Gynaehealth
Level 6 / 4 Paxton Street,
Springwood, QLD, 4127
Ph:07 33971211
admin@gynaehealth.com.au

Surgical Abortion

What is a surgical abortion?

A surgical abortion is a simple and safe day procedure used to end a pregnancy. It is one of the most common surgical procedures in Australia. The procedure involves softly opening the cervix (entrance to the uterus) and removing pregnancy tissue using gentle suction curettage. The surgery happens through the vagina, there is no cutting involved, and performed under a short general anaesthetic. For later pregnancies (11-12 weeks +), a medication will be required before your surgery to soften your cervix.

How Long Does It Take?

While you will be present at the day hospital for approximately 4 - 6 hours, the procedure is completed in about 10 minutes.

Recovery after anaesthesia is approximately 1 hour, and you should feel back to normal before you head home.

If you are required to take a medication before your surgery, your time at the hospital will increase by 1-3 hours.

While it might seem a long time despite the procedure being short, this is standard practice to ensure your entire journey is safe and efficient. We will have you home as soon as safely possible.

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Does It Hurt?

You will be pain-free and asleep during the procedure where the Anaesthetist will give you strong pain relief and anaesthetic. When you wake up in recovery you may have some pain similar to your period pain. The team will ensure there are adequate medications for you in recovery should you have significant pain, discomfort, or nausea.

What Should I Bring?

You will need photo identification and your medicare card if you have one.

If you have a referral, blood results or ultrasound scan and/or report, please bring these or ask your doctor to send directly to the clinic. This extra information will make your journey smoother.

Please also bring spare underwear and sanitary pads (not tampons).

How do I prepare for my procedure?

You will need to fast from midnight the night before. This means nothing to eat, including chewing gum, or drink before arriving; small sips of water may be consumed up to two hours before your arrival time.

Have someone to pick you up and drive you home for rest and recovery.

We may need a urine sample from you during your admission so please check with reception before using the bathroom.

You may bring a support person with you who can attend your consultations. However, the nurse will talk to you by yourself for your initial consultation.

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You may also like to bring some headphones, a phone charger, or a book to keep you occupied during your wait times. Warm socks and comfortable clothes are recommended.

What happens on the day?

You will have a consultation with the admission nurse, the operating doctor and the anaesthetist before your procedure.

We will ask about your medical history, previous pregnancies, and any operations you have had.

We will explain the procedure and answer any questions you may have.

An ultrasound may be performed in your consultation, we will not show you the ultrasound unless you ask to see it.

Before your procedure we will ask you to change into a gown and wait in an internal waiting room, your support person will not be able to sit with you in this area. A nurse will come to collect you from the waiting room when it is time to go to the theatre.

If you require medication before your surgery, you will be taken to a comfortable waiting area where the nurses will give you the medication and monitor you. A nurse will come and collect you when it is time to go to the theatre.

After your procedure you will recover with a nurse monitoring you. You will be discharged home to continue your recovery after approximately 1 hour.

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Cervical Preparation

Before your surgical abortion, we may use cervical preparation to help soften and relax the cervix (the neck of the womb). This reduces the risk of cervical injury and helps ensure that the procedure is performed safely and effectively. The medication we use for this is a prostaglandin called **Misoprostol**.

Why is Misoprostol Used?

Using Misoprostol before the procedure can help reduce the risk of complications during the procedure and lower the chance of retaining pregnancy tissue or blood clots after the procedure.

Your doctor will review your medical history and gestation before prescribing the dose of Misoprostol. You will need to wait after taking the medication before your procedure, to allow time for it to work. The waiting time needed depends on how many weeks pregnant you are and your previous birth history.

Possible Side Effects:

Misoprostol is generally well tolerated. Some people experience side effects including:

- Cramping
- Vaginal bleeding
- Nausea
- Diarrhoea
- Chills
- Rarely, misoprostol can cause miscarriage before the procedure. If you think this is happening, tell a nurse immediately.

Serious Risk (Rare)

A rare but serious complication is uterine rupture (tearing of the uterus) which is more likely if you have had a previous caesarean section or uterine surgery.

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What should I do if I have more questions not answered here?

Please feel free to ring Gynaehealth (07 33971211) to ask any additional questions, you may also request to speak with a clinic nurse. The nurse will usually call back within 24-48hours.

Resources and Support

Everyone has different feelings about their own procedure, there is no right or wrong way to feel. For emotional support or someone to talk to about your feelings, please see available options below.

Children by Choice: 07 3357 5377 (in Brisbane) or 1800 177 725 (State-wide). Free counselling service for anyone in Queensland, assisting any pregnant person with support, options, and unbiased opinion.

Lifeline: 13 11 14. 24-hour trained crisis supporter and suicide prevention telephone service. 24-hour text service available at: www.lifeline.org.au/crisis-text/ and 24-hour online chat service available at: www.lifeline.org.au/crisis-chat/

1800 RESPECT: 1800 737 732. 24-hour confidential information, counselling, and support service for Queenslanders experiencing or impacted by domestic, family, or sexual violence.

