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Buccal misoprostol as cervical preparation for second trimester pregnancy termination

**Article** in [Contraception](#) 65(6):415-8 · July 2002

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## Abstract

The objective of the study was to assess the efficacy of cervical preparation with misoprostol or laminaria suction abortion up to 18 weeks gestation. The study was conducted among a consecutive case series of patients presenting for dilatation and evacuation at a single center. Cervical preparation was effected by either 600 mg buccal misoprostol (n = 32) or laminaria (n = 78). Dilatation and evacuation was then performed using vacuum aspiration, with fetal parts or placenta removed as necessary with appropriate forceps. The principle outcome of interest was procedure time. Complete abortion was effected in 100% of the cases. In all cases, the cervix was adequately prepared to allow either the introduction of a size 14-mm suction cannula or was easily dilated to this diameter. Group size was sufficient for detection of a 20% difference in mean procedure time with 80% power (calculated with two separate standard deviations for procedure time). Procedure times were not significantly different when misoprostol was used compared to laminaria for cervical preparation. It is concluded that the use of misoprostol to provide cervical preparation in second trimester abortion procedures appeared effective and offers an alternative to laminaria. Buccal misoprostol should be more widely investigated for this purpose.

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... The surgeon then administered a paracervical block with lidocaine and dilated the cervix using Hegar dilators. The uterus was evacuated according to the protocol outlined by Todd et al. [17, 18] After the abortion, women recovered at the clinic for approximately 2 h. One of the authors conducted extensive, informal, qualitative interviews with patients after the abortion in order to learn about women's perspectives on their care. ...

... To our knowledge, this is the first time MVA has been used as part of the D&E procedure in a low-resource setting such as Vietnam. We found two published retrospective studies in which buccal misoprostol was used for cervical preparation prior to D&E [18, 19]. Our data demonstrate that buccal misoprostol followed by MVA and forceps can be used in Vietnam to perform D&E up to 18 weeks of pregnancy. ...

### Introduction of the dilation and evacuation procedure for second-trimester abortion in...

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... D&E can be performed safely under local anesthesia (paracervical block) with intravenous conscious sedation and analgesia. The most important requirements for safe D&E are the specialty training, skill and experience of the surgeon [18]. It is suggested that during forceps extraction the physician keep one hand on the fundus as a splint to reduce the risk of perforation. ...

... The fetal tissue should not be removed forcibly through the cervix, as bone spicules may lacerate the cervix. Crushing and rotating techniques lessen cervical trauma [18]. After forceps extraction, the uterine cavity should be gently explored with a large curette to ensure complete evacuation. ...

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... The disadvantage includes the sometimes irritating, chalky taste. There are few clinical studies on buccal use of misoprostol including one for second-trimester abortion [11] and one for term labor induction [12]. There are several clinical studies on sublingual misoprostol for surgical abortion [13,14], missed abortion [15], term labor induction [16] and medical abortion [17]. ...

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... No studies have been performed that address whether antibiotic administration at the time of dilator insertion would confer additional benefit. With use of misoprostol for cervical preparation prior to D&E, the risk of infection appears to be low<sup>48 49 50</sup>. Two studies report no or few complications with misoprostol for cervical preparation but do not specifically report the number of observed infections [51,52]. ...

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... ate. Buccal misoprostol is becoming common

when used to prepare the cervix prior to surgical abortions and has also been used for labor induction. The only two studies comparing vaginal to buccal misoprostol used different doses: 200 µg buccal was compared to 50 µg vaginal to induce labor and there were no significant differences in efficacy [6,7]. [8]. At a National Abortion Federation meeting in April 2002, an informal survey of the several hundred abortion providers in the audience indicated that about one third were using buccal misoprostol. Pharmacokinetic studies have shown that sublingual misoprostol provides the greatest area under the curve of serum levels and so it is likely ...

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... Independent t test, values are mean circumference or french of the largest dilator that could be passed without resistance (SD). Todd et al 16 found that cervical preparation (defined as ease of dilation to 14 mm) and procedure time were similar in women randomized to receive either 600 mg buccal misoprostol or laminaria before surgical abortion between 14 and 18 weeks. No studies have established whether misoprostol alone will result in satisfactory cervical preparation in pregnancies beyond 18 weeks. ...

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Cervical priming prior to uterine suction evacuation softens the cervix and lessens the force needed for dilation, thereby potentially reducing the probability of procedural complications. The use of buccal misoprostol has been shown to be an adequate cervical primer in second trimester surgical procedures, but its use in first trimester aspiration procedures is not well documented. Our objective ... [\[Show full abstract\]](#)

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