

# Surgical Termination of Pregnancy

**Obstetrics & Gynaecology  
Women & Children's Services**

**This leaflet has been designed to help you understand the procedure you will be undergoing and to answer some commonly asked questions.**

# Information for patients and visitors

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## Introduction

This leaflet has been written to give help and guidance on your referral to the Pregnancy Advisory Clinic.

You have requested a referral to the Pregnancy Advisory Clinic. It is our practice to perform a variety of investigations during your first visit to the clinic. This is to allow the nursing staff to gather various sorts of information about your well-being prior to any treatment that you may choose. There is a Pregnancy Advisory Service at both Scunthorpe General Hospital and Diana Princess of Wales.

## Please report to:

### Scunthorpe General Hospital

Pregnancy Assessment Centre B Floor, Church Lane Entrance.

### Diana Princess of Wales Hospital

Colposcopy and hysteroscopy suite, B floor.

## Your First Visit to the Clinic

Your first visit may take up to 3 to 4 hours. You can bring 1 adult with you for support. Please bring any long term medications / inhalers with you at this appointment so that we can check they are compatible with the treatment.

You will have an Ultrasound scan – a probe is passed across your lower abdomen to allow the nursing staff to establish the stage of your pregnancy.

It is very important that you attend the clinic with a full bladder as this helps give a more accurate scan result.

If the scan is unclear, you may need to have a transvaginal scan. You will be asked to empty your bladder. A special probe with a protective barrier is then inserted, this is not usually felt. Again, this is to establish the stage of your pregnancy. Please note that the person scanning you will not be able to give you any information regarding the termination.

Following the scan you will be seen by a qualified nurse who will:

- explain the whole procedure
- take your medical history
- discuss the treatment options available depending on the results of your scan
- discuss future contraception and offer advice
- give you a time and date to come back for the termination if this is your choice. **Please note that your surgical termination of pregnancy will not be performed on this day. The waiting list can be up to 2 to 3 weeks.** You will be given the earliest possible appointment for your operation



## Information for patients and visitors

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- A doctor may explain the operation in detail and ask you to sign some consent forms before you leave the clinic

You will then have some blood samples taken before going home.

### **What risks are there with a surgical termination?**

As with any operation, surgical termination carries a small chance of complication. The most common complications in the first few weeks following the procedure are:

#### **Persistent Bleeding**

Up to 5% of women may experience continued bleeding in the first few weeks following surgical termination. Haemorrhage, or excessive bleeding, which requires a blood transfusion, is an extremely uncommon side effect.

#### **Injury to Internal Organs**

Injury to internal organs during surgery is uncommon but injury to the cervix, uterus, bladder or bowel can occur.

#### **Pelvic Inflammatory Disease (PID)**

Infection within the pelvic cavity, which may involve the uterus, fallopian tubes and ovaries, is a known complication of surgical termination. Although the use of antibiotics does reduce this risk, up to 5% of women may experience this type of infection.

In the long-term, there is a very small chance that PID can lead to reduced fertility and ectopic pregnancy.

#### **Emotional / Psychological Problems**

Up to 6% of women may experience some form of emotional or psychological problem in the weeks following a surgical termination.

If you are struggling emotionally following your termination, please discuss this with your GP. The hospital chaplain is also available for emotional and / or spiritual support and can be contacted via the following telephone number: **03033 302489**

#### **Anaesthetic Risks**

In general anaesthetics are safe, although any operation and anaesthetic carries a slight risk. People who are very ill or who have certain medical problems have a higher risk of problems with an anaesthetic than those who are fit and well. If you are concerned about this, you should ask for advice at the Clinic.

## Information for patients and visitors

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### Other Complications

Other side effects, which may be experienced to a lesser extent following a surgical termination, are abdominal pain and vaginal discharge.

Every effort is made to reduce the risk of these complications occurring. If you are concerned about any of these complications, please discuss this with the nurse at the Clinic.

### Treatment Failure

Bleeding and pain, although a usual part of the process, do not mean that the treatment has been a total success. Retained tissue following surgical termination of pregnancy can be common. In a very small number of cases (less than 1%) the treatment may fail to expel the pregnancy. A second operation may be needed to complete the process.

### What do I need to know before admission?

It is vital that your stomach is empty to ensure your anaesthetic is safe. You need to fast because if you have food or drink in your stomach when you have an anaesthetic, you may be sick while you are unconscious. This may lead to aspiration of food into the windpipe which is very dangerous.

To ensure your stomach is empty, it is important to stop eating and drinking at certain times. **This includes sweets and chewing gum.**

If your operation is scheduled **in the morning** you must not eat from 12 midnight the night before and drink water only until 6.30 am in the morning. Do not eat or drink anything after this time.

