

Hampton Park Women's Health Clinic

Complications of Surgical Termination

Surgical termination is a very safe procedure. We use the term surgical, but it is a procedure. There is no cutting, the pregnancy is accessed through the vagina and removed by gentle suctioning.

- 1. Excessive Bleeding** - Occasionally very heavy bleeding occurs at the time of the procedure and rarely necessitates admission to hospital. (1 in 5000 patients). Prolonged or troublesome bleeding may occur after termination of pregnancy, which requires no specific treatment (1 in 200 patients) and may require a blood transfusion.
- 2. Retained Products of Conception** - This complication arises due to some pregnancy tissue remaining after your procedure (approximately 1 in 200 patients). This complication can cause heavy to very heavy vaginal bleeding often associated with abdominal cramping. An indication of this may be bleeding that lasts longer than 2 weeks. Repeat curettage of the uterus may be necessary or misoprostol given as per doctors instructions. The incidence of this with your surgeon today is 1 in 500.
- 3. Infection** - You will be given a course of antibiotics after the operation to minimise the risk of infection. During the procedure the doctor will perform swab tests to identify those patients who have a pre-existing infection of the cervix and vagina (with your consent.) In spite of this a small percentage of patients will develop an infection of the uterus (up to 5:100 or 5%) and more rarely of the fallopian tubes (1 in 200). The symptoms of infection are increasing abdominal pain, offensive vaginal discharge, a fever and sometimes increased bleeding. Please report two or more temperatures above 37.5 degrees or any of the symptoms listed above.
- 4. Uterine Perforation** - During the procedure one of the instruments used can perforate the wall of the soft, pregnant uterus. This causes a small hole in the wall of the uterus (1 in 1000 patients). This is managed by observation in hospital and usually requires no intervention. Rarely a formal operation is necessary to repair the uterine wall. The incidence of this with your surgeon today is less than 0.01%.
- 5. Continuing Pregnancy** - Very occasionally, particularly if the procedure is done very early in pregnancy the conceptus may not be removed. For reassurance, we do send a sample to the lab to confirm that pregnancy tissue has been removed from the uterus. When necessary we might need you to take a blood test after the operation to confirm a dropping pregnancy level, this may need to be repeated in 2 days.
- 6. Blockage of the Cervix/Ashermans Syndrome** - This occurs 1 in 1000 patients. This causes absence of periods plus abdominal cramping when the period should have occurred. It occurs when the cervix heals with some scar tissue, blocking the normal passage from the uterus. The risk is lower when abortions are performed early in the pregnancy. This may require simple dilation of the cervix. Asherman's Syndrome is a rare complication which might occur usually when a patient has had 2 or more surgical curette procedures. Gradually with time scar tissue forms causing absence of the menstrual period and marked period pain.

This can then affect future fertility if not treated. Treatment usually involves a hysteroscopy, during which a doctor looks inside the uterus and burns away the scar tissue, to allow the lining of the uterus regrow. Please advise our doctor if you have had two or more terminations or D&C procedures.

7. **Ectopic Pregnancy** - An ectopic pregnancy is one that grows in the fallopian tubes and not in the uterus. This occurs approximately 1 in 200 pregnancies. At termination, no pregnancy tissue will be obtained. IF an ectopic pregnancy is suspected you will need to undergo further investigation and will require admission to hospital for treatment.
8. **Emotional Reaction/Negative Emotional Reaction** - For a couple of weeks your hormone levels decline but remain in the body. Some women feel a bit up and down during this time. Some people experience emotions of grief, regret, sadness and guilt. Most people feel a sense of relief. These emotions are normal. In some cases the abortion may trigger emotions from issues that were present prior to the pregnancy. Follow up counselling might help you to understand your feelings and maintain your sense of well-being. Some research suggests that in a small percentage of cases, some women may have a negative psychological reaction after a termination of pregnancy. Those with a history of mental illness such as Depression are more at risk.
9. **Other Complications** - These include allergic reactions to anaesthetic agents both local and intravenous anaesthetic. This could happen with any sort of operation so it is important for you to give an accurate and full medical history. If you are having an intravenous anaesthetic you must not have anything to eat, including milk drinks for at least 6 hours prior to your anaesthetic. A small glass of water (less than 100mls) is permissible in no less than 2 hours pre-operatively. This is required to reduce the risk of vomiting and serious lung complication. This list of complications is given to you to read not to alarm you but to make sure that you are aware that termination of pregnancy like any other operation is not always completely straightforward. Only an experienced doctor will be doing your operation and every care is taken to minimise the complication rate. It is important that you attend for a post-operative check-up in 2 weeks with your local doctor.

Your responsibilities as a patient of Hampton Park Women's Health Clinic are to:

- Attend your GP 2 weeks post procedure
- Attend your GP if you receive a text message from HPWH regarding your pathology
- Advise your GP that your results can be found at 4Cyte Pathology