



GUIDE TO SURGICAL ABORTION



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Surgical abortion is a safe and effective way to terminate a pregnancy. The information in this guide will help you understand what to expect when choosing a surgical abortion so you can make an informed decision about your medical care.

Preparation for the Procedure

If you plan to have anesthesia for pain management, you may not eat or drink (not even water) for 8 hours prior to the procedure. This is to ensure your safety in case of vomiting during the procedure. You will also need to arrange for a driver to take you home after the procedure.

Common side effects

For most women, the side effects of a surgical abortion are brief and usually resolve without treatment. Common side effects are light or medium bleeding (similar to a period) that can continue off and on for up to four weeks.

Immediately after the procedure, you may have cramping similar to a period, but it is usually relieved with ibuprofen. Some women experience fatigue, bloating, headaches, or breast tenderness for up to four weeks after a surgical abortion. It can take 4–6 weeks for the pregnancy hormones to leave your body, and your pregnancy test may remain positive during this time.

Types of anesthesia offered

You have several different options for anesthesia. The anesthesia offered to you will be based on the availability in the surgical office and your medical history.

- Occasionally women choose to have no anesthesia, which is absolutely fine.
- Some women choose to have a “paracervical block”, which is numbing medicine (Lidocaine) injected into the tissue around the cervix. If you choose a cervical block, you will still experience cramping that is more severe than a period for a few minutes, but you will be able to drive yourself home.
- Most of our FPA surgical offices offer “moderate sedation” which induces a dream-like state when strong pain and anxiety medications are administered through an IV by a Registered Nurse. To receive sedation, may not eat or drink, (not even water) for eight hours and have a driver to take you home.
- A few of the surgical offices offer “general anesthesia.” The medication Propofol is administered by a Certified Registered Nurse Anesthetist (CRNA) and causes you to be totally asleep. To receive general anesthesia, you must be fasting (nothing to eat or drink, not even water) for eight hours and have a driver to take you home.



What to expect

Most visits start with laboratory testing and ultrasound imaging in order to provide basic information for your doctor to review. Once all the necessary labs and tests are completed, you can expect the actual procedure to last less than 10 minutes.

During a surgical abortion both suction and surgical instruments may be used to open your cervix and remove the contents of your uterus.

If you are beyond 14 weeks pregnant, your doctor may recommend inserting dilators on the day prior to your procedure. If you are beyond 18 weeks, your doctor may recommend an injection that induces fetal demise prior to your surgery. After your pain medicine begins to work, your doctor will decide if your cervix is open enough.

If your cervix needs to be dilated (opened), your doctor will stretch it with dilators. Suction is used by putting a small sterile plastic tube into your uterus and connecting it to a hand-held syringe or electric suction machine. Your doctor may also use a curette (a narrow surgical tool) to remove any remaining tissue. This tissue will be carefully examined to make sure the abortion is complete. You will be taken to a recovery area to rest. We will monitor your pain and bleeding to make sure it is safe for you to go home.



Risks of a surgical abortion

Infection: The most common complication of a surgical abortion is postoperative infection which occurs in approximately 2% of women. Infection is characterized by elevated temperature, cramping and heavier bleeding than usual.

Usually infections can be treated successfully with additional antibiotics you can take by mouth at home. Very rarely, you may need to be admitted to the hospital for treatment with stronger antibiotics through an IV.

Incomplete abortion (retained tissue or ongoing pregnancy): Pregnancy tissue left inside the uterus may lead to heavy bleeding, infection or both. Rarely, your cervix may close immediately after the procedure and cause a painful buildup of blood, tissue and blood clots in your uterus. If this happens, the surgical procedure may need to be repeated at a clinic or hospital.

Sometimes the abortion does not end the pregnancy. If the pregnancy is still in the uterus, a repeat procedure will be necessary. If the pregnancy is ectopic (outside the uterus), this can be dangerous and even life threatening. Some women may be treated with medication, while others will need more invasive surgery.

