 weeks pregnant. This is because of the increased risk, for example, of damage to your cervix (neck of the womb) or uterus (womb), if your pregnancy is 12 weeks or over. You will usually be admitted to hospital as a day case patient.

You will need to attend the hospital for a pre-assessment appointment before your operation, at which you will be asked a number of questions about your personal details and medical history. A sample of your blood will be taken to be tested in a laboratory. This test tells you your blood group, for example: A, B, O or AB and your rhesus factor. You will be either rhesus negative or rhesus positive. If you are rhesus negative (Rh-ve) you will be offered an injection to protect future pregnancies. This blood test will also tell us if you are anaemic (have less red blood cells or haemoglobin which carries oxygen in the blood). If you are very anaemic you may need to have a blood transfusion.

What do I need to do before I am admitted to hospital?

You must arrange to have a responsible adult to take you home and stay with you for the first 24 hours after your anaesthetic. This is because a general anaesthetic may make you feel tired and affect your judgement.

The National Institute for Health and Care Excellence (NICE) recommends that you keep warm before, during and after your operation because it can reduce side effects, complications and help you recover from your operation faster. Reference NICE65.

You must have access to a telephone in case of emergency.

Why am I asked not to eat or drink before my procedure?

In your admission letter you will be told how long before your procedure you will need to fast (stop eating and drinking). This is very important. You must follow the instructions carefully.
Surgical termination of pregnancy

Fasting means having nothing at all to eat or drink after the times you have been given. If you forget and do eat or drink anything, then please tell your doctor or nurse as your procedure may need to be postponed for safety reasons. This is because when you are unconscious and your stomach contains food or drink you may be sick; it could get into your lungs, affect your breathing and cause an infection.

What will happen when I am admitted to hospital?

You will be admitted to hospital for the day but you may need to stay overnight, depending on how you feel after your operation. Please bring your nightwear, dressing gown, slippers, toiletries, towel and sanitary pads with you.

What will happen before my operation?

On the day of your admission

You must:

- stop eating and drinking from the time you were given.
- remove any jewellery you are wearing (including body piercing), contact lenses, make-up, nail varnish and false nails, if possible. A wedding ring can be left on but will be covered with tape. Have a shower or bath to make sure your skin is clean, to reduce the risk of infection.
- not use body lotions, deodorants and perfumes.

Before your operation you will be asked to remove your clothes and underwear and change into a hospital gown. False teeth, hearing aids and glasses can be removed when you arrive at the operating theatre.

Your nurse will insert two misoprostol tablets into your vagina to soften your cervix. This is to reduce the risk of damage during the operation. The drugs in the tablets are absorbed into your blood through the lining of your vagina.

If you have any second thoughts about the operation you must tell us before we give you the tablets. If you change your mind after we have given you the vaginal tablets you may miscarry.

You may be given a 'pre-med' (some tablets to help you relax) before you go to the operating theatre. Your nurse will go with you and will hand you over into the care of a theatre nurse. You will be taken to the anaesthetic room where you will be given your general anaesthetic.
Surgical termination of pregnancy

Before and during your operation:

- a cannula (fine needle) will be placed in the back of your hand or arm so we can inject drugs. Sometimes, when drugs are injected they may feel cold and sting a little.

- an intravenous drip may be attached to your cannula, but this usually takes place when you are asleep.

- you may be asked to breathe some oxygen through a face mask, before you are given the anaesthetic.

- your blood pressure will be measured.

- your pulse will be taken, and the amount of oxygen in your blood will be measured by attaching a special clip onto your finger. This does not hurt.

- your heart rate will be monitored by placing sticky pads on your chest. These are attached to some leads to show a tracing of your heart on a monitor.

- your temperature will be checked regularly, if it falls below 36°C a warm air jacket or blanket will be used to warm you up.

This is routine practice and is nothing to worry about.

What will happen after my operation?

You may be away from the ward for several hours. At the end of your operation you will wake up in the recovery room near the operating theatre. Specially trained nursing staff will look after you in the recovery room until you are ready to return to your ward. Many people do not remember waking up in the recovery room or returning to their ward.

Your nurse will check your blood pressure, pulse, temperature and level of pain, regularly. You may continue to have oxygen through a face mask, for as long as you need it, to keep the oxygen levels in your body at the right level.

You may have a drip in your arm through which you will receive fluids until you are drinking again. Your nurse will tell you when you can have sips of water. If you feel sick please tell your nurse, as you can be given medication to help you.

You should be able to drink when you return to the ward and will be offered something to eat within a couple of hours. If you have had a drip, this will be removed at this point.
Surgical termination of pregnancy

You will need to stay on the ward for 2 - 3 hours after your operation. Then, if your vaginal bleeding is only slight, you have passed urine and you are not feeling faint or unwell, you may go home.