DVConnect: 1800 811 811. 24-hour women's line, crisis support counselling, safety planning, emergency transport and accommodation and more services available for Queenslanders experiencing or impacted by domestic, family, or sexual violence.

13HEALTH: 13 43 25 84. 24-hour registered nurse health advice (Queensland).

13YARN 13 92 76. Aboriginal & Torres Strait Islander Crisis Supporters, Free and confidential service available 24/7

Red Nose Grief and Loss: 1300308 307. Free, 24/7 Bereavement Support Line. www.rednosegriefandloss.org.au/

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Risks and Complications for Surgical Abortion:

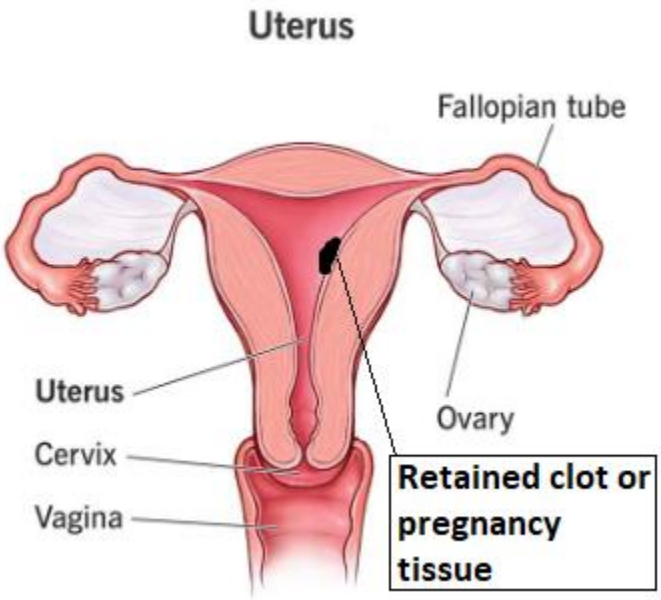
Surgical abortion is a very safe procedure, however all procedures carry some risks. The risks mentioned below do not include all possible complications but are the more common or important complications.

Retained pregnancy tissue or clot:

What is it: A small amount of tissue may stay in the uterus, or blood may collect and form a clot. This can cause excessive bleeding and/or pain.

Action/treatment: May require treatment or a repeat procedure.

Approximately 1-2 in 100 procedures



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Infection:

What is it: When bacteria or a virus enters and grows in the body. This is uncommon, and serious infection is rare.

Action/treatment: We will give you antibiotics to reduce the risk of infection and instructions for when you go home to reduce this risk.

Less than 1 in 100 procedures

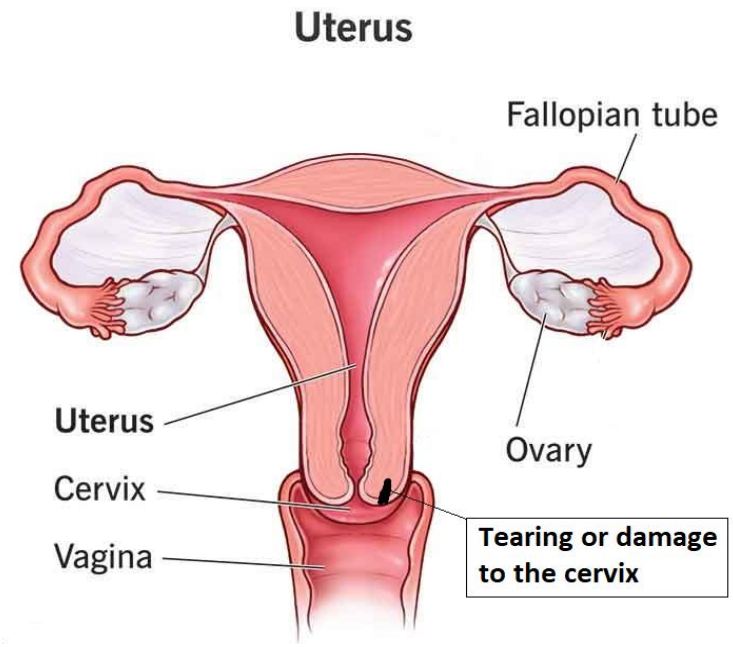


Cervical trauma

What is it: Damage or tearing of the cervix (lower part of the womb). Usually, a small tear of the cervix that can heal itself.

Action/treatment: You may be given medication before the procedure to reduce this risk. The operating doctor can treat at time of the procedure.

Approximately 1 in 100 procedures; risk is higher with later pregnancy



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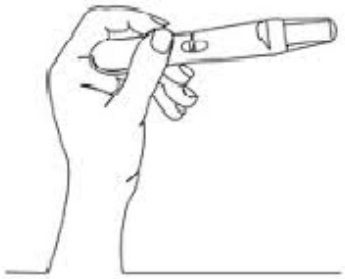
Continuing pregnancy

What is it: The pregnancy remains and may continue to grow. This is more likely in procedures done very early in pregnancy.

Action/treatment: May require treatment or a repeat procedure.

