

Contact information (if any concerns after you have left hospital)

Gynaecology E Ward (01695) 656901/656528/656526

Answerphone number (gynae clinic) 01695656522

Other useful telephone numbers/contacts:

NHS 111

Stop Smoking Helpline (Sefton) - 0300 100 1000

Stop Smoking Helpline (West Lancashire) - 0800 328 6297

www.bpas.org – 0845 730 4030 (confidential counselling)

www.mariestopes.org.uk – 0845 300 8090

Central line for Contraception or STI Screening – (01695)
656550

Southport & Formby Hospital
Town Lane, Kew,
Southport, Merseyside,
PR8 6PN
Telephone: 0151 426 1600

Ormskirk Hospital
Dicconson Way, Wigan Road,
Ormskirk, Lancashire, L39 2AZ
Telephone: 01695 577 111

www.MerseyWestLancs.co.uk

Surgical treatment for Abortion under General Anaesthesia

If you need this leaflet in a different language or accessible format
please speak to a member of staff who can arrange it for you.

اگر به این بروشور به زبان دیگر یا در قالب دسترسی‌بذرگ نیاز دارید،
لطفاً با یک از کارکنان صحبت کنید تا آن را برای شما تهیه کند.

Jeