



MEDICAL ABORTION PERFORMED UNDER 7 WEEKS GESTATION	SURGICAL ABORTION PERFORMED UNDER 13 WEEKS GESTATION
<p>Your chance of still being pregnant after treatment is 1 in 50 if performed before 7 weeks gestation (98% effective). This decreases to 1 in 10 if performed after 7 weeks (91% effective)</p>	<p>Your chances of being pregnant if the surgery is performed after 6 weeks gestation is less than one in 2500 pregnancies according to our statistics. (99.9 % effective.)</p>
<p>Is best performed for early pregnancies once the pregnancy sac can be seen on ultrasound (5 – 6 weeks.) It can be used for pregnancies up to 9 weeks but is most effective if 7 weeks gestation or less.</p>	<p>Is best performed from 6 weeks gestation, once the pregnancy sac can be seen on ultrasound up until 13 weeks at our clinic. Other Clinics will perform the operation for later pregnancies so please call for more information.</p>
<p>Anaesthesia is not required unless you need surgery. It is important to remember that some women might need to undergo surgery for reasons such as: incomplete miscarriage/ remaining tissue (5%), failed abortion (5.4 %), very heavy bleeding (4 %) i.e. 1 – 2 out of every ten patients (14 %). Avoiding anaesthesia and surgery can be a good option if you have a history of anaesthetic complications, difficult past surgery, multiple prior surgical abortions and obesity.</p>	<p>Anaesthesia required. Intravenous sedation is used so that you are asleep /sedated during the surgery. The level of sedation can be discussed with the anaesthetist. Sedation is given to minimize discomfort during the removal of the pregnancy. The percentage of women needing repeat surgery for failed surgical abortions is 0.01 %, remaining tissue is 0.5 %, for very heavy bleeding 0.05 % i.e. approximately one – two out of every thousand patients.</p>



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<p>Miscarriage is usually completed at home within 12 hours of taking the second medication however might take days or even weeks to complete.</p>	<p>The procedure takes place in theatre and takes about 15 minutes. You will need to visit the clinic for a total of 3 hours and need someone to drive you home.</p>
<p>Side effects of the medications are generally greater. Including:</p> <ul style="list-style-type: none"> • Nausea (50%) • Vomiting (15%) • Diarrhea (15%) • Hot Flushes/fevers (15%) • Faintness (10%) • Pain. Women who undergo a MEDICAL ABORTION are most likely to experience pain, especially when the abortion occurs after 7 weeks gestation. 	<p>Nausea and vomiting can occur after your surgery and are treated before you leave the clinic. Similarly post-operative pain is treated so that you should only have mild to moderate period pain when you leave the clinic.</p>
<p>Bleeding lasts longer for a medical abortion, on average 9 days. Some patients might bleed for up to one month after the tablets are taken. The bleeding can be heavier than with a surgical abortion (4 % women experience heavy bleeding.) The later the abortion is performed the greater the chance of heavy bleeding.</p>	<p>Average bleeding with a surgical abortion is 4 days. Bleeding rarely lasts for more than 2 weeks Studies show heavy bleeding occurs in 0.05 – 1 % of women after a surgical abortion. Surgery performed after 11 weeks gestation has a greater potential for bleeding.</p>
<p>Fertility. Where no further surgery is required there is no risk to future fertility except by delaying pregnancy i.e. Women over 37 years of age have a sudden and dramatic decrease in natural fertility. In cases where surgery is avoided there is no risk of uterine perforation.</p>	<p>Studies show that having one to two operations does not decrease fertility. We have no studies to know if this changes if further surgery is required. It is important to remember that the same surgery is needed often for incomplete miscarriages occurring naturally. The risk of uterine perforation is approximately one in 1000 patients.</p>
<p>Requires a minimum of two visits to the clinic two weeks apart.</p>	<p>One visit is needed lasting 3 hours, with someone to drive you home.</p>
<p>Very few studies can be found looking at the rate of infection following a medical versus surgical abortion but the evidence we have suggests the rates are similar (0.92 % or approx. 1 %)</p>	<p>The risk of infection following a surgical abortion has been found to be 1.2 %.</p>