



Canberra

Gosford

Newcastle

Sydney

Wollongong

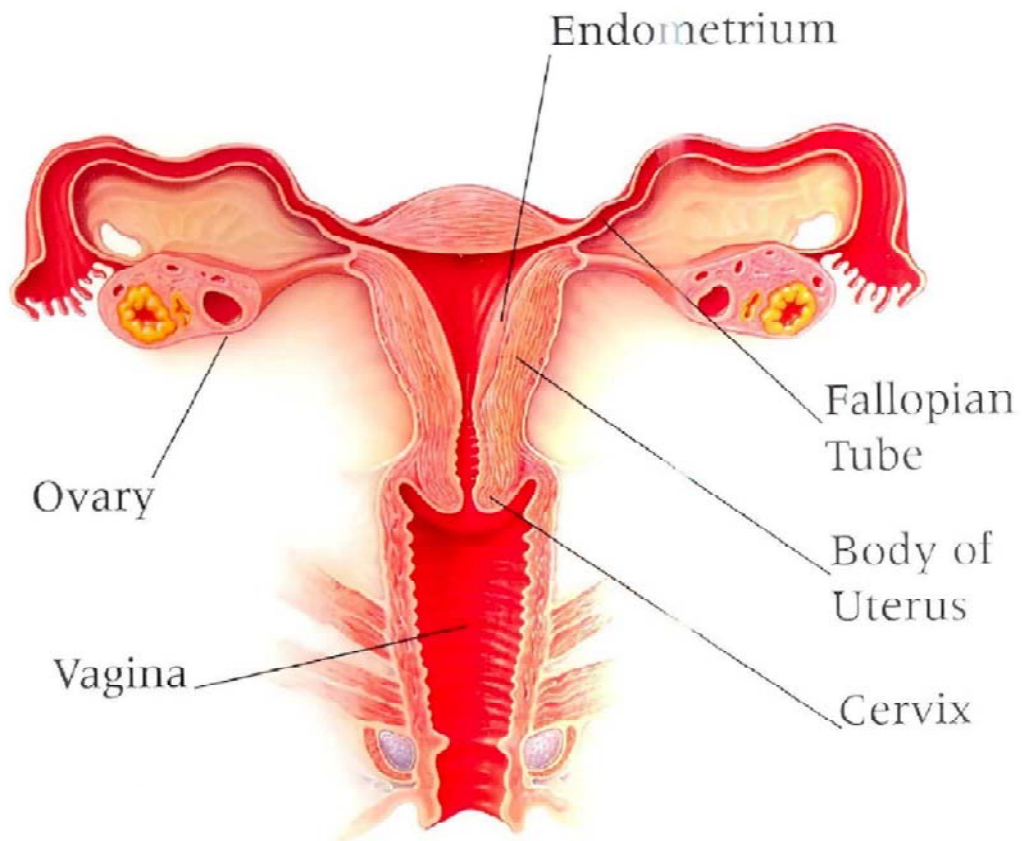
NOTES TO READ BEFORE CONSULTATION

The doctor doing the procedure for you today will see you after reading this information. The consultation is conducted with only you and the doctor. She/he will take a medical history and conduct an ultrasound to determine where the pregnancy is and to make sure it corresponds with your dates.

EXPLANATION OF THE PROCEDURE:

This procedure is very simple, quick and safe and only takes about 5 minutes. An anaesthetic is given to you by our anaesthetist. She/he puts a very small needle into a vein and then she/he will give you drugs that make you feel very sleepy and drowsy to the point that you don't know what is happening. You don't feel any pain and you don't remember anything about it! It is a very effective anaesthetic! It is also a very safe anaesthetic because it doesn't make you paralysed where you stop breathing. You are asleep but are still breathing on your own which makes it very safe!

After you have had the sedation, the doctor starts the procedure by doing an internal (vaginal) examination to see which way the uterus is positioned, and then puts a speculum into the vagina (the same instrument is used when you have a pap smear). The doctor then gives you some local anaesthetic into either side of the cervix (which is the neck of the womb). You won't be aware of this because you are under the effects of the sedation. The reason for local anaesthetic is to numb the tight muscular area in the cervix so it may be stretched open a tiny bit. This will go back to normal afterwards. Then a thin plastic tube may be inserted into the uterus and gentle suction is used to remove the pregnancy tissue and the procedure is finished.



After the procedure we keep you for a minimum of 1 hour. After theatre, you are transferred into your own private recovery bay. You may have one person accompany you in recovery if you like. Some people may get a bit of cramping after the procedure, like a period, and that's because the uterus is contracting down after it has been emptied. Extra pain relief is provided in recovery if required.

Who is with you today?
How are you getting home?

