

Pregnancy Advisory Service: Surgical Termination of Pregnancy

This leaflet explains more about surgical termination of pregnancy. If you have any further questions, please speak to a doctor or nurse caring for you.

What is a Surgical Termination of Pregnancy?

Surgical termination of pregnancy (STOP) is an operation performed to end a pregnancy so that it does not result in the birth of a baby. It is also referred to as an abortion.

What does the operation involve?

If you are under 15 weeks pregnant

Just before the operation, the nurse gives you two tablets of misoprostol which can either be taken sublingually (underneath your tongue) or vaginally (you will be asked to insert into your vagina as close to the cervix as possible). Misoprostol helps to soften the cervix and makes the procedure easier and safer.

The operation will be performed under a general anaesthetic. This means that you will be asleep for the entire procedure and will not feel any pain. During the operation the surgeon will dilate your cervix and insert a small suction tube which will remove the pregnancy tissue. Women should be aware that this is a destructive procedure and that the pregnancy will not be removed intact.

If you are over 15 weeks pregnant

You will need to come into the day before your surgery is due to take place; this is for insertion of Dilapan. Dilapan are rods that are inserted into the cervix and left in overnight. They work by absorbing the fluid from the cervix, gently expanding to prepare the cervix to make the procedure easier and safer. You will be sent home with the Dilapan inside and be given a letter for you to keep with you and to bring into hospital should you experience any problems. If any fall out you will be advised to bring these with you to the procedure the following day.

The operation is performed under a general anaesthetic. This means you will be asleep for the entire procedure and will not feel any pain. During the operation the surgeon will dilate the cervix and the pregnancy tissue will be removed with forceps which is all performed under ultrasound guidance. Women should be aware that this is a destructive procedure and that the pregnancy will not be removed intact.

If you are over 20 weeks pregnant

In addition to having Dilapan inserted, a healthcare professional will also discuss feticide with you. Feticide involves an injection through your tummy to stop the foetal heartbeat, and is offered to all women from 20 weeks of pregnancy and strongly recommended from 22 weeks of pregnancy.

What are the risks?

The main risks include complications of anaesthesia, post-surgical pain, bleeding and infection.

In addition there is a small risk of making a hole in the uterus during the procedure. This is rare and occurs in less than two in every 1,000 patients. If this happens, the surgeon may need to put a telescope through your navel to ensure that there is no damage inside. If there are complications during the procedure, you may require additional surgery performed through a cut in your stomach to repair this. As a result you may stay longer in hospital. This is extremely rare.

Long term studies have not shown any increase in problems occurring in future pregnancies or any reduction in fertility following this procedure. However, if you do experience any serious complications, this may affect your ability to become pregnant in the future.

Asking for your consent

It is important that you feel involved in decisions about your care. For all treatments you will be asked to sign a consent form to say that you agree to the treatment and understand what it involves. You can withdraw your consent at any time, even if you have said yes previously. If you would like more details about our consent process, please ask for a copy of our policy.

What should I expect after the operation?

After you have had your operation you will remain in the recovery area for about an hour. This is to ensure your blood pressure, pulse and any bleeding are all within normal limits.

You may experience a cramping like pain in the lower abdomen. If this occurs please inform the recovery staff so that they can offer you extra pain relief.

If you have any post-operative nausea or vomiting, the recovery nurses can administer anti-sickness medication to relieve those symptoms.

When your pain is at a tolerable level, your observations are within normal limits and you have had something to eat and drink, the recovery staff will arrange for your discharge.

If your blood group is rhesus negative you will be given an Anti-D injection to prevent complications with any further pregnancies. Your nurse will discuss this with you. For more information please visit www.nhs.uk and search for Anti-D Immunoglobulin.

You may also be given an injection to prevent blood clots. Your nurse will speak to you about this if necessary.

Going Home: What do I expect?

You will bleed vaginally for a few days after the procedure. This should be like a normal period. Please do not use any tampons during this time as they can cause infection.

You will have mild pain which will be similar to a normal period. Simple painkillers such as Paracetamol should relieve this. Please ensure you have simple painkillers at home ready.

Please avoid sexual intercourse for two weeks following the procedure.

It can take up to 48 hours for a general anaesthetic to leave your system. As a result avoid driving, heavy lifting and using electrical equipment. After 48 hours you may recommence your normal routine.

Please ensure you have someone to collect you either in a car or taxi following your procedure and to stay with you for 24 hours following the procedure.

Once at home if you are worried about pain or bleeding then you would need to contact your local A&E or GP. Before you are discharged from the hospital you will be given a letter explaining about the procedure you have had. Please ensure that you take this with you if you do attend A&E or see your GP as it will make it easier to assess and treat you if required.

Contraception

During your initial consultation you will have been given the opportunity to discuss your future contraception plans with our contraceptive nurse. However if you were unsure at this time, you can always access the Family Planning Services in the community or alternatively see your GP.

Sexual Health South West London

<https://shswl.nhs.uk>

Contact us

St George's Hospital Pregnancy Advisory Service:
07827 834710
020 8725 0602

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.stgeorges.nhs.uk

Additional services

Patient Advice and Liaison Service (PALS)

PALS can offer you on-the-spot advice and information when you have comments or concerns about our services or the care you have received. You can visit the PALS office between 9.30am and 4.30pm, Monday to Friday in the main corridor between Grosvenor and Lanesborough wings (near the lift foyer).

Tel: 020 8725 2453 **Email:** pals@stgeorges.nhs.uk

NHS Choices

NHS Choices provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health.

Web: www.nhs.uk

NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

Tel: 111

AccessAble

You can download accessibility guides for all our services by searching 'St George's Hospital' on the AccessAble website (www.accessable.co.uk). The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.



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