Before you go home, the nurse will check any swab or urine results, and if you need any antibiotics this will be explained and a supply given.

Are there any risks and possible complications in having a surgical termination of pregnancy?

There are risks and possible complications that you need to consider before you agree to the operation.

These include:

- **risks linked with general anaesthetic.** You will be given a leaflet explaining in detail about a general anaesthetic, and your anaesthetist will discuss these with you.

- **heavy bleeding at the time of the operation.** This is rare, but can happen in 1 woman in every 1000.¹

- **damage to the cervix** when it is being stretched during the operation. This can happen in less than 1 woman in every 100.¹ Should this occur it would be repaired with a stitch. The pessaries (tablets inserted into the vagina allows the medication to be absorbed into your bloodstream) given before your operation reduce the risk of this happening.

- **uterine perforation** (making a hole in the womb) during the operation. This is rare, but it can happen to 1 - 4 women in every 1000.² If this happens a laparotomy (open operation) involving an incision (cut) in your abdomen (tummy) would be needed. This is to check for and repair any injuries to organs such as the bowel.

- **post-operative infection.** This can happen in up to 1 woman in every 10.² The antibiotic suppository (tablet inserted into the rectum (back passage) allows the antibiotic to be absorbed into your bloodstream) given before your operation reduces the risk of this happening.

- **incomplete evacuation of the uterus.** This means that some pregnancy tissue may have been left behind and further tests or treatment will be needed. This occurs in about 1 - 2 women in every 100 undergoing this procedure.¹

- **future pregnancies.** There is no evidence that following a surgical termination of pregnancy, women suffer from subsequent ectopic pregnancy
Surgical termination of pregnancy

(pregnancy outside the womb), placenta praevia (low lying placenta) or infertility. However, abortion is associated with a small increase in the risk of subsequent premature birth, which increases with the number of abortions.

- **psychological distress.** This is common before and immediately after the termination of pregnancy. Only a small number of women experience long-term distress. If you do feel upset it often helps to talk to someone about it, please ring any of the numbers at the end of this leaflet.

- **deep vein thrombosis - DVT (blood clots in the leg veins) or pulmonary embolism – PE (blood clots in the lungs).** You will be given a leaflet "Reducing the risk of a venous thromboembolism (blood clots) while you are in hospital and after you have been discharged" which explains about this in detail.

- **rupture of Caesarean section scar.** This happens very rarely but would require an urgent laparotomy to repair the scar or remove your womb, if the bleeding cannot be controlled.

What about contraception (family planning)?

You should not have sex for 2 weeks after your termination or until your bleeding has stopped.

It is important you start some form of contraception as soon as possible after your termination. **It is possible to get pregnant before your next period.**

Your nurse will have discussed all the choices with you and given you information leaflets.

If you decide to use:

- **Depo-provera (contraceptive injection).** This can be given on the ward before you go home and will need to be repeated every 12 weeks.

- **oral contraceptive pill.** The first tablet should be taken that night or the next morning. You will be given advice and a supply before you leave the ward.

- **Coil/Mirena coil.** This can be fitted at the end of the operation or, if you prefer, we can arrange an appointment for this to be fitted at the Women’s Outpatient Department or you can be referred to the Contraception and Sexual Health (CASH) clinic or go to your GP to have one fitted. **You must** use another type of contraceptive until your coil is fitted.

- **Nexplanon (contraceptive implant).** This will need to be fitted within 5 days of your termination. Insertion can be arranged in the Pregnancy Advisory Clinic.
Surgical termination of pregnancy

(PAC) or you will need to go to a CASH clinic or your GP. You must use another form of contraception until the implant is inserted.

A supply of condoms will be given to you before you leave the ward if you need them.

During your operation the tissue removed is sent to the mortuary. All pregnancy tissue is then blessed by the hospital chaplain (this is a multi-faith blessing). It is then cremated with dignity and respect at a crematorium. You will be given further information about this at the time and you will be asked for written consent.

Will you need to contact me after my termination of pregnancy?

You will not be offered a follow-up appointment but if you have any worries or concerns within the first 4 - 6 weeks, please do not hesitate to contact us (See contact numbers).

What should I expect to happen when I go home?

You should expect some vaginal bleeding for a few days, which will gradually stop, like a period. You should use sanitary pads, not tampons, during this bleed, to help reduce the risk of infection. Your next period will be due any time during the next 3 - 8 weeks and may be heavier or lighter than usual.

You may have some period-type cramp pain for 24 - 48 hours. Taking painkillers, for example, paracetamol can help. Always follow the instructions provided in the leaflet supplied with your tablets.

