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Abortion Services



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First Trimester Surgical Abortion (dilation and vacuum/suction curettage)

For pregnancies between 4.5 and 7 weeks LMP options include a vacuum aspiration. These can be done as soon as a woman has a positive pregnancy test. Many providers discourage vacuum aspiration earlier than 7 weeks because of concern of missing the pregnancy. With state-of-the-art vaginal ultrasound, Dr. Seletz has performed thousands of early surgical abortions, with no increased risk, since 1992.

Ultrasound is done by the doctor before the procedure for accurate dating, to make sure that the pregnancy is not ectopic (outside of the uterus) and to determine if there are any abnormalities that may affect the procedure. Another ultrasound is performed afterwards to make sure the procedure was complete. You may choose what type of anesthesia you would like.

The cervix is mechanically dilated only 3 or 4 mm to allow insertion of a small suction tube which empties the uterus by vacuum aspiration. This procedure is called a "surgical" abortion to distinguish it from the medical abortion but does not require any cutting or stitching. After the procedure you will rest in a private recovery area. The doctor does all necessary lab tests and we supply all medication that you need during and after the procedure.

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Medical Abortion / Abortion Pill / RU486

Dr. Seletz no longer offers routine medical abortions with RU486 following reports of serious complications associated with this method (*Fischer et al; N Engl J Med 2005: 353:2352-60*). For patients interested in medical abortions we recommend Dr. Emanuel Brandeis www.ru486is here.com.

Medical abortion with Methotrexate is available for early ectopic pregnancy. Methotrexate a folic acid antagonist has been used in the United States and Canada since 1995.

Women choose medical abortion in order to avoid surgery but the medical abortion has a failure rate of up to 8%, which then requires a surgical abortion.

Some surgical interventions are done because the woman changes her mind, not because of necessity. Compared to surgical abortion, the medical abortion requires more time from initial drug treatment to completion and the doctor is not able to control the timing of the

abortion or the success rate. Unlike surgical abortion where the uterus is mechanically aspirated in a few minutes, the medical abortion is a process of expulsion over a period of up to 2 weeks.

If you want a non-surgical abortion, it is better to begin as early in the pregnancy as possible. The number of failures as well as the amount of pain and bleeding increases with increasing gestational age. To read more about the medical abortion, view the National Abortion Federation website at <http://www.prochoice.org/Pregnant/options/abortion.html> for a description and comparisons of both procedures.

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Second Trimester Abortion

Abortion between 13 – 18 weeks of pregnancy is most commonly a D&E; (dilation and evacuation). The dilation is done on the first day by mechanically dilating the cervix and then inserting laminaria which remain in place overnight. In the early part of the second trimester (13 or 14 weeks) the cervix can be prepared with the drug misoprostol which is given 4 hours prior to the evacuation.

Abortions after 19 weeks may require two days of cervical dilation with laminaria. At 19 weeks and beyond, fetal demise is induced via an injection under ultrasound guidance. The patient is sedated and does not see or feel the injection. The procedure is completed the following day using a combination of forceps and vacuum aspiration. Ultrasound guidance is used during the procedure to minimize the risk of perforation.

If you are having a second trimester abortion because of a fetal abnormality or fetal death then the doctor will discuss special tests with your obstetrician or perinatologist. Special services are available. If you will be coming from out-of-town, inform the receptionist when you call and we will arrange to have your medical records faxed.

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Late Term Abortion

Abortion after the second trimester of pregnancy is done for fetal indication and requires a referral from a perinatologist or maternal-fetal-medicine specialist. Dr. Seletz is one of a few physicians in the United States who has experience doing these procedures. If you are in need of this service, we will discuss your circumstances with you in person or by phone and we do require faxed medical records from your referring physician.

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Anesthesia for Abortion

Most women do not want to feel, see, hear, or remember the abortion procedure and choose to be completely asleep. This type of anesthesia is administered intravenously by our anesthetist, Rob MacClennan ("your bartender"). Rob has been working with Dr. Seletz since 2001 and will make sure you are safe and comfortable during your abortion procedure.

If you prefer, a local anesthesia or twilight anesthesia is available as well.

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