

Surgical Termination of Pregnancy 14-18 weeks

After 14 weeks of pregnancy, surgical termination is performed by a technique called Dilatation and Evacuation (D&E).

The cervix is gently stretched and opened (this is known as dilatation) so that the pregnancy can be removed in fragments with forceps. Sometimes suction tubing is used as well. An ultrasound is performed at the same time to reduce the risk of complications and make sure that all the pregnancy is removed. This is done under general anaesthetic.

What happens before the procedure?

An appointment will be made for you to meet with a doctor before the procedure. They will review your case and discuss the options with you.

Do I need any treatment before the procedure?

Preparation of the cervix (the neck of the womb) is an important part of the procedure. This is done by placing small absorbent dilators, called Dilapan, through the cervix.

Dilapan are matchstick sized rods that are inserted into the cervix the day before surgery. They swell over time, gently opening the cervix. Insertion only takes a few minutes and you will go home after they are placed. As the Dilapan expands it can cause cramping or spotting. Very rarely your waters can break, contractions can start, or the Dilapan can fall out.

If this happens you should call Wynard Ward
01392 406512.

What happens on the day of the procedure?

You will be given a time to attend the surgical unit on the day of the procedure. You will be asked not to eat anything for 6 hours beforehand. You can however drink water until you come to hospital.

What are the risks of having an abortion at this time?

Abortion, at any time in pregnancy, is a safe procedure for which serious complications are uncommon. Generally speaking the earlier in the pregnancy you have an abortion, the safer it is. In other words complications are slightly more common between 14 and 18 weeks than before 14 weeks, but less common than they are after 18 weeks.

What are the risks at the time of the abortion?

Between 14-18 weeks the following problems can occur at the time of abortion:

- Damage to the cervix. This may occur in 1 in every 100 cases.
- Perforation of the uterus happens in about 1 in every 500 cases.
- More than normal bleeding. Bleeding needing a blood transfusion, happens in around 1 in every 500 cases.

Are there risks after the abortion?

Problems can occur in the first few weeks:

- About 1 in every 50 women will get an infection after an abortion. Taking antibiotics at the time of the abortion helps to reduce this risk.
- The uterus may not be completely emptied of its contents and further treatment may be needed.

Should complications occur, further surgery, very rarely including hysterectomy, may be required.

How may I be affected emotionally?

For most women the decision to have an abortion is not easy. How you react will depend on the circumstances of your abortion, the reasons for having it and how comfortable you feel about your decision. You may feel relieved or sad, or a mixture of both. Most women will experience a range of emotions around the time of the decision and the abortion procedure.

The majority of women who have abortions do not have long-term emotional problems; long-term feelings of sadness, guilt and regret appear to linger in only a minority of women. Talk to your doctor if you do have any concerns.

An abortion will not cause you to suffer emotional or mental health problems in itself, but if you have had mental health problems in the past you may experience further problems after an unplanned pregnancy. These problems are likely to be a continuation of problems experienced before and to happen whether you choose to have an abortion or to continue with the pregnancy.

Will abortion affect my chances of having a baby in the future?

If there were no problems with your abortion, it will not affect your future chances of becoming pregnant.

Will abortion cause complications in future pregnancies?

Abortion does not increase your risk of early miscarriage, ectopic pregnancy or a low placenta in a future pregnancy. You may however have a slightly higher risk of a miscarriage after 12 weeks, or preterm birth.

When should I start using contraception again?

You should start using contraception straight away. It is safe to have an intrauterine device (IUD) or intrauterine system (IUS) fitted immediately. The contraceptive implant, Nexplanon, and the contraceptive injection Depoprovera, can also be arranged at the same time.

What if my blood group is RhD-negative?

If you are RhD-negative, you should have an anti-D injection at the time of your abortion.

Contact numbers

Counsellors	01392 406678
Wynard Ward	01392 406512
Clinic 2 Co-ordinator	01392 406503

The Trust cannot accept any responsibility for the accuracy of the information given if the leaflet is not used by RD&E staff undertaking procedures at the RD&E hospitals.

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