



Saint Mary's Managed Clinical Service
Division of Gynaecology

PATIENT INFORMATION LEAFLET

INPATIENT SURGICAL TERMINATION OF PREGNANCY

This leaflet aims to give you information regarding surgical termination and help to answer any questions you may have. It is intended only as a guide and there will be an opportunity for you to talk to your nurse and doctor about your care and treatment to help you through this time.

Our service is confidential; however, if we feel that you or another person may be at risk of harm, we may need to share information with other professionals. We would always discuss this with you. Please let your nurse know if you do not want your GP to be contacted.

ABOUT SURGICAL TERMINATION

Surgical termination is a simple procedure where the opening of the womb (cervix) is stretched and then suction is used to empty the uterus (womb). The operation is safe and suitable for most and is performed under a general anaesthetic (you will be put to sleep). It usually only requires you to be admitted to the ward for one day and is performed between 6/40 -18+6/40.

It is important that you tell the nurse or doctor if you have any medical conditions at your initial consultation as this may affect the decision if a surgical method is right for you. We can fit intrauterine contraceptive devices ('coils') for you after the abortion but whilst you are still asleep. We will also give you an antibiotic tablet (suppository) in your bottom.

Surgical terminations are performed at Wythenshawe hospital every other Thursday.

WHAT ARE THE RISKS OF SURGERY?

Minor complications occur in 1 - 2 cases in every 100. These include:

- Incomplete treatment.
- Post-operative infection.
- Nausea and vomiting.
- Excessive bleeding.

Major complications are rare. They occur in an estimated 1 - 2 cases in every 1,000. They include:

- Damage to your cervix.
- Perforation of the womb.
- Blood transfusion.
- A serious allergic reaction to the anaesthetic.

Further surgery is usually required to treat any major complications.

CONSENT

We must by law obtain your consent to any operation. Staff will explain the risks and benefits of the surgery. You will then be asked to sign a consent form. If you are unsure about any aspect of the treatment proposed, please do not hesitate to speak to a member of staff.

WHAT PREPERATION WILL I NEED?

It is very important that you do not have anything to eat or drink for at least 6 hours before your operation. This includes sweets and chewing gum. You may be allowed water up to two hours before surgery – your nurse or doctor will confirm this with you.

You should have a bath or shower prior to the operation and remove any body piercings and nail varnish from fingers and toes. Valuables and jewellery should be left at home.

You will be asked to attend the hospital on the day of your surgery, where you will be prepared for surgery. You will be given a specific time to arrive, and it is important that you arrive on time so that your operation is not delayed.

You will be seen by a nurse, the doctor performing the operation and the anaesthetist (doctor who will administer the general anaesthetic).

1-2 hours before your operation we give you some tablets by mouth to prepare your cervix for the operation. This may cause cramps or pain in your tummy, bleeding, headaches, dizziness, diarrhoea or a skin rash. Please inform your nurse if any of these occur. If the pregnancy is over 14 weeks, we might need to do a small additional procedure to stretch the opening of the womb before the operation- the nurse will explain this in more detail for you.

You will be required to wear a theatre gown, possibly some anti-embolus socks ('flight socks' – to prevent blood clots in your legs), and if required disposable underwear.

When it is time, you will be escorted to theatre and put to sleep with a general anaesthetic. A member of the theatre team will be always with you.

Following your surgery, you will wake up in the theatre recovery area and will stay here for a short period of time before returning to the ward.

Once returned to the ward, we will ask you to rest, and you will be monitored over the next couple of hours.

You may have some cramps or pain in your tummy which your nurse can give you pain relief medication for, and you may have a heavy period-type blood loss, sometimes with clots. Some women feel nauseous or vomit following a general anaesthetic. Your nurse can give you medication to help with this.

Respectful aftercare of your pregnancy remains will be undertaken by communal cremation as per local protocols. Please ask staff if you require information regarding this or wish to discuss in more detail.

WHAT ARRANGEMENTS SHOULD I MAKE FOR GOING HOME?

