



Northumbria Healthcare
NHS Foundation Trust

Surgical termination of pregnancy

Issued by Obstetrics and Gynaecology



This leaflet is to give you information about your surgical termination of pregnancy (abortion) and afterwards.

A surgical termination of pregnancy (STOP) means you will go to the operating theatre to have the pregnancy tissue removed under general anaesthetic.

At Northumbria, STOP is only available to women less than 12 weeks pregnant, due to the increased risk to you if your pregnancy is more than 12 weeks.

You will usually be admitted as a day case patient.

What do I need to do before I am admitted to hospital?

You must arrange to have a responsible adult to take you home. You also need a responsible adult to stay with you for the first 24 hours after your anaesthetic. This is because, a general anaesthetic may make you feel tired and may affect your judgement. You must have easy access to a telephone in the event of an emergency.

Why am I asked not to eat and drink before my operation?

You must not eat or drink anything for at least six hours before your operation, this includes chewing gum. You may drink water up until you come into hospital. This is very important advice and must be followed. If you forget and do eat and drink anything then please tell your doctor or nurse. Your operation may need to be postponed for your safety. This is because when you are unconscious, if your stomach contains food or drink you may be sick, it could get into your lungs, affect your breathing and cause an infection. Your nurse will discuss this with you.

What will happen when I am admitted to hospital?

You will be admitted to hospital for the day. Depending upon how you feel after your operation you may possibly stay overnight. Please bring a nightdress, dressing gown, slippers, toiletries and sanitary pads with you.

A sample of your blood will be taken to confirm your blood group whether you are rhesus negative or rhesus positive. It is important to find your blood group and rhesus factor in case you need a blood transfusion. If you are found to be rhesus negative (Rh-ve) you will be given an injection of Anti-D to protect future pregnancies.

What will happen before my operation?

Before admission you will need to shower or bath, if it is not possible please let the ward staff know.

Please do not wear

Contact lenses, make-up, nail polish or jewellery. They all need to be removed before going to theatre.

When you arrive on the ward there are a number of checks to be made:

- Your personal details will be taken
- You will be shown your bed
- A nurse will then take your temperature, pulse and blood pressure
- Complete a theatre checklist
- You will be given a hospital gown to change into
- You will need to remove any undergarments before going to theatre
- False teeth, if any, may be removed in the operating theatre

You will see the anaesthetist who will explain the anaesthetic procedure.

You will be prescribed tablets that are to be inserted into your vagina. These tablets soften your cervix (neck of the womb) so that it is easier to perform the operation safely. With your permission a nurse will gently insert these tablets into your vagina, before your operation.

If you have second thoughts about the operation, please tell us before these tablets are given. We cannot guarantee that you will not miscarry after they have been given, if you change your mind.

You will also be given four antibiotic tablets to take (Azithromycin), these tablets are given to prevent any infection.

Your nurse will go with you to the operating theatre, where she will hand you over to the care of a theatre nurse. You will be taken to the anaesthetic room where you will be given your general anaesthetic.

What will happen after my operation?

After your operation you will be cared for in the theatre recovery room until you have woken up. You will be taken back to your ward. When you have awoken fully, you will be offered something to eat and drink and may get up when you feel ready.

You will need to stay on the ward for 2-3 hours after your operation. Then, if your vaginal bleeding is only slight and you are not feeling faint or unwell, you may go home.

What about contraception (family planning)?

You should not have sex for 4 weeks after your termination. It is vital that you start some form of contraception as soon as possible after your termination. It is possible to get pregnant before your next period if you do not. Your nurse will discuss all of the options with you and give you information leaflets.

If you decide to use:

- **Implant;** this can usually be inserted on the ward before you go home.
- **Injection (Depo provera):** this can be given on the ward before you go home.
- **The 'pill';** the first tablet should either be taken that night or the next morning. Your nurse will arrange a supply for you before you leave the ward.
- **Coil;** this can be fitted at the same time as STOP.

