

Germantown Reproductive Health Services

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Facts about First Trimester Abortion

What it is

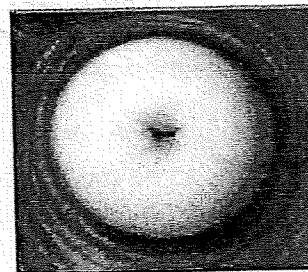
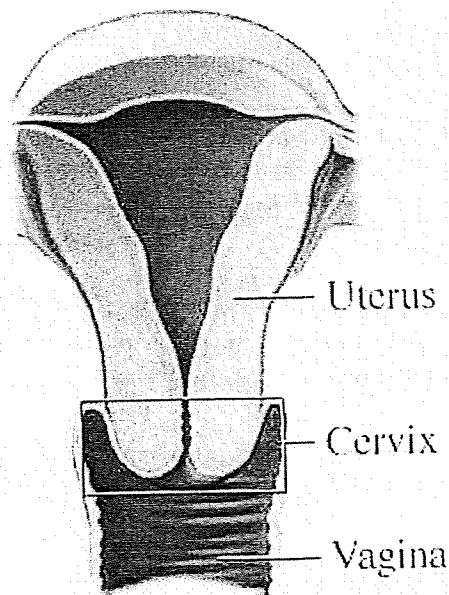
A first trimester abortion is a dilation and aspiration procedure to end a pregnancy within 14 weeks of the first day of the last menstrual period. First, ultrasound is done, by passing over your abdomen with a microphone like instrument which measures the size of your uterus. Sometimes a tube is placed in your vagina to get a clearer picture. This helps to more accurately determine whether there are conditions that may cause complications. The final decision as to whether the abortion may be performed in the clinic will depend on your medical history, the physical exam, laboratory tests and the physician's evaluation.

How a First Trimester Abortion is Done

The standard method of first trimester abortion is vacuum aspiration (dilation, suction, and curettage):

A local anesthetic is usually injected into or around the cervix (the opening in the uterus). In some cases a tranquilizing medication is administered into the vein (IV Sedation).

The opening of the cervix is gradually stretched by a series of narrow rods (dilators), each a little wider than the one before. The largest dilator is about as thick as your index finger.



Cervix viewed from below

A blunt tipped tube (cannula) is inserted into the uterus. This tube is attached to a suction machine which is then turned on. After the uterus has been emptied by gentle suction, a spoon shaped instrument (curette) may be used to determine that the uterus is completely empty.

When the procedure is complete, you will be shown how to do uterine massage. **You will need to do this for 1 minute every ½ hour for the next 8 hours.**

After this, you will spend as much time as need in the Recovery Room under observation. When your condition is stable and you are ready to leave, you will receive the necessary prescriptions and follow-up instructions, including what you should do in the event of a complication. You will also need to stay active for the next 8 hours. Going to bed will cause blood to pool in the uterus causing more severe cramps.

You will need to make an appointment for a check-up visit, usually about 6 weeks after the abortion. This appointment only takes about 15 minutes.

Comparison of Risk

As with any kind of procedure, complications can occur after an abortion. Early abortion by vacuum aspiration is a safe procedure. Less than 1 in 100 women will have a serious complication, including, but not limited to:

Blood clots in the uterus: In about 1 in 100 cases blood clots may fill the uterus leading to severe cramping. Usual treatment for this is to repeat vacuum aspiration.

Infection: is caused by germs from the vagina and cervix getting into the uterus. The likelihood of infection is less than 1 in 100 abortions. These infections respond to antibiotics, but in some cases a repeat vacuum aspiration or hospitalization is necessary. Rarely surgery is required.

Cervical Tear: The cervix is sometimes torn during the procedure. The frequency of this event is less than 1 in 100 cases. Stitches may be required to repair the injury.

Uterine Perforation: Rarely, an instrument may go through the wall of the uterus. The frequency of this is less than 2 in 100 cases. Should this occur, hospitalization is usually required for observation and/or completion of the abortion. To inspect the condition of the uterus in this situation a small telescope (laparoscope) can be inserted through the naval. Rarely, an abdominal operation is required to repair the damage. This can include hysterectomy (removal of uterus), which makes it impossible to have children. The frequency of hysterectomy in this instance is about 1 in 10,000 cases.

Failure to Terminate the Pregnancy: Rarely the early abortion procedure will not end the pregnancy. The likelihood of this occurring is about 2 in 1000 cases. This possibility is one reason that a post-abortion examination is essential. In such cases another abortion procedure is recommended since the first attempted abortion can adversely affect normal development of the pregnancy. Alternately, a tubal (ectopic) pregnancy may exist, which requires an abdominal operation to remove it.

Anesthesia: Some women may be allergic to novocaine derivatives and to other medications. If this is known, it is important to tell the doctor. All medications or drugs, including street drugs, may cause serious and dangerous reactions during anesthesia. It is important that you provide the clinic with this information. What you tell will be kept in confidence.

Impact of Abortion on Future Wanted Pregnancies: Studies on abortion have shown that one uncomplicated first trimester abortion by vacuum aspiration does not pose a measurable risk to a woman's future childbearing ability. Whether more than one abortion affects a woman's future childbearing ability is less clear, as less research has not been done in this area.

Emotional Reactions: Emotional problems after abortion are uncommon and when they happen they go away quickly. Most women report a sense of relief, although some experience depression or guilt. Serious psychiatric disturbances such as psychosis or serious depression after abortion appear to be less frequent than after childbirth.

Death: Early abortion is one of the safest operations in all medicine. The risk of a woman dying from full-term pregnancy & childbirth is over 100 times greater than that from early abortion.