The operation is usually performed as a day case, so you should plan for someone to pick you up from hospital and stay with you overnight. You will be discharged home, once you have had something to eat and drink, passed urine and are able to walk around the ward area without feeling sick or dizzy. Your nurse will check that your bleeding is not too heavy, and any pain is well controlled.

For 24 hours after the anaesthetic, you must not:

- **Drive a vehicle.**
- **Drink alcohol.**
- **Make important decisions (such as signing any legal documents).**
- **Use hazardous machinery.**
- **Engage in sport, strenuous exercise, heavy work or lifting.**

CONTRACEPTION

You can get pregnant straight away! You must use a reliable method of contraception before you have sex. If you have not already decided, we can help you choose the method that is best for you.

WHAT CAN I EXPECT WHEN I GO HOME?

BLEEDING

You may experience vaginal bleeding like a period for up to 10 days after surgery. Whilst you are bleeding the cervix may be open, and there is a risk of infection. To reduce this risk, we advise that until the bleeding has stopped you **avoid** having sex, **do not** use tampons and **do not** undertake water sports. During this time, you are however, advised to shower or bath daily.

PAIN

Some abdominal pain or tenderness may be experienced for up to 48 hours after surgery. You may take simple pain-relieving medication such as paracetamol or ibuprofen-based products, but always read the label/instructions before taking them. A hot water bottle may be helpful to ease any cramps or pain.

It is important to contact the clinic, the Emergency Gynaecology Unit or your GP if you have continuous bleeding, heavy bleeding, passing clots, have pain or a smelly discharge. This is to ensure the procedure is complete and these symptoms are not signs of an infection developing or that some of the pregnancy tissue has been retained. Options to resolve either of these complications will be discussed with you as necessary.

REST

You may feel tired for 1–2 days after surgery. Rest as necessary and resume normal activities as you feel able. We advise you take 1–2 days off work.

SEX

You may resume having sex when the bleeding has stopped (to help prevent infection), you feel ready in yourself and have adequate reliable contraception.

WHEN CAN I EXPECT A PERIOD?

Every person is different, however sometime in the next 3-8 weeks is considered usual following an operation. Often this first period may be heavier or lighter than normal but should return to normal within 2 - 3 months. This may be dependent on your chosen method of contraception.

WILL I NEED A FOLLOW UP APPOINTMENT

We do not routinely offer a follow up appointment, however if you experience any problems, please contact us.

It is important to contact the clinic, the Emergency Gynaecology Unit or your GP if you have continuous bleeding, heavy bleeding, passing clots, have pain or a smelly discharge.

EMOTIONS

It is normal to feel a range of emotions after a termination. We are all different and react and recover in different ways – there is no right or wrong way.

You may feel, for example: relieved, sad, numb, confused or angry. It is common to feel ‘up and down’ for a while. If you need to talk to someone, have any questions or worries, please contact us at the Whitworth Clinic.

If you require any further information or clarification of terminology, please do not hesitate to talk to one of the doctors or nurses, who will be happy to discuss your concerns with you.

CONTACT DETAILS

The Whitworth Clinic - (0161) 276 6283 (Tuesday - Friday)



If there is no one available to take your call, please leave a message and your call will be returned as soon as possible or **if urgent contact the Emergency Gynaecology Unit.** (0161) 291 2561 24hours 7 days a week
Based on Ward F16 at Wythenshawe Hospital



<https://mft.nhs.uk/saint-marys/services/gynaecology/whitworth-clinic/>

USEFUL ADDRESSES & CONTACT NUMBERS:

Family Planning Association (FPA): 0300 123 7123 www.fpa.org.uk

Brook: Sex and contraception advice (under 20's) (0161) 237 3001 Manchester Branch
www.brook.org.uk

The Northern Sexual Health Service: www.thenorthernsexualhealth.co.uk

NHS 111: For urgent medical concerns dial 111 (24 hours)

Sexual Health Line: Talk to someone about a sexual health issue in strict confidence.
0300 123 7123 (Monday - Friday 9.00 am – 8.00 pm)

NHS Advice: www.nhs.uk/live-well www.nhs.uk/conditions/contraception