

Abortion procedures

Abortion means the deliberate induction of a miscarriage. Around 80,000 Australian women have the operation every year. Abortion is a safe surgical procedure, with some estimates suggesting that it is 10 times safer than childbirth. However, all surgery carries a degree of risk. Some of the complications of abortion can include infection, damage to parts of the reproductive system, and excessive bleeding.

The female reproductive system

The female reproductive system is made up of the vagina, uterus (womb), fallopian tubes and ovaries. The vagina is a muscular canal that leads to the entrance (neck) of the uterus, which is called the cervix. The uterus is a muscular organ, shaped like an upside-down pear. Fallopian tubes extend from the uterus, one on each side. They both open near an ovary, and carry the eggs (ova) from the ovaries to the uterus. A fertilised egg lodges in the lining of the uterus, called the endometrium. To abort a foetus, the cervix must be opened a little wider to allow the surgical instruments into the uterus.

General instructions

Always check with your clinic, but general instructions before undergoing an abortion include:

- Don't eat, drink or smoke for six hours before the operation.
- Allow for at least two hours at the clinic.
- Bring sanitary pads, your referral letter, blood group card, Medicare card and any health care card.
- Arrange for someone to drive you home.

Anaesthetic choices

Most women prefer general anaesthetic. All types of anaesthesia require fasting for six hours beforehand. This means no food or drink, not even water. The range of anaesthetic choices includes:

- **General anaesthetic** – which induces complete unconsciousness. Any operation involving general anaesthesia carries risk. There is a danger of choking if fasting isn't properly undertaken beforehand.
- **Nitrous oxide** – or similar gas, to offer what's known as a 'twilight sleep'. The woman is awake, but sedated and calm.
- **Local anaesthetic** – anaesthetic is injected directly into the cervix (paracervical block).
- **Local anaesthetic with intravenous sedation** – a combination of intravenous sedation and analgesia with a paracervical block.

Suction aspiration is commonly used

Most abortions are performed using what is called suction aspiration. The woman needs to be in her first trimester (first three months) of pregnancy, which means 12 weeks pregnant or less.

The cervix opening is widened with rods of increasing size, and a tube is then inserted into the uterus. The foetus and placenta are vacuumed out. The uterus is then scraped with an instrument called a curette to make sure that no products remain behind. This operation takes less than 15 minutes.

If the woman is more than 12 weeks pregnant, she needs to have a mid-trimester abortion.

Mid-trimester abortion

The procedure is similar to first trimester abortion, but preparing the cervix is more involved. Hormone blocking tablets are often used to help soften the cervix. These tablets may be taken orally (by mouth) or inserted into the woman's vagina. They take about two hours to work. The abortion is then performed using suction and instruments to remove the tissue.

Alternatively, the cervix opening may be widened, and then a special device is inserted into the cervix. This device swells over several hours until the cervix is sufficiently opened to allow the abortion to occur. Drugs may also be used. The abortion is usually performed one or two days later.

Complications of abortion

Estimates vary, but complications can occur in around three per cent of cases. The risk of complications greatly depends on gestational length (length of the pregnancy), since abortions performed in the first trimester of pregnancy are the safest. Another major safety factor is the doctor's level of experience and training. Complications of abortion can include:

- **Haemorrhage** – bleeding after an abortion should be similar to the bleeding experienced during a normal menstrual period. Heavy bleeding may indicate that pieces of the placenta remained inside the uterus. The treatment for this is to do a repeat suction curettage of the uterus. Blood transfusion is rarely required.
- **Injury to the uterus** – the walls of the uterus are muscular but soft. A suction tube or knife can puncture the uterus, potentially causing abdominal infection (peritonitis) and severe blood loss.
- **Injury to the cervix** – the cervix opening is stretched during an abortion. This can occasionally cause the cervix to become weakened, or 'incompetent'. An incompetent cervix can cause problems in later pregnancies, because it might be too weak to remain fully closed under the weight of a growing foetus.
- **Infection** – a fever (high temperature) may indicate pelvic inflammatory disease (PID), or infection of the uterus and fallopian tubes. Damaged fallopian tubes increase a woman's risk of experiencing a future ectopic (tubal) pregnancy, which means her fertilised egg lodges in the fallopian tube instead of the uterus. If a woman already has the sexually transmitted disease chlamydia, her risk of PID increases. Retained pieces of placenta can also cause local infection. Treatment includes antibiotics.

After the operation

Be guided by your clinic. Generally, post-operative suggestions to reduce the risk of infection include (for the two weeks following the procedure):

- Shower instead of taking a bath
- Don't have sexual intercourse
- Use sanitary pads instead of tampons
- Don't go swimming.

Seek medical advice

See your doctor immediately if:

- Your bleeding becomes heavy
- You run a fever
- You experience severe cramping or abdominal (tummy) pain.

These symptoms could indicate an infection.

Where to get help

- Your doctor
- Family Planning Victoria Tel. (03) 9257 0100
- Women's health centre.

Things to remember

- Undergoing an abortion is 10 times safer than childbirth.
- Some of the complications of abortion can include infection, damage to parts of the reproductive system, and excessive bleeding.
- See your doctor immediately if your bleeding becomes heavy, if you run a fever, or if you experience severe cramps or tummy pain.

This page has been produced in consultation with, and approved by:

Family Planning Victoria

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