

Surgical Termination of Pregnancy

Fact Sheet

Surgical termination of pregnancy (STOP) refers to a surgical procedure that ends a pregnancy by removing the foetus and placenta from the uterus. STOP is offered up to 12 weeks of pregnancy at Albury Wodonga Health, Wodonga campus.

STOP is a safe procedure for which major complications and mortality are very rare.

General features of STOP:

Most STOPS are performed using 'suction (vacuum) aspiration'. Your cervix opening is gradually widened with rods of increasing size and a slim tube is then inserted into your uterus. The pregnancy (the foetus and the placenta) is withdrawn with gentle suction. Another instrument called a curette is used to check the uterus is empty.

This procedure takes less than 15 minutes.

Possible complications include:

Complications occur in around 3% of STOPS. Complications of STOP can include:

- **Haemorrhage** – bleeding after an abortion should be similar to a menstrual period. If heavy bleeding occurs the abortion may not be complete. Sometimes, treatment for this is to do a suction curettage of the uterus. Blood transfusion is rarely required
- **Infection** – a fever (high temperature) may indicate that you have an infection. This can be caused by an incomplete abortion or a sexually transmitted infection. Sometimes, women can develop a chronic infection called pelvic inflammatory disease (PID). Treatment for infection is with antibiotics
- **Injury to the uterus** – the walls of your uterus are muscular but soft. Sometimes the surgical instruments used for an abortion can injure (or 'perforate') the uterus. In rare instances this can cause an abdominal infection and severe blood loss. This

complication is very rare and, if it occurs, will usually be recognised and treated straight away

- **Injury to the cervix** – the cervix is stretched during an abortion. If you have multiple procedures the cervix can weaken – this is sometimes called an 'incompetent' cervix.

An incompetent cervix can cause problems in later pregnancies, because it is too weak to remain fully closed under the weight of a growing pregnancy.

These last two complications are rare, because surgical abortions are undertaken by experienced surgeons.

STOP at Albury Wodonga Health, Wodonga Hospital (Entry via Wilson Street)

Address: Wodonga Day Procedure Unit, Wodonga Hospital, Wilson St, Wodonga 3690

Phone Number: 02 6051 7111

Day before STOP

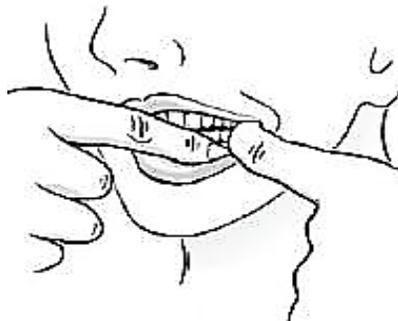
Your procedure will take place on a Friday. Between 2-6pm on the Thursday before your procedure, you are required to phone the hospital. The nurse will confirm your details, provide you with an admission time, determine when you need to fast from, explain when to take Misoprostol 400mcg, and estimate when you are likely to be discharged home.

Between 2-6pm Thursday prior to your procedure ph: 02 6051 7338 OR 02 6051 7334

Day of STOP

Taking Misoprostol

You are required to take a medication called Misoprostol 2 hours prior to your procedure. The prescription for this will be given to you by a Gateway Health Medical Officer. There are two tablets. These are taken by holding the tablets in the cheek for 30 minutes, then swallowing what remains with a mouthful of water. See below:



After a STOP

You are required to take some antibiotics after your procedure to prevent the risk of infection. This script will also be given to you by a Gateway Health Medical Officer.

Be guided by your clinic as to how to care for yourself and reduce your risk of infection. Generally, the following suggestions apply (for two weeks after your procedure, or a few days after bleeding has stopped):

- Shower instead of taking a bath.
- Avoid sexual intercourse.
- Use sanitary pads instead of tampons.
- Avoid going swimming.

For more information, please see The Royal Women's Hospital, or the Better Health Channel:

<https://www.thewomens.org.au/health-information/unplanned-pregnancy-information/abortion-the-myths>

<https://www.betterhealth.vic.gov.au/health/healthyliving/abortion-procedures-surgical>