

Surgical termination of pregnancy for medical reasons



Introduction

The Fetal Medicine Department and the Bereavement team understand that this is a very painful time for you and your family. You have had to cope with the shock of hearing that your baby has serious problems and have arrived at the difficult decision to stop the pregnancy. We will do all that we can to support you with the physical and emotional challenges ahead. This leaflet gives practical information about the surgical procedure.

Where and when to go

You have been booked to have your operation on:

Date:

Please arrive at the latest by:

Please report to:

- ☐ **Truro – Eden Ward**, 3rd floor Tower Block (tallest building at back of hospital), Royal Cornwall Hospital, Treliske TR1 3LJ
Direct phone – 01872 253163
- ☐ **Truro – Theatre Direct**, 2nd floor Trelawny wing (newer wing directly across from the main pay and display car park), Royal Cornwall Hospital, Treliske TR1 3LJ
Direct phone – 01872 253723 / 253921
- ☐ **Penzance – Surgical Ward**, West Cornwall Hospital (at end of main corridor), St Clare Street, Penzance TR18 2PF
Direct phone – 01736 874222

Medication before the operation

- ☐ **Misoprostol tablets** – **on the day of the operation** place two of these tablets in your mouth to dissolve under the tongue or between gum and cheek at **around 8am after you have arrived at the hospital**. If there is any tablet still in your mouth after 45 minutes you can spit it out or swallow the remainder. You may feel a few contractions, have a little bleeding (it would be sensible to wear a sanitary pad on arrival) or slight stomach upset. If any symptoms become troublesome before your operation, please let one of the medical or nursing staff know. These tablets make the operation safer and easier by softening the cervix.
- ☒ **Painkillers** – you are advised to get supplies of whatever painkillers you find useful – for most people we recommend a combination of paracetamol 1g (two tablets) four hourly with a maximum of four doses in 24 hours, together with ibuprofen 400mg (normally two tablets) four hourly.

What to do on the day

Until 3am: You may eat and drink as normal

Until 6am: You may drink clear fluids only (includes water, squash, non-fizzy energy drinks **without dairy products**, tea or coffee **without milk**). **Do not** suck sweets or use chewing gum. Take any regular morning medication at 6am

You should eat or drink nothing after 6am except:

At 8am: Place the misoprostol tablets in your mouth as instructed above

It is important that you do not fast longer than is recommended above as this can make you feel ill and delay your recovery. However, **your operation will not go ahead if you have not fasted**. Please cease smoking for as long as you feel able prior to your admission.

What should I bring with me?

On the day of your procedure, please bring with you:

- all medication / tablets you currently take
- clean slippers and dressing gown
- sanitary towels
- this leaflet
- there may be a lot of waiting, so bring something to occupy you such as a book, magazine, or phone with ear buds.

Do I need to bring anyone with me?

You will not be able to drive home and should make arrangements for someone to collect you. The person who will take you home will need to leave their contact number with the reception or ward staff so that they can ring him / her when you have recovered and are fit enough to travel home. This is usually within two to four hours of the operation. Very rarely, you will need to stay at the hospital overnight because of complications.

What if I can't attend?

If you are unable to attend the hospital for any reason, please ring the Screening midwives on 01872 253092 (leave a message and your contact number if on voicemail). You should also ring if anybody in the family has an infectious disease such as measles, scarlet fever or whooping cough.

If you encounter a problem on the actual day of your admission, phone the ward directly to let them know.

About your procedure

What does the procedure involve?

You will need to change into a hospital gown and remove any jewellery, make-up or nail varnish (so best not to wear any on the day). You should be able to walk to theatre wearing your own dressing gown and slippers. The anaesthetic is given through a small injection in your arm or on the back of your hand, and this will send you to sleep within a few seconds.

The procedure itself takes a few minutes. The cervix (entrance to the womb) is gently stretched and opened until it is wide enough for the contents of the womb to be removed with a suction tube. Whilst you are asleep you will be given an antibiotic suppository to help lessen the chance of infection. Although this was a wanted baby and you may be intending to try for another pregnancy in the near future, you might prefer to wait and to have effective contraception. If so, please let us know and we can provide a coil, Mirena system, contraceptive implant or injection while you are asleep. If your blood group is Rhesus negative we may need to give you an injection of anti-D.