You may bath and shower as normal.

You must contact the ward if:

- the pain becomes severe
- your bleeding is very heavy, for example, soaking sanitary pads
- your vaginal loss starts to smell
- you have a fever or have a temperature over 37.5°C (99.5°F).
Surgical termination of pregnancy

Contact numbers

University Hospital of North Tees

Unit Counsellor
telephone: 01642 624236
Monday - Friday, 9.00am - 5.00pm

Non-urgent messages can be left on the answering machine.

Pregnancy Advisory Clinic
telephone for advice: 01642 624320
Monday – Friday, 8.00am – 4.00pm
Appointment line only: 01642 624233

Non urgent messages can be left on the answering machine.

Women’s Health Unit
telephone: 01642 624597
24 hours a day, 7 days a week

University Hospital of Hartlepool

Unit Counsellor
telephone: 01642 624236
Monday - Friday, 9.00am - 5.00pm

Non-urgent messages can be left on the answering machine.

Pregnancy Advisory Clinic
Appointments and advice: 01429 522751

Women's Health Unit
telephone: 01642 624597
24 hours a day, 7 days a week

Further information is available from:

Royal College of Obstetricians & Gynaecologists
27 Sussex Place
Regents Park
London.
NW1 4RG
telephone: 0207 772 6309
or at www.rcog.org.uk
Surgical termination of pregnancy

NHS Choices
telephone: 111 (when it is less urgent than 999)
Calls to this number are free from landlines and mobile phones.
or via the website at www.nhs.uk

Specialist Stop Smoking Service
(incorporating Middlesbrough, Redcar and Cleveland, Stockton and
Hartlepool)
telephone: 01642 383819
Monday - Friday, 9.00am - 5.00pm

Useful addresses

Sexual Health Teesside
Central telephone number: 0300 330 1122
North Ormesby
Health Village
11A Trinity Mews
North Ormesby
Middlesborough
TS3 6AL

Redcar Primary Care Hospital
West Dyke Rd
Redcar
TS10 4NW

Hartlepool One Life
Park Rd
Hartlepool
TS24 7PW

Lawson Street Health Centre
Lawson Street
Stockton-on-Tees
TS18 1HU

C-Card scheme (free condoms for under 24 year olds)
Most local pharmacies in Teesside area

Sexual Assault Referral Centre (SARC) Teesside
Helen Britton House
telephone: 01642 516888

HIV Support Services
Terence Higgins Trust
telephone: 0808 802 1221
Surgical termination of pregnancy

Domestic Violence Services
Harbour
telephone: 03000 20 25 25
www.facebook.com/harboursupportservices

My Sister’s Place
123 Borough Road
Middlesbrough
TS1 3AN
telephone: 01642 241864
hello@mysistersplace.co.uk

References

Surgical termination of pregnancy

This leaflet has been produced in partnership with patients and carers. All patient leaflets are regularly reviewed, and any suggestions you have as to how it may be improved are extremely valuable. Please write to the Quality Assurance Team, University Hospital of North Tees or email: patientinformation@nth.nhs.uk

Comments, Concerns, Compliments or Complaints

We are continually trying to improve the services we provide.

We want to know what we’re doing well or if there’s anything which we can improve, that’s why the Patient Experience Team is here to help.

Our Patient Experience Team is here to try to resolve your concerns as quickly as possible. If you would like to contact or request a copy of our PET leaflet, please contact:

    telephone: 01642 624719
    Monday – Friday, 9.00 am – 4.00 pm
    Messages can be left on the answering machine and will be picked up throughout the day.

    freephone: 0800 092 0084
    Mobile: (can use text): 0779 506 1883
    Email: patientexperience@nth.nhs.uk

Out of hours if you wish to speak to a senior member of Trust staff, please contact the hospital switchboard who will bleep the appropriate person.

    telephone: 01642 617617
    24 hours a day, 7 days a week

The Patient Experience Team is available to discuss your concerns in person Monday – Friday, 1.30 pm – 4.30 pm. The office is based on the ground floor at the University Hospital of North Tees.

Data Protection and use of patient information

The Trust has developed a Data Protection Policy in accordance with the Data Protection Act 1988 and the Freedom of Information Act 2000. All of our staff respect this policy and confidentiality is adhered to at all times. If you require further information please contact the Information Governance Team.

    telephone: 01642 833551 or email: information.governance@nth.nhs.uk

University Hospital of North Tees, Hardwick, Stockton-on-Tees. TS19 8PE
University Hospital of Hartlepool, Holdforth Road, Hartlepool. TS24 9AH
Telephone: 01642 617617 Fax: 01642 624089