Royal College of Obstetricians & Gynaecologists

Surgical abortion before 14 weeks of pregnancy: summary sheet

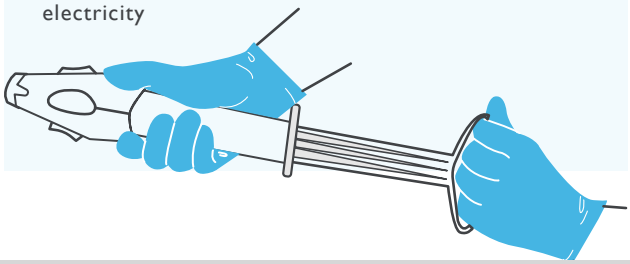
1. METHODS OF SURGICAL ABORTION

VACUUM ASPIRATION: Evacuation of the contents of the uterus through a cannula, attached to a vacuum source

MANUAL VACUUM ASPIRATION (MVA)

Hand held, plastic aspirator (syringe)

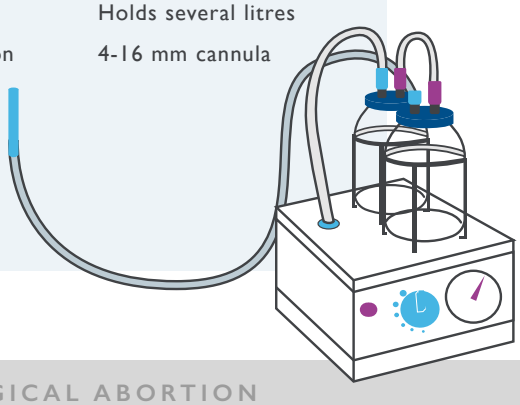
- Less blood loss than with EVA
- Quiet & Portable
- Does not require electricity
- 60 ml capacity
- Suction reduces at 80% full
- 4-12 mm cannula



ELECTRIC VACUUM ASPIRATION (EVA)

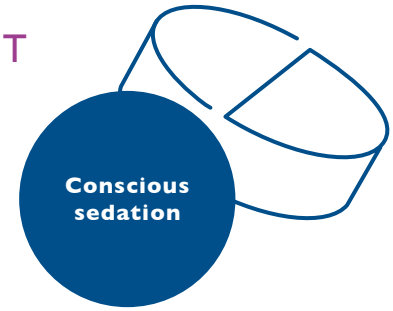
Electric vacuum pump

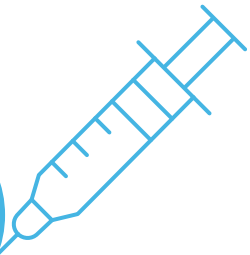
- Makes more noise
- Less portable
- Constant suction
- Requires electricity
- Holds several litres
- 4-16 mm cannula



NO LOWER LIMIT OF PREGNANCY DURATION FOR SURGICAL ABORTION

2. PAIN MANAGEMENT





General anaesthesia/ deep sedation

Not recommended by WHO

Higher rates of complications

Longer hospital stays

Conscious sedation

Intravenous midazolam & fentanyl

With local anaesthesia & oral analgesia

Local anaesthesia and oral analgesia

Paracervical block

Evidence supports:

3cm injections at 4 points

20 ml block with 1% lidocaine and buffer

NSAIDs

600-800 mg oral ibuprofen 1-2 hours pre-procedure

3. SURGICAL ABORTION CONTRAINDICATIONS & CONSIDERATIONS

CONTRAINDICATIONS

- Inability to remove the pregnancy through the cervix

CONSIDERATIONS

- Bleeding disorders
- Abnormal placentation after 12 weeks
- Anticoagulant meds
- Severe cardiopulmonary disease
- Very high BMI
- Uterine cavity distortion
- Previous cervical surgery
- Type 3 FGM

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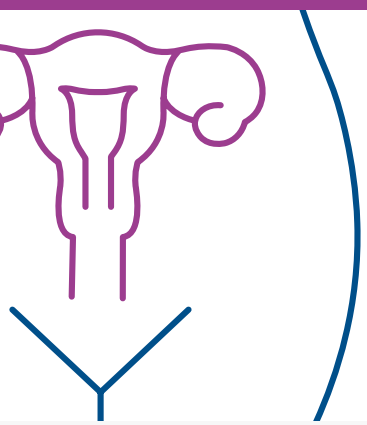


4. CERVICAL PREPARATION

Misoprostol 400 mcg
Sublingually
1-hour before the procedure

OR

Misoprostol 400 mcg
Vaginally or bucally
2-3 hours before the procedure

OR

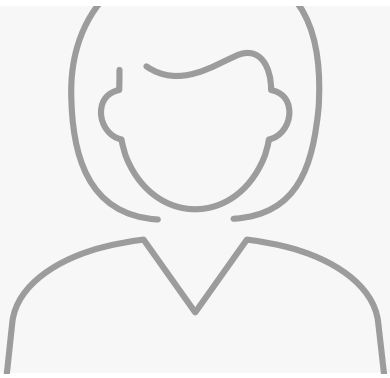
Mifepristone 200 mg
Orally
24-48 hours before the procedure

