



Side Effects of Surgical Abortion

The type of surgical abortion procedure used is based on the woman's stage of pregnancy. Before seeking a surgical abortion procedure, you should obtain a sonogram to determine if the pregnancy is viable (uterine, non-ectopic pregnancy) and for accurate pregnancy dating.



Aspiration:

How is aspiration performed?

Aspiration is a surgical abortion procedure performed during the first 6 to 16 weeks ges-

tation. It is also referred to as suction aspiration, suction curettage or vacuum aspiration.

Your abortion provider will give you medication for pain and possibly sedation. You will lie on your back with your feet in stirrups and a speculum is inserted to open the vagina.

A local anesthetic is administered to your cervix to numb it. Then a tenaculum (surgical instrument with long handles and a clamp at the end) is used to hold the cervix in place for the cervix to be dilated by absorbent rods that vary in size. The rods may also be put in a few days prior to the procedure.

When the cervix is wide enough, a cannula, which is a long plastic tube connected to a suction device, is inserted into the uterus to suction out the fetus and placenta. The procedure usually lasts 10-15 minutes, but recovery can require staying at the clinic for a few hours. Your doctor will also give you antibiotics to help prevent infection.

What are the side effects and risks of Suction Aspiration?

Common side effects of the procedure include cramping, nausea, sweating, and feeling faint.

Less frequent side effects include possible heavy or prolonged bleeding, blood clots, damage to the cervix and perforation of the uterus. Infection due to retained products of

conception or infection caused by an STD or bacteria being introduced to the uterus can cause fever, pain, abdominal tenderness and possibly scar tissue.

Contact your healthcare provider immediately if your side effects persist or worsen.

Dilation & Evacuation (D&E):

How is Dilation & Evacuation performed?

Dilation and Evacuation is a surgical abortion procedure performed after 16 weeks gestation. In most cases, 24 hours prior to the actual procedure, your abortion provider will insert laminaria or a synthetic dilator inside your cervix. When the procedure begins the next day, your abortion provider will use a tenaculum to keep the cervix and uterus in place and cone-shaped rods of increasing size are used to continue the dilation process. A numbing medication will be used on the cervix.

A shot may be given before the procedure begins to ensure fetal demise has occurred. Then a cannula (long tube) is inserted to begin removing tissue away from the lining. Then using curette (surgical instrument shaped like a scoop or spoon), the lining is scraped to remove any residuals. If needed, forceps may be used to remove larger parts. The last step is usually a final suctioning to make sure the contents are completely removed.

The procedure normally takes between 15-30 minutes. The fetal remains are usually exam-

ined to ensure everything was removed and that the abortion is complete. An antibiotic will be given to help prevent infection.

What are the side effects and risks of Dilation & Evacuation?

Common side effects include nausea, bleeding and cramping which may last for two weeks following the procedure. Although rare, the following are additional risks related to dilation and evacuation: damage to uterine lining or cervix, perforation of the uterus, infection, and blood clots.

Contact your healthcare provider immediately if your symptoms persist or worsen.



Dilation and Extraction:
How is Dilation and Extraction performed?
The dilation and extraction procedure is used after 21 weeks gestation. The procedure is also known as D & X, Intact D & X, Intra-uterine Cranial Decompression and Partial Birth Abortion. Two days before the proce-

dure, laminaria is inserted vaginally to dilate the cervix. Your water should break on the third day and you should return to the clinic. The fetus is rotated and forceps are used to grasp and pull the legs, shoulders and arms through the birth canal. A small incision is made at the base of the skull to allow a suction catheter inside. The catheter removes the cerebral material until the skull collapses. The fetus is then completely removed.

What are the side effects and risks related to Dilation and Extraction?

The side effects are the same as dilation and evacuation. However, there is an increased chance of emotional problems from the reality of more advanced fetal development. Contact your healthcare provider immediately if your symptoms persist or worsen.



For more information, visit
AmericanPregnancy.org