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Cervical Preparation and Dilation Prior to Second Trimester Abortion [8G]

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Abstract

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INTRODUCTION: Dilation and evacuation (D&E) is the most common method of second trimester abortion in the United States. Cervical preparation prior to the procedure is essential for its safety as inadequate dilation can result in complications including cervical laceration and uterine perforation. This research study explores the relationship between cervical preparation and achieving adequate cervical dilation at the time of D&E.

METHODS: IRB-approved, retrospective cohort study of patients between 16w0d to 24w0d who underwent overnight cervical preparation with laminaria prior to D&E.

RESULTS: 265 patients met criteria for analysis. Increasing summed cross-sectional area of laminaria was associated with an increase in cervical dilation (as determined by digital exam) at the time of D&E. Cervical dilation of 2.5 cm was adequate to complete all procedures between 16w0d to 19w6d without needing mechanical dilation. Cervical dilation of 3 cm was adequate to complete the majority of procedures (98.2%) between 20w0d to 24w0d without needing mechanical dilation; at 3.5 cm dilation, all procedures were completed without mechanical dilation. Major complication rate was 4% overall and was not increased in those needing additional mechanical dilation, regardless of gestational age. All procedures were completed as scheduled; none were cancelled or delayed due to inadequate dilation.

CONCLUSION: The goal of cervical preparation should be to achieve a dilation of at least 2.5-3 cm in order to complete the majority of D&E procedures without need for mechanical dilation. Data analysis is ongoing to determine the optimal number and size of laminaria needed to achieve these levels of cervical dilation.

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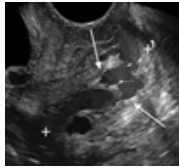


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