

COMPLICATIONS OF TERMINATION OF PREGNANCY

All procedures have potential complications. With termination of pregnancy about 1 in 100 people will experience some complication from the procedure. Minor complications are obviously much more likely than serious ones. The most frequent complications are:

Excessive Bleeding

Occasionally very heavy bleeding can occur at the time of procedure and rarely needs admission to hospital (approximately 1 in 5000 patients). Prolonged bleeding after termination of pregnancy may occur (approximately 1 in 200 patients) which usually requires no specific treatment.

Remaining Tissue

This complication causes very heavy vaginal bleeding with cramping pain. It happens when all pregnancy tissue has not been completely removed at the time of the operation (approximately 1 in 200 patients). Repeat suction of the uterus is usually necessary.

Infection

A small number of people may develop an infection of the uterus and more rarely in the tubes (approximately 1 in 200 patients) following termination of pregnancy. The symptoms of infection are abdominal pain, temperature and vaginal discharge with or without bleeding. When properly treated, future fertility is not affected.

Uterine Perforation

One of the instruments used during the operation can perforate the wall of the soft uterus causing a small hole (approximately 1 in 1000 patients). Usually this is no great problem and observation in hospital may be required. Rarely an operation may be necessary to repair the uterine wall.

Continuing Pregnancy

Very occasionally, particularly if the procedure is done very early in pregnancy, the pregnancy may not be removed. If pregnancy symptoms persist for more than 1 week after termination you should return for examination.

Ectopic Pregnancy

About 1 in 200 pregnancies grow in the tube and not in the uterus. At termination, we find no pregnancy tissue. If a pregnancy in the tube is confirmed, admission to hospital and removal of the pregnancy will be necessary.

Cervical Trauma

Damage to the cervix (neck of the womb) is no greater than 1%. The rate is lower when abortions are performed early in pregnancy (first trimester) and when performed by experienced clinicians. Sometimes, even without trauma, an adhesion may form over the opening of the cervix. This may stop periods but can easily be treated at any of our centres by slightly re-opening the cervix.

Psychological Effects

Only a small minority of women experience any long term, adverse psychological problems after abortion. It is quite common to feel some negative emotions after the procedure and is usually a continuation of symptoms present before the abortion. On the other hand, long-lasting, negative effects on both mothers and their children are reported where abortion has been denied.

Other risks

An association between abortion and breast cancer risk has never been proven. There are also no proven associations between abortion and future infertility. There have been studies on women who have had repeated terminations and there is no increased risk. However, Asherman's syndrome is a very rare complication of surgical procedures usually involving the pregnant uterus (more likely with miscarriage or termination between 12-20 weeks and if there is undiagnosed or untreated infection). Scar tissue forms inside the uterus and may prevent periods and pregnancy. A gynaecologist can usually treat it by removing the scar tissue and returning the uterus to its normal function. Very rarely does infertility persist.

Other complications

These are all very uncommon and include allergic reactions to anaesthetics, both local and intravenous. This can happen with any sort of procedure so it is important for you to give full and accurate medical details. If you are having an intravenous anaesthetic, you must not have anything to eat or drink 6 hours before the appointment or there is a risk of vomiting and other complications.

This list of complications is given to you to read, not to alarm you, but to make sure that you are aware that termination of pregnancy, like any other procedure, is not always completely straightforward. Only an experienced doctor will be doing your procedure and every care is taken to minimise the risk of complications.

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