When you go home, take it easy for the rest of the day – don't operate any machinery and don't drive a car for the rest of the day. Tomorrow you may go back to normal activities.

When you are in recovery, we give you one antibiotic tablet to take at home (after food), which acts as a preventative for infection but we do not routinely prescribe full courses of antibiotics after this procedure. We reserve antibiotics ONLY if someone does develop an infection. Getting an infection is uncommon but when you go home we will give you a pink information sheet that tells you what to expect after the procedure. If you have any concerns, call us. We are available 24 hours per day! Just ring the surgery number, located at the bottom of the pink sheet. Always call us first!

The doctor also does a swab test of the vagina at the beginning of the procedure, which identifies people who MAY have an undiagnosed infection. If there is any abnormality that requires treatment, we will call you. If the test is negative, you won't be contacted. We recommend a check up with your doctor in 10-14 days to make sure everything is back to normal. In the meantime, if you have problems or questions, please call us first. Remember you may call us at any time!

Just take a few minutes now and read through the "Complications of Termination of Pregnancy" sheet below. It goes through the possible complications of the procedure. It is not here to alarm you; it is more to reassure you! These things are not major problems but sometimes they may happen and we just need to let you know. Then please read the "After Termination of Pregnancy" sheet also attached below. This explains what to expect after your procedure. After reading all the information in this booklet, you will have a consultation with the doctor.

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.

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 no proven associations between abortion and future infertility or premature delivery. There have been studies on women who have had repeated terminations and there is no increased risk.

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.

AFTER TERMINATION OF PREGNANCY

What can and can't I do?....

After the operation you should rest for the remainder of the day. You can resume normal activities the next day, but avoid strenuous exercise for approximately 1 week after the procedure.

How can I reduce the risk of infection?....

You were given an antibiotic tablet after the procedure that reduces the chance of an infection. Tests for infection are taken at the time of the procedure and we will contact you within the next few days if you need more antibiotics. You should contact us if you have a temperature or develop pain. There is no evidence from any medical studies that avoiding tampons, intercourse, swimming or taking a bath reduces chance of infection after termination of pregnancy. Tampons may be used when the bleeding settles but should always be changed frequently.

How long does the bleeding last?....

Bleeding afterwards may be variable. Bleeding may last only a few days or it may last for 2 weeks. If it lasts that long it shouldn't be heavier than a normal period. Sometimes women get no bleeding at all. Sometimes a woman may not bleed initially or it may be quite light then it may become heavier between day 3-6. There may be accompanying pain and cramps during this time and the loss may be in the form of clots. This may last a few days then it should settle down. This may happen even if the pregnancy was early. Bleeding may then stop and start and be dark brown until the next period. Spotting can occur in the first few cycles on the Pill. Your next period should come in 4-6 weeks time. If the bleeding is very heavy, soaking through a regular pad within one hour, contact us at *The Gynaecology Centre*.

What about pain?...

Mild period type pain or cramping may occur for several days after the procedure. This is normal and may continue until the uterus contracts back to its normal size. The pain should be relieved by simple analgesics, such as paracetamol, aspirin, Nurofen or Naprogesic. If the pain is more severe, especially if you normally get period pain, use Panadeine or Mersyndol. If it won't be relieved by these simple measures, contact us at *The Gynaecology Centre*.

Pregnancy symptoms?...

Nausea should subside over the next few days, and should be gone by one week. Breast enlargement or tenderness may take a couple of weeks to subside. Contact us at *The Gynaecology Centre* if these symptoms last more than two weeks.

If I feel a bit down?....

It is not unusual to experience a feeling of depression after any operation or stressful situation not just because of a pregnancy termination. This may start a few days after but shouldn't last long. If it persists, contact your local doctor.

Contraception....

You can get pregnant again even before your next period, so start contraception immediately. If you decide to take the pill, start the day after the procedure and don't wait until your next period. If you're going to have an injection for contraception, see your doctor in 10-14 days but abstain from intercourse during this time. If an intrauterine device is to be inserted, you should wait until your second period. The first period comes in 4-6 weeks and may be a little heavier and more painful than usual.

Remember, you've had an anaesthetic....

You may feel slightly drowsy for some time after the procedure. Therefore for the rest of the day, don't drive a motor vehicle, operate machinery, consume alcohol, take any drugs not prescribed for you, sign any important documents, do anything that requires big decisions, etc.

Do I need a post operative check-up?....

We recommend a check-up in 10-14 days with your doctor. Of course, if you have any concerns or things are not as you expect, you can contact us at *The Gynaecology Centre* at any time. We are available 24 hours a day. Ring the surgery number as it is diverted after hours for emergency contact.