1 in 500 procedures



Haemorrhage

What is it: Excessive bleeding.

Action/treatment: You may need further surgery, intravenous fluids or a blood transfusion.

This is very rare, 1 to 2 in 1000; risk is higher with later pregnancy



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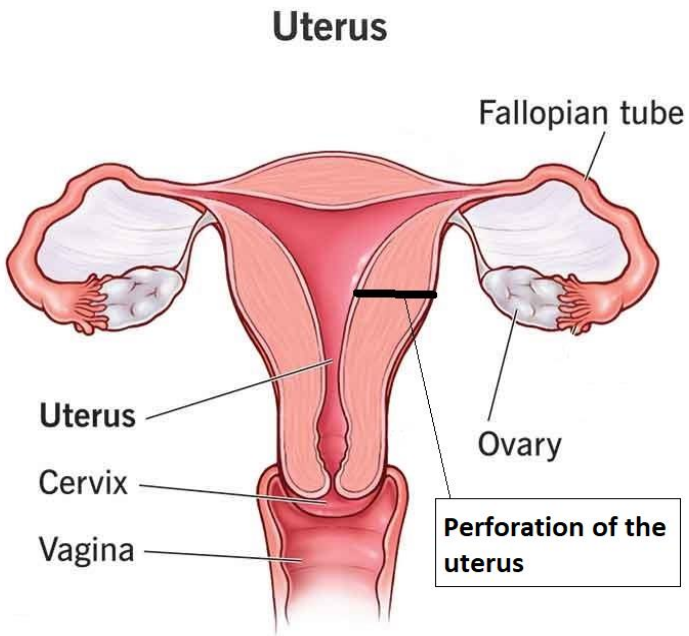
Perforation of the uterus:

What is it: A small hole in the uterus made by a surgical instrument. Serious uterine perforation is very rare and can affect other organs.

Action/treatment: A hole can heal itself without intervention. However, if we are concerned about possible injury, we will transfer you to a hospital for further assessment. In some cases, you might need surgery. In rare cases to save your life, it may be required to have your uterus removed.

1 in 1,000 procedures; risk is higher with later pregnancy.



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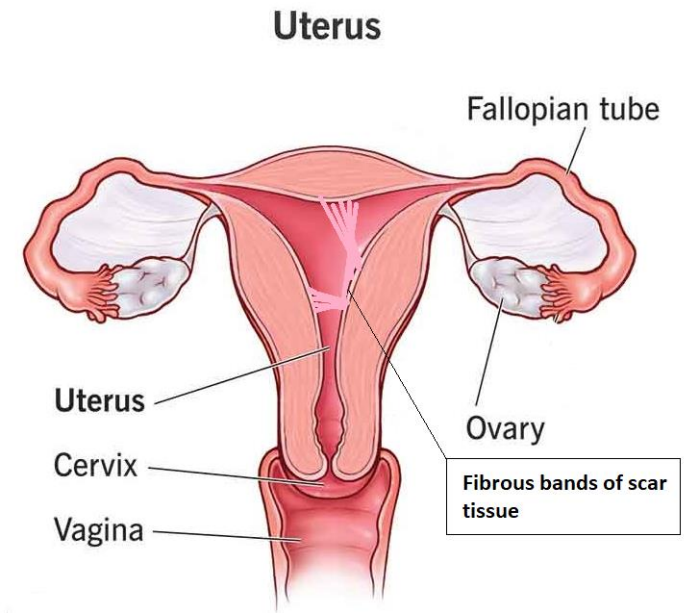
Intrauterine adhesions (Asherman's syndrome)

What is it: Scar tissue within the uterus and/or cervix which may cause changes to your menstrual cycle and can impact fertility.

Action/Treatment: Diagnosis would be via a gynaecologist who can provide various treatments options.



Future Pregnancies:

An uncomplicated surgical abortion does not affect your chance of becoming pregnant in the future.

There is a small associated risk of a future pre-term birth, giving birth more than 3 weeks earlier than due date, compared if you have not had a surgical abortion.

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Anaesthetic Risks:

Common but minor risks (5 -10%)

Nausea and vomiting is one of the most common side effects which is often short lived and medications may reduce this.

Sore throats and Hoarseness is typically temporary and mild and is often a risk if an airway device is required.

Confusion and memory issues are short term cognitive effects in the immediate post operative period.

Shivering and chills are common with long procedures usually minor and short-lived.

Minor allergic reactions such as mild skin reactions and rashes.

Moderate Risks (1 -5%)

Respiratory: lung infections or aspirations pneumonia, more common in patients who are not fasted, have severe reflux or preexisting lung conditions.

Cardiovascular – heart rhythm disturbances, heart attacks, or strokes more common in patients with heart problems.

Rare but serious (<1%)

Anaesthesia awareness (e.g., awake during surgery but cannot move or communicate). Extremely rare with general anaesthesia light sedation (e.g., twilight) is often expected to include some awareness.

Anaphylaxis a life-threatening allergic reaction and is very rare risk is less than 1 in 10,000.

Death is more common in elderly or critically ill patients.