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## Literature Review

### Methods for Induced Abortion

**Article** · [Literature Review](#) in [Obstetrics and Gynecology](#) 104(1):174-85 · July 2004 with 54 Reads 

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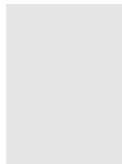
## Abstract

We describe present methods for induced abortion used in the United States. The most common procedure is first-trimester vacuum curettage. Analgesia is usually provided with a paracervical block and is not completely effective. Pretreatment with nonsteroidal analgesics and conscious sedation augment analgesia but only to a modest extent. Cervical dilation is accomplished with conventional tapered dilators, hygroscopic dilators, or misoprostol. Manual vacuum curettage is as safe and

effective as the electric uterine aspirator for procedures through 10 weeks of gestation. Common complications and their management are presented. Early abortion with mifepristone/misoprostol combinations is replacing some surgical abortions. Two mifepristone/misoprostol regimens are used. The rare serious complications of medical abortion are described. Twelve percent of abortions are performed in the second trimester, the majority of these by dilation and evacuation (D&E) after laminaria dilation of the cervix. Uterine evacuation is accomplished with heavy ovum forceps augmented by 14-16 mm vacuum cannula systems. Cervical injection of dilute vasopressin reduces blood loss. Operative ultrasonography is reported to reduce perforation risk of D&E. Dilation and evacuation procedures have evolved to include intact D&E and combination methods for more advanced gestations. Vaginal misoprostol is as effective as dinoprostone for second-trimester labor-induction abortion and appears to be replacing older methods. Mifepristone/misoprostol combinations appear more effective than misoprostol alone. Uterine rupture has been reported in women with uterine scars with misoprostol abortion in the second trimester. Fetal intracardiac injection to reduce multiple pregnancies or selectively abort an anomalous twin is accepted therapy. Outcomes for the remaining pregnancy have improved with experience.

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... Termination of first trimester pregnancy of suction evacuation is a minor surgical procedure in gynecology and obstetrics with associated perioperative pain and anxiety. In USA, many women experience significant pain although obstetric and gynecological (ob/gyn) physicians usually provide a paracervical block of 10-20 mL of 1% lidocaine to relief the pain during suction evacuation [1]. Conscious sedation with combination of intravenous midazolam 1-3 mg and fentanyl 50-100 µg is often used [1], but available studies do not support the efficacy of this practice [2,3]. ...

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### **Intranasal Dexmedetomidine in Termination of First Trimester Pregnancy of Suction Evacuation**

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... Various techniques have been proposed for induced abortions during the first or second trimester [1]. They include vacuum curettage, dilation and evacuation, and prostaglandin E<sub>2</sub> (PGE<sub>2</sub>) vaginal suppositories. ...

### **Is induced abortion with misoprostol a risk factor for late abortion or preterm delivery in subseque...**

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... Most studies report that fetal autopsy confirms ultrasound findings in the majority of cases, with additional findings discovered in a wide range of cases (2-50% of autopsies). [2][3][4][5][6][7][8][9][10][11][12][13][14] Ultrasound and autopsy findings correlate most closely in cases of major central nervous system (CNS) 12,15,16 and genitourinary abnormalities; autopsy adds the most information in cases of cardiac, facial, and musculoskeletal abnormalities, information that may prove useful in counseling patients about their risk of recurrence in subsequent pregnancies. ...

### **How does Fetal Autopsy after Pregnancy Loss or Termination for Anomalies and other...**

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... The indications for second-trimester terminations are fetal anomalies, intrauterine death, premature rupture of membranes, preeclampsia, and other maternal diseases causing complications during pregnancy. Both mechanical and medical methods can be used for termination of pregnancy in the second trimester [2][3][4]. ...

### **The efficiency of the uterocervical angle in the prediction of second-trimester pregnancy...**

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... 3 Approximately 95% of second trimester abortions are performed by dilation and evacuation (D&E) and their safety is comparable to procedures in the first trimester. 4 When complications arise, they have been reported to be secondary to hemorrhage (0.1-0.6%), cervical laceration (up to 3.3%), retained products of conception (<1%), infection (0.1-4%) and uterine perforation (0.2-0.5%). 5 A review of the literature did not reveal any reports of dilation and evacuation complicated by vaginal perforation. ...

### Management of vaginal wall perforation during a second trimester dilation and evacuation

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... Surgical procedure includes hysterotomy or caesarean section, which could immediately terminate gestation and control hemorrhage, but produce severe trauma that would deprive the fertility and raise the risk of long-term complication in scarred tissues, particularly for second-trimester pregnancy. The usual practice abroad is cervix dilation combined with uterine curettage or mifepristone combined with misoprostol [1, 2]. The practices in China include one or any combination of the following: amnion cavity injection of rivanol, mifepristone and misoprostol, oxytocin induction and water-cyst induction. ...

### Uterine artery embolization for hemorrhage resulting from second-trimester abortion in...

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... Indien zij kiezen voor een selectieve abortus, kunnen zij deze laten uitvoeren via een

curettage in het eerste trimester (6). Vergeleken met een medische inductie van de bevalling is een dergelijke ingreep veiliger en fysiek minder belastend voor de vrouw (32, 33). Tevens zou een abortus in het eerste trimester psychosociaal minder belastend zijn (34). ...

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### **Midtrimester dilation and evacuation versus prostaglandin induction: A comparison of...**

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Clinical guidelines. Labor induction abortion in the second trimester

July 2011 · Contraception

● Lynn Borgatta · ● Nathalie Kapp

Labor induction abortion is effective throughout the second trimester. Patterns of use and gestational age limits vary by locality. Earlier gestations (typically 12 to 20 weeks) have shorter abortion times than later gestational ages, but differences in complication rates within the second trimester according to gestational age have not been demonstrated. The combination of mifepristone and ... [\[Show full abstract\]](#)

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February 2005 · Obstetrics and Gynecology

● Joseph R Siebert · Raj P Kapur · ● Robert Resta · ● David Luthy

We describe present methods for induced abortion used in the United States. The most common procedure is first-trimester vacuum curettage. Analgesia is usually provided with a paracervical block and is not completely effective. Pretreatment with nonsteroidal analgesics and conscious sedation augment analgesia but only to a modest extent. Cervical dilation is accomplished with conventional tapered ... [\[Show full abstract\]](#)

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