If your operation is **in the afternoon** do not eat after 7.30 am and drink water only until 11.30 am. Do not eat or drink anything after this time.

The nurse informing you of your admission date will confirm when to stop eating and drinking.

Please leave valuables at home and bring a book / magazine or something to occupy you before you go to theatre. You will also need to bring a dressing gown, slippers and some sanitary towels in with you as it is normal to bleed vaginally following the procedure.

Please have a bath or shower before coming to hospital.

You may bring one adult to help support you through this process.



# Information for patients and visitors

This checklist may be useful to help you prepare:

Pre-Admission Checklist	
Check when to stop eating and drinking to avoid your operation being cancelled	
Sanitary towels for heavy bleeding (at least 20, do not use tampons for this bleeding)	
Pain killers for at home	
Responsible adult to collect you and for support at home overnight	
Arrange childcare while in hospital and overnight	
Books / magazines / something to pass the time	
Decide on future contraception	
Bring long term medications / inhalers with you	

## What happens on admission?

On the day of admission, **please report to the nurses' station on Ward 19, Scunthorpe General Hospital, or the Day Surgery Unit at Diana Princess of Wales Hospital.**

You will be allocated a named nurse, but there will also be other nursing staff who will look after you during your stay.

A nurse will check your details, blood pressure, pulse and temperature, and discuss your operation and treatment with you. You will then be seen by a Doctor who will check your health and stage of your pregnancy, and obtain your consent for the operation (if it has not already been taken). You may also be seen by the anaesthetist who will be giving you a general anaesthetic.



## Information for patients and visitors

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### How is the operation carried out?

A nurse will help you get ready for theatre. Some Tablets called **Misoprostol** may be inserted into your vagina a few hours before you go to theatre.

Misoprostol is similar to a prostaglandin hormone, which works by causing your uterus (womb) to contract and your cervix (neck of the womb) to soften and open up to expel the products of conception, (pregnancy). You may find that you start to bleed from your vagina before you go to theatre.

**Please note that Misoprostol is unlicensed by the manufacturer but recommended by the Royal College of Obstetricians & Gynaecologists (RCOG 2004), for safe use in Medical Termination of Pregnancy.**

**'European Community regulations permit Doctors to prescribe unlicensed regimens and permit nurses to administer medicines prescribed outside of a product licence,' (RCOG 2004).**

You will also be given antibiotics both orally and rectally. This is to prevent infection.

You will be taken to theatre either on foot or on a trolley and transferred to the care of the theatre staff.

In the Anaesthetic Room the Doctor will insert a cannula (needle) into your hand. You will be given a light anaesthetic through the cannula, which will ensure you are asleep and do not feel anything during the operation.

During the operation the cervix is gently stretched to open it up. A thin plastic tube is then eased into the uterus. The contents of the uterus are carefully sucked into the tube by an electric pump. The whole procedure only takes a few minutes.

Once the operation is complete, you will be taken to the Recovery Room where you will wake up. You will then be taken back to the ward where your nurse will help you back into bed.

When you have rested for a while on the ward, you will be given something to eat and drink. If you feel sick, or vomit, the nurse caring for you may give you an injection to stop this. You may also be given a tablet / injection if you have any pain.

### When will I be discharged from hospital?

You will normally be discharged from hospital 2 to 4 hours after your operation. Discharge times are hard to predict as it depends on what time you return from theatre and how quickly you recover.

Occasionally, some patients will need to stay in hospital overnight following this operation. Please be prepared for this and make any necessary arrangements before you are admitted.



# Information for patients and visitors

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## Advice at hospital discharge

It will be necessary for you to have someone to take you home and stay with you overnight. This is because the anaesthetic can remain in your body for several hours, even though you feel wide awake.

**Do not do any of the following things until the day after your operation:**

- **Go to work**
- **Drink alcohol**
- **Drive any vehicle or operate machinery**
- **Walk or travel alone, or**
- **Use appliances at home, for example, cookers, gas fires**

You may bleed vaginally for 2 weeks after the operation. The vaginal loss will be bright red at first and the loss will become darker after a few days. It is not unusual to pass small bits of tissue and small blood clots. If the loss becomes heavy you must seek medical attention from your GP.

It is advisable to continue to use sanitary pads, not tampons, after the operation to help prevent infection. If you have vaginal loss that becomes smelly and / or offensive this may be a sign of infection and you will need to see your GP.

Sexual intercourse should be avoided until the bleeding has stopped and contraception has been commenced. If you do have sexual intercourse before your normal contraception is working, you should remember to use condoms to prevent a sexually transmitted infection and avoid a further pregnancy. Remember, that most sexually transmitted infections have no signs or symptoms.

If you do not have a normal period after 5 to 6 weeks please contact your GP.