Bleeding: After a pre-existing bleeding disorder, failure of the uterine muscle to contract (this is called atony), or damage to your uterus or cervix during the procedure. Heavy bleeding (hemorrhage) is a risk that can be treated with medicine, blood transfusion, or a more invasive surgery such as a hysterectomy (removal of the uterus).

It is possible that a surgical tool may go through the wall of the uterus, which could damage internal organs such as the intestines, bladder, or blood vessels. If this were to happen, we would need to transfer you to the hospital in an ambulance.

You might not be a candidate for abortion at FPA Women's Health

If any of the following conditions apply, you are considered high risk for complications and will be referred to a hospital for your safety:

- Pregnancy more than 22 weeks
- Pregnancy outside of your uterus (ectopic pregnancy)
- Take medication to thin your blood
- Have a bleeding disorder
- Extremely overweight (BMI >60)
- Have uncontrolled asthma, hypertension, severe anemia or heart disease
- Placenta accreta (placenta is embedded in your c-section scar)
- Any other medical condition that your doctor feels would put you at risk.

Can I get birth control on the day of my abortion?

Yes! You can start any method of birth control that is safe for you. You may choose to have an IUD or implant inserted during your procedure. You can start to use the shot, pills, patch or ring on the day of your procedure. Some women choose not to start any birth control or prefer to think about it later; that's fine too.

How do I take care of myself after a surgical termination?

Your doctor will give you antibiotics to take, which will help reduce the risk of infection. Take all of the antibiotic pills given to you with a meal. They may cause nausea or vomiting. It is ok if you throw them up, but try to keep them down as long as possible.

It is normal to experience:

- Bleeding like a menstrual period or heavier with passage of clots the size of a lime.
- No bleeding or bleeding that starts and stops irregularly
- Mild cramping for 1-2 days after surgery. Cramping is usually relieved by Ibuprofen or Tylenol.

It is common for someone who has undergone a surgical abortion to experience some breast tenderness and/or leaking of fluid from the breast. To help with the discomfort, wear a firm supportive bra until the tenderness is gone, even at bedtime. Avoid manual manipulation of the breast. Apply ice packs to the breast for 15 to 20 minutes every hour, as necessary, to decrease pain and swelling.

Be sure to contact us if you have any of the following:

Contact us right away if you bleed enough to soak through two thick full-size sanitary pads per hour for two hours in a row or if you are concerned about heavy bleeding.

In the days after your procedure, if you have a fever of 100.4 or higher that lasts for more than four hours, you should contact us right away.

If you have abdominal pain or discomfort, or if you are "feeling sick" including weakness, nausea, vomiting, or diarrhea please call us right away. These symptoms may be a sign of a serious infection or complication.

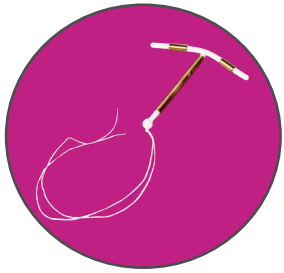
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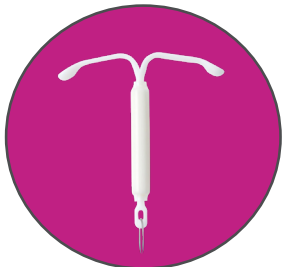
What to expect at your follow up visit:

At your follow up visit, two weeks after your surgical abortion, you will be evaluated to determine if the abortion was successful and that you are healing well. You might have a transvaginal ultrasound performed, and a clinician will speak to you to ensure you no longer have any symptoms of pregnancy.

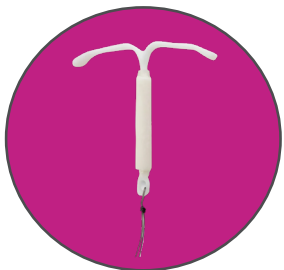
At that visit you can choose a method of birth control that is right for you (if you haven't already)!



PARAGARD - A small, *non-hormonal* T-shaped device that is inserted into the uterus to prevent pregnancy, lasting up to 10 years.