What should I expect to happen when I go home?

You should expect some vaginal bleeding for a few days, like a period, which will gradually stop. You may have some period-type cramp pain for 24 to 48 hours. Taking paracetamol, according to the information leaflet, can help.

You must contact your GP if:

- The pain becomes severe
- Your bleeding is very heavy, for example soaking sanitary pads
- Your vaginal loss becomes smelly
- You feel feverish or generally unwell

You are strongly advised to use sanitary pads, NOT tampons, during this bleeding. This helps reduce the risk of infection. Your next period will be due any time during the next 3 to 8 weeks and may be heavier or lighter than usual. You may bathe and shower as you wish.

After 3 weeks it is advisable to take a home pregnancy test to ensure the procedure is complete, if the test result is positive please contact the outpatient department to arrange appropriate follow up. Please contact the department for advice on how to recognise potential complications, including signs of on-going pregnancy, if you are unsure post discharge.

Are there any risks associated with surgical termination of pregnancy?

There are risks that you need to consider before you agree to the operation. These include:

- risks associated with general anaesthetic, your anaesthetist will discuss these with you.
- heavy bleeding at the time of the operation, this is rare, but can happen in 1 woman in every 1000.

- uterine perforation (making a hole in the womb) during the operation. This is rare but can happen to 1 – 4 women in every 1000. If this happens a laparotomy (exploratory operation) involving a cut in the abdomen (tummy) may be required. This is to assess and repair any injuries to organs such as the bowel.
- damage to the cervix (neck of the womb) when it is being stretched during the operation. This is rare, occurring in less than 1 woman in every 100. Should this occur it would be repaired with a stitch. The vaginal tablets given before your operation reduce the risk of this happening.
- post-operative infection, this can happen in up to 1 woman in every 10.
- failure to terminate the pregnancy, this can be the result of 1 or 2 per 100 procedures.

Emotional support

You may feel depressed for a short time following a STOP, but as your body returns to its normal pre-pregnancy state these feelings should begin to settle. Ensure that you take care of yourself and give yourself enough time to recover.

You may feel you require some support at this time; this could be sought from family and friends. Your GP can also offer you help and support or your nurse can refer you to see a counsellor in the Women's Health Psychology and Counselling Service which is located in the hospital –see below for contact details.

This is a very sad and emotional time for you, your partner and family. It will take some time to adjust emotionally to what has happened. It can be a comfort to know that the pregnancy loss is disposed of in a sensitive and respectful manner. A communal cremation service is held by each of the main hospitals. If you would like to attend one of these cremation services please contact the bereavement office on **0344 811 8111** and ask for the relevant hospital site.

For advice please contact

Wansbeck General Hospital

Gynaecology outpatients 01670 564 140

North Tyneside General Hospital

Gynaecology outpatients 0191 293 4374

Ward 6 0191 293 2568

Hexham General Hospital

Women's health unit 01434 655 353

The Northumbria (Cramlington)

Emergency gynaecology clinic 0191 607 2908

Ward 15 0191 607 2015

Other sources of information

Obstetrics and gynaecology
health psychology

01670 564 095

Alternative Formats

If you would like a copy of this information in large print, another language, audio tape or other format please call the Contact Centre on **03 44 811 8118**

Other sources of information

NHS 111

NHS Choices

www.nhs.uk/pages/homepage.aspx

NICE (National Institute for Health and Clinical Excellence)

www.nice.org.uk

Patient Advice and Liaison Service (PALS)

Freephone: **0800 032 0202**

Text: 01670 511098

Email: northoftynepals@nhct.nhs.uk

Northumbria Healthcare NHS Foundation Trust

General Enquiries **03 44 811 8111**

www.northumbria.nhs.uk

PIN 042/V7

Review date: August 2022

© This material is the copyright of the Northumbria Healthcare NHS Foundation Trust