

FACTSHEET: Surgical Abortion

Q&A for patients having a surgical abortion procedure at this facility



Surgical abortion is a safe and straightforward daysurgery procedure used to terminate a pregnancy. It is most commonly performed in the first trimester (up to 12 weeks gestation). However, it can be performed up to 21 weeks gestation.

Surgical abortion in the first trimester is a low-risk procedure with a high success rate of greater than 98%. A doctor, trained in abortion care, uses gentle suction to remove the pregnancy from the uterus. The procedure takes between 5–15 minutes and is usually performed under intravenous (twilight) sedation.

Will surgical abortion affect my ability to get pregnant or have a family in the future?

A surgical abortion is extremely safe and highly likely to be successful. It is unlikely to have complications after a surgical abortion. However, all surgical procedures have risks associated with them. If you are pregnant it is likely you will become pregnant again, unless effective contraception is used.

What can I expect after the procedure?

At our clinic, you will wake gently from the light anaesthetic (procedural sedation) which is given when you have a surgical abortion. You may initially have some mild cramps and light bleeding which should settle within two weeks of the procedure. When you are awake and comfortable, you can be driven home to have a quiet day, though we do recommend that you get back to your normal routine as quickly as possible. Most women feel relieved after the abortion, as it means they can start putting it behind them and moving on with life. However, it is quite normal to feel a sense of loss and sadness initially. In time, and with self-care, this will improve.

In the longer term, over the initial 2-week period following your procedure, your body will return to feeling normal as pregnancy symptoms subside. You may continue to bleed lightly for up to 2 weeks after the procedure. We recommend that you do NOT have anything in the vagina, including tampons or sexual intercourse for the 2 weeks after the procedure. This helps prevent infection and gives your body a chance to recover.

If you are concerned that your recovery is not as rapid as you would hope, or you are concerned about pain, bleeding or another symptom, please call the clinic. We are always happy to review our patients at any time.

For more information

For further information visit our website at: www.clinic66.com.au

https://www.clinic66.com.au/surgical-vs-medical-termination

https://www.clinic66.com.au/surgical-abortion

https://www.clinic66.com.au/surgical-abortion-preparation

At Clinic 66 we are proudly accredited to the National Standards in Safety and Quality as a Day Surgery facility & with the Royal Australian College of General Practitioners as a General Practice; Clinic 66 delivers affordable excellence in health care using best practice.



When can I start contraception to prevent future unplanned pregnancy?

We make sure that when you attend for a surgical abortion, that you leave the clinic with a plan for future contraception. We recommend effective contraception and proactive family planning. This will prevent the need for another abortion, and be ready to have a child.

Our preferred birth control options are the Long Acting Reversible Contraceptives (LARCs) as they are very reliable, cost effective and have minimal side effects. It may be possible to fit you with a long acting reversible contraceptive e.g. Intrauterine Device or Implant, at the time of the abortion. Otherwise we can give you a prescription for a pill or provide information about male and female sterilization.

Condoms are commonly used for prevention of sexually transmitted infection, but they are not very reliable as a form of birth control.

We do perform vasectomy procedures at Clinic 66, but men are not sterile for at least 3 months after a the procedure has been completed. Vasectomy is only suitable for men who want a permanent form of birth control.

I feel very confused about my options. What do you suggest?

Any of our consulting doctors will be happy to see you for "non-directive pregnancy options counselling". This can be done by Telehealth (using phone or video consultation). During this consultation, we will not try to persuade you one way or another; just work with you until and provide necessary information so that you can decide what options are best for you.

Your doctor will help you think through the issues which may impact your decision e.g. physical, emotional, personal, financial factors, and can answer any questions or address your concerns. We all need to know that your decision has been carefully considered.

It's important that you are sure that you want this procedure, as we will not provide an abortion for a woman who is ambivalent. When making your decision about an abortion, it's helpful to have support from one or more people who you trust, and who care about you. If you are having difficulty or feel unable to make a decision, we can refer you to a specialised counsellor, for telehealth or face to face counselling.

What do I need to bring for my procedure?

You will be contacted the day before your appointment to confirm a time. Please do not eat anything for 6 hours prior to your appointment, however you are encouraged to drink water up to 2 hours before. Please bring sanitary pads (light flow), your Medicare card, photo ID, comfortable clothing, snacks, and drink for after procedure, book to read, exact cash or card for payment. You may be in the clinic for 3-4 hours.

Please do NOT bring children. Unfortunately, due to COVID 19 restrictions, your support person or people will have to wait for you outside the clinic. Please bring a face covering with you.

We look forward to meeting and looking after you.

This publication is designed to inform and educate, it is not intended to provide specific medical advice or replace advice from your medical practitioner. Gynaecare and Clinic 66 have taken every care to ensure that the information contained in this factsheet is accurate at the time of publication. However, as healthcare knowledge changes frequently, you are advised to seek further medical advice from a licensed medical practitioner before making any decisions in regards to medications and health care. Clinic 66 accepts no responsibility for any issues that may arise if you choose to act on this information without seeking proper guidance from your healthcare provider. © Clinic 66. Any sharing or use of this document must be attributed to Clinic 66 – Publication date Oct 2020 Dr Emma Boulton.