5. CONSENT FOR SURGICAL ABORTION

Information on method and alternatives

Risks & complications

What to expect before, during and after the procedure



6. PROCEDURE EXPECTATIONS

BEFORE PROCEDURE

- Cervical priming
- Can they eat and drink
- Where and when to come
- Need for further investigations/ medication adjustment

DURING THE PROCEDURE

- How the abortion will be performed
- How long procedure will take
- Level of awareness
- Amount of pain and bleeding

AFTER PROCEDURE

- Amount of pain and bleeding
- When they can go home
- Need for someone to accompany them home
- Whether they can drive
- Need for medication

7. PROCEDURE RISKS

Risks	Failure rate
Continuing pregnancy	1 in 1000
Further intervention to complete the procedure	35 in 1000
Infection	<1 in 100
Severe bleeding requiring transfusion	<1 in 1000
Cervical injury	1 in 100
Uterine perforation	1-4 in 1000

8. HOW TO PERFORM A VACUUM ASPIRATION

1. Prepare equipment

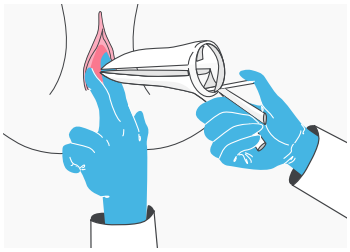
Prevention of infection:
Sterilisation of instruments
No-touch technique
Cervical cleansing
STI screening
Antibiotic prophylaxis

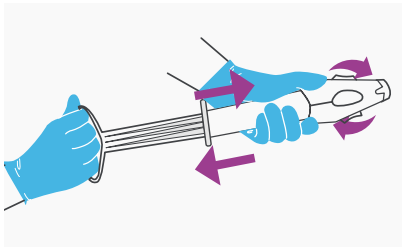
Effective
Nitroimidazoles
e.g. metronidazole
Tetracyclines
e.g. doxycycline
Penicillins

2. Place client in lithotomy position

3. Perform bimanual examination and insert speculum

4. Clean cervix with antiseptic solution
5. Do a paracervical block
6. Create suction by charging aspirator
7. Apply tenaculum and dilate cervix
8. Insert cannula into uterus
9. Release the buttons on the aspirator





10. Rotate and gently move the cannula with an in and out motion

11. Empty the contents of the aspirator

12. Repeat aspiration until uterus is empty

Signs uterus is empty
Red or pink foam without tissue passing through cannula
Gritty sensation on the interior surface of uterus
Uterus contracting around cannula
Increased uterine cramping

13. Confirm complete evacuation scan/tissue inspection

If gestational sac not visualised:
Perform scan if available
Re-aspirate
If no sac visualised: do serial beta hCGs
Refer for scan

9. POST-PROCEDURE CARE

CLIENT CAN GO HOME WHEN:

- Cramping is tolerable
- Awake, alert and able to walk unassisted
- Bleeding is light to scant
- Observations are normal
- Feels ready to leave

Recovery with local anaesthetic: 30-60 mins
Recovery with conscious sedation: 30- 60 mins
Recovery with general anaesthetic: 1-3 hrs

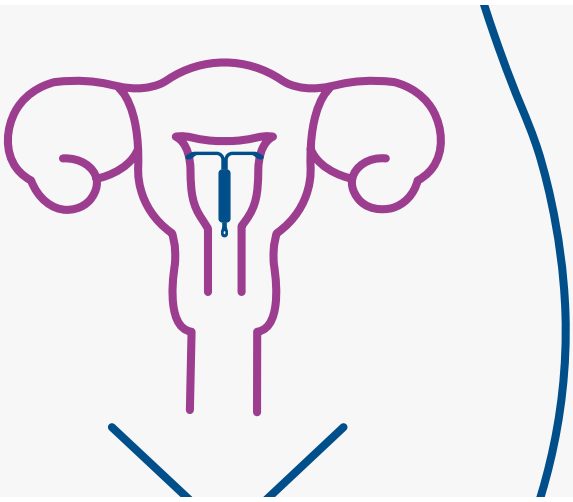
Routine follow up not needed

Cramping & bleeding:
Improves each day

Next period:
4-6 weeks

10. WHEN TO SEEK MEDICAL ATTENTION

- **VERY HEAVY BLEEDING**
- PERSISTENT/WORSENING ABDO PAIN
- HIGH FEVER OR SYSTEMICALLY UNWELL
- UNUSUAL SMELLING VAGINAL DISCHARGE
- ANY SIGNS OF ONGOING PREGNANCY



11. CONTRACEPTION

- **Injection, pills, ring, patches:** Can be started at the time of the procedure
- **Implant and IUD:** Can be inserted at the time of the procedure