MIRENA - A small, hormonal T-shaped device that is inserted into the uterus to prevent pregnancy, lasting up to 6 years.



KYLEENA - A smaller hormonal T-shaped device that is inserted into the uterus to prevent pregnancy, lasting up to 5 years. It also has a very, very low hormone level.



NEXPLANON - Hormones to prevent pregnancy are delivered from a small rod that is inserted under the skin of the arm, lasting 3 years.



DEPO-PROVERA - A progestin only medication that is injected in the arm or hip every 3 months to prevent ovulation and subsequent pregnancy.



VAGINAL RING - A small, flexible ring that is placed in the vaginal canal by the patient every 4 weeks to allow hormones to be absorbed into the body.



PATCH - A patch releases hormones to be absorbed through the skin to prevent fertilization of an egg.



PILLS - A pill that is taken by mouth on a daily basis to prevent both fertilization of an egg and implantation of a pregnancy.

Locations

LOS ANGELES

DOWNEY
(562) 862-5121
8635 Firestone Blvd Suite 100
Downey, CA 90241

EAST LA
(323) 201-9343
4922 Whittier Blvd
East Los Angeles, CA 90022

INGLEWOOD
(323) 987-8879
301 N. Prairie Ave Suite 611
Inglewood, CA 90301

LONG BEACH
(562) 595-5653
2777 Long Beach Blvd Suite 200
Long Beach, CA 90806

LOS ANGELES
(213) 738-7283
601 S Westmoreland Ave
Los Angeles, CA 90005

POMONA
(909) 626-2463
1996 Indian Hill Blvd
Pomona, CA 91767

SANTA MONICA
(310) 820-8084
12304 Santa Monica Blvd
Suite 116
Los Angeles, CA 90025

TORRANCE
(310) 373-1042
24241 Hawthorne Blvd Suite 201
Torrance, CA 90505

WEST COVINA
(626) 572-8800
501 S Vincent Ave Suite 205
West Covina, CA 91790

ORANGE COUNTY

SANTA ANA
(657) 859-5463
1901 N Tustin
Santa Ana, CA 92705

CENTRAL VALLEY

BAKERSFIELD
(661) 633-5266
2500 H Street
Bakersfield, CA 93301

FRESNO
(559) 233-8657
165 N Clark Street
Fresno, CA 93701

ANTELOPE VALLEY

LANCASTER
(661) 371-2629
43845 W 10th St Suite 1E
Lancaster, CA 93534

SAN FERNANDO VALLEY

CANOGA PARK
(818) 444-9870
7023 Owensmouth Ave
Canoga Park, CA 91303

GLENDALE
(818) 502-1341
425 East Colorado Suite 420
Glendale, CA 91205

MISSION HILLS
(818) 893-6949
10200 Sepulveda Blvd Suite 200
Mission Hills, CA 91345

VENTURA COUNTY

OXNARD
(805) 822-5879
1700 Lombard St Suite 110
Oxnard, CA 93030

SAN DIEGO

EL CAJON
(858) 547-7100
1625 E. Main St Suite 202
El Cajon, CA 92021

INLAND EMPIRE

CORONA
(951) 637-2100
703 Magnolia Ave
Corona, CA 92879

SAN BERNARDINO
(909) 885-0282
855 E Hospitality Ln
San Bernardino, CA 92408

TEMECULA
(951) 296-0454
41715 Winchester Road Suite 204
Temecula, CA 92590

NORTHERN CALIFORNIA

BERKELEY
(510) 899-7099
2915 Telegraph Ave Suite 101
Berkeley, CA 94705

MODESTO
(209) 578-0443
2030 Coffee Road Suite A1
Modesto, CA 95355

SACRAMENTO
(916) 483-2885
2322 Butano Dr Suite 205
Sacramento, CA 95825

SAN JOSE
(408) 240-2614
2100 Forest Ave Suite 108
San Jose, CA 95128