You may experience some abdominal discomfort following the operation. This should be settled by taking simple pain killers such as Paracetamol or Ibuprofen

In the first few weeks following your operation, if you have:

- Heavy vaginal bleeding with clots
- Severe lower abdominal pain
- Fever or a raised temperature
- Vaginal loss that smells offensive

Or you are worried or anxious in any way, please contact your GP.

## Information for patients and visitors

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### What else should I know?

#### What if I am a negative blood group?

You will have had a routine blood test when you first arrived for treatment. If it is found that you are a negative blood group, you will require an 'Anti-D' injection. The nurse will explain this to you and give you a leaflet to read.

#### What about contraception?

It is possible for you to become pregnant again immediately after a termination, so it is important to decide your method of contraception as soon as possible. This will be discussed with you during your clinic visit. If you are still undecided what method to use you can discuss this with your own GP and s/he can prescribe medication for you or arrange fitting of a coil or implant.

If you want to begin the oral contraceptive pill straight after your termination, please discuss this with the nurse caring for you.

### Psychological care following a termination of pregnancy

Nobody knows how you will be feeling following your termination. This experience is personal to you.

Many women experience a feeling of loss at some time after a termination, even if they were very certain about their decision. This may not mean that the decision was wrong, but just that it has been difficult to make.

Some women may feel isolated following a termination. This is usually because having a termination is such a private experience it may be hard to talk about to other people.

Some women, on the other hand, may feel relieved and unburdened. It is therefore not surprising that many women will wonder if what they feel is normal.

The nurses and hospital chaplain are skilled and experienced. If you wish to discuss your feelings following your termination, please contact:

#### Chaplaincy Department

Via telephone: **03033 302489**

#### Scunthorpe General Hospital

Direct Dial: Pregnancy Advisory Service Office, Ward 19: **03033 302015**

Monday: 8.00 am – 5.00 pm

Tuesday: 8.00 am – 5.00 pm

Alternatively, between 12.30 – 16.00 hours, any day, contact Ward 19 via telephone: **03033 302015**

#### Diana Princess of Wales Hospital, Grimsby

Direct Dial: Pregnancy Advisory Service, Laurel Ward **03033 304390** anytime.



## Information for patients and visitors

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The hospital chaplain is also available for help, comfort and support at the time of your termination of pregnancy, regardless of your religious beliefs. Please ask the nursing staff to contact the chaplain if you wish to speak to them.

### **What happens to the fetus after it has been removed?**

All fetal remains are dealt with sensitively and with respect. They are sent to the crematorium for cremation.

#### **Scunthorpe General Hospital**

A service of committal for fetal remains is held each week at the Crematorium on Brumby Wood Lane, Scunthorpe. Please ask staff if you would like any more information.

#### **Diana Princess of Wales Hospital**

A service of committal for fetal remains is held in a chapel in the hospital before the remains are taken to the Crematorium. Please ask staff for more details.

### **Do you need any further information?**

Further information can also be obtained by accessing NHS Direct Online <http://www.nhsdirect/>

The 'Conditions & Treatments' database contains leaflets, books, web resources and patient support groups for a variety of conditions and procedures, including unplanned pregnancy and termination.

### **Reference Sources Used in the Compilation of This Leaflet**

Northern Lincolnshire & Goole NHS Trust 2017 Guideline on Pre-operative / General Anaesthetic Fasting. Available at:

[http://nlgnet.nlg.nhs.uk/DocumentControl/Documents/Guideline%20on%20Pre-Operative%20and%20General%20Anaesthetic%20Fasting%20\(DCG270\).pdf#search=fasting](http://nlgnet.nlg.nhs.uk/DocumentControl/Documents/Guideline%20on%20Pre-Operative%20and%20General%20Anaesthetic%20Fasting%20(DCG270).pdf#search=fasting).

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## Information for patients and visitors

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### Patient Advice and Liaison Service (PALS)

The Patient Advice and Liaison Service offers confidential advice, support and information on any health related matters.

If you have a comment, concern, complaint or compliment about the care or service you have received from the Trust you can contact the PALS team as follows:

Telephone: **03033 306518**

Email: [nlg-tr.PALS@nhs.net](mailto:nlg-tr.PALS@nhs.net)

There are also offices at both the Diana Princess of Wales Hospital (near the main entrance) and Scunthorpe General Hospital (on the C Floor, near the outpatient department), should you wish to visit.

**Please note: PALS should not be contacted for clinical advice relating to the content of this leaflet. The service should be contacted directly in the first instance.**

### Northern Lincolnshire and Goole NHS Foundation Trust

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Cliff Gardens  
Scunthorpe  
DN15 7BH

Goole & District Hospital  
Woodland Avenue  
Goole  
DN14 6RX

03033 306999

[www.nlg.nhs.uk](http://www.nlg.nhs.uk)

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