What happens to the pregnancy tissue?

All the tissue we obtain is processed differently from normal surgical specimens. We will have discussed with you the option of genetic testing if this has not already been done (at chorionic villus sampling or amniocentesis). If you have requested this, a sample of tissue will be sent to Bristol for analysis. The remaining tissue is not disposed of like hospital waste but is kept separately packaged, treated with dignity and respect and sent to Penmount Crematorium for communal cremation.

What happens afterwards?

Afterwards you will have bleeding much like the start of a heavy period, and similar pain to a heavy period. Tablet painkillers should help this. You should be able to eat and drink within an hour, and most people are well enough to go home within two hours after the operation.

You must not drink alcohol or operate machinery for 24 hours after your anaesthetic because some of the drugs we give you will react with alcohol and make you ill.

Please note that you will need an adult (over age 18) to stay with you on the first night following your operation.

Are there any risks or complications?

Surgical termination of pregnancy is a safe procedure for which serious complications are uncommon. Having this operation is safer than continuing with a pregnancy, but all procedures have risks. The drugs we use are not licenced for use in this situation, but many governments and organisations recommend their use and they have a long record of safety. The following is a summary from advice given by the Royal College of Obstetricians and Gynaecologists:

Risks at the time of surgical termination of pregnancy:

- Excessive vaginal bleeding, so that you may need a blood transfusion, happens in around 1 in every 1,000 operations
- Damage to the cervix happens in no more than 1 in every 100 operations and is reduced by using misoprostol
- Damage to the uterus happens in between 1 and 4 in every 1,000 operations

Should complications occur, treatment including surgery may be required (normally involving keyhole surgery to check inside, but very rarely needing an open operation).

Risks after the operation

You are more likely to get problems in the two weeks after the operation than at the time of the procedure itself:

- Up to 1 in 10 women will get an infection. Taking antibiotics before and during the operation helps to reduce this risk
- The uterus may not be completely emptied of its contents and further treatment may be needed. This happens in 1-2 out of 100 women having this operation. A repeat operation similar to the original one may be needed, or we may offer tablets or a procedure under local anaesthetic
- All methods of termination of pregnancy carry a small risk of failure to end the pregnancy and therefore a need to have another procedure. This is uncommon, occurring in less than 3 in 1000 women.

What are the long term effects of termination of pregnancy?

How may I be affected emotionally?

The decision to have a termination of pregnancy because a baby has a serious abnormality can be very difficult. It can be emotionally hard but, with the confidence of knowing it was the right decision for you and your family and with the love and support of loved ones, the consequences are minimised. The Fetal Medicine and Bereavement teams will also do what we can to help and support you.

Will the operation affect my chances of having a baby in the future?

If there were no serious problems during or after your procedure, it will not affect your future chances of becoming pregnant.

Will the operation cause complications in future pregnancies?

Termination of pregnancy does not increase your risk of a miscarriage, ectopic pregnancy or a low placenta if you do have another pregnancy. You may have a slightly higher risk of a premature birth, but there is no evidence that this risk is caused by the operation itself.

Does the operation cause breast cancer?

The procedure does not increase your risk of developing breast cancer, an issue that was prominent in the media a few years ago.

Will I have any follow up?

You can expect follow up by the Fetal Medicine Consultant responsible for your case. This will be initially by letter, giving you further information about the diagnosis and whether it will affect future pregnancies. You will be offered a face to face meeting if you want any further discussions. The follow up will be arranged when all outstanding results have been received (genetic tests), or after one month if no investigations have been requested.

Useful phone numbers and further information

Fetal Medicine Unit and Screening Midwives

01872 253092

Bereavement Midwives

01872 252879

rcht.bereavementmidwives@nhs.net

Antenatal Results and Choices

0207 713 7356

www.arc-uk.org

Royal College of Obstetricians and Gynaecologists

www.rcog.org.uk/womens-health/clinical-guidance/abortion-care

If you would like this leaflet in large print, braille, audio version
or in another language, please contact the General Office on
01872 252690

