
Abortion procedures - surgical

Summary

- Abortion is a safe type of surgery when performed by a trained medical professional.
 - Complications of surgical abortion can include infection, damage to parts of the reproductive system, and excessive bleeding.
 - See your GP right away if your bleeding becomes heavy, if you develop a fever, or if you experience severe cramps or tummy pain.
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Abortion means deliberately causing a miscarriage. In Australia, around 80,000 women have an abortion every year.

Abortion is a common type of surgery in Australia. It is a very safe procedure when performed by a trained medical professional. However, all surgery carries some risk.

Some of the complications of surgical abortion can include infection, damage to parts of the reproductive system and excessive bleeding.

The female reproductive system and surgical abortion

The **female reproductive system** is made up of the:

- vagina – a muscular canal that leads to the entrance (neck) of the uterus, known as the cervix
- uterus (womb)
- fallopian tubes – tubes that 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
- ovaries – two small glands that contain your eggs (ova).

When you become pregnant, a fertilised egg lodges in the lining of the uterus (the endometrium).

A surgical abortion involves the removal of the pregnancy (sometimes known as the 'contents of the uterus') via the vagina by surgical means. To have a surgical abortion, the cervix must be opened wide enough to allow the surgical instruments into the uterus.

Preparing for a surgical abortion

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

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

Anaesthetic for a surgical abortion

The clinic you go to for an abortion will tell you about what type of anaesthetic it can offer you, and how you should prepare for it.

Anaesthetic choices may include:

- **general anaesthetic** – this makes you completely unconscious. Any operation involving a general anaesthetic carries risk. There is a danger of choking if fasting isn't properly undertaken beforehand
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- **nitrous oxide gas** – or a similar gas. This puts you in a state of ‘twilight sleep’. You are awake, but sedated and calm
- **local anaesthetic** – anaesthetic is injected into your cervix to make the area numb, so that you don’t feel anything during the operation (this is known as a paracervical block)
- **local anaesthetic with intravenous sedation** – a combination of intravenous sedation (sedative medication is put into your vein using an intravenous line) and local anaesthetic injected directly into your cervix.

Method of surgical abortion

Most abortions are performed using ‘suction (vacuum) aspiration’. To have this procedure you need to be in your first trimester (first three months) of pregnancy. (This means you are 12 weeks pregnant or less.)

Your cervix opening is gradually widened with rods of increasing size and a slim tube is then inserted into your uterus. The pregnancy (the fetus and the placenta) is withdrawn with gentle suction. Another instrument called a curette is used to check the uterus is empty.

This operation takes less than 15 minutes.

Surgical abortion after 12 weeks gestation

For a termination of a pregnancy after 12 weeks gestation, for instance in the second trimester, the procedure is similar to that of a first trimester abortion, but your cervix is prepared differently. This can involve:

- Hormone-blocking tablets may be used to help soften your cervix. These tablets may be taken by mouth or inserted into your vagina. They take about two hours to take effect. The abortion is then performed using suction and instruments to remove the pregnancy.
- Your cervix opening may be widened a little, and then have a special device inserted. This device swells over several hours until the cervix is opened wide enough to allow the abortion to occur. Medications may also be used. The abortion is usually performed one or two days later.

Better Health Channel has more information about [Abortion in Victoria](#).

Complications of surgical abortion

Complications occur in around three per cent of surgical abortion cases. The risk of complications depends on how many weeks pregnant you are. Abortions performed in the first trimester are the safest. Most surgical abortions are performed in the first trimester.

Complications of surgical abortion can include:

- **haemorrhage** – bleeding after an abortion should be similar to a menstrual period. If heavy bleeding occurs the abortion may not be complete. Sometimes, treatment for this is to do a suction curettage of the uterus. Blood transfusion is rarely required
- **infection** – a fever (high temperature) may indicate that you have an infection. This can be caused by an incomplete abortion or a sexually transmitted infection. Sometimes, women can develop a chronic infection called **pelvic inflammatory disease (PID)**. Treatment for infection is with antibiotics
- **injury to the uterus** – the walls of your uterus are muscular but soft. Sometimes the surgical instruments used for an abortion can injure (or ‘perforate’) the uterus. In rare instances this can cause an abdominal infection (**peritonitis**) and severe blood loss. This complication is very rare and, if it occurs, will usually be recognised and treated straight away
- **injury to the cervix** – the cervix is stretched during an abortion. If you have multiple procedures the cervix can weaken – this is sometimes called an ‘incompetent’ cervix.

An incompetent cervix can cause problems in later pregnancies, because it is too weak to remain fully closed under the weight of a growing pregnancy.

These last two complications are rare, because surgical abortions are undertaken by experienced surgeons.

After a surgical abortion

Be guided by your clinic as to how to care for yourself and reduce your risk of infection after a surgical abortion. Generally, the following suggestions apply (for two weeks after your procedure, or a few days after bleeding has

stopped):

- Shower instead of taking a bath.
- Avoid sexual intercourse.
- Use sanitary pads instead of tampons.
- Avoid going swimming.

When to seek medical advice after a surgical abortion

See your clinic, GP or a hospital emergency department immediately if:

- your bleeding becomes heavy
- you develop a fever
- you experience severe cramping or abdominal (tummy) pain.

These symptoms could indicate an infection.

Where to get help

- Your GP
- In an emergency call 000 for an ambulance
- Hospital emergency department
- The clinic or doctor you attended for the abortion

- **Family Planning Victoria** Tel. **1800 013 952** or **(03) 9257 0100**

- **1800myoptions** Tel **1800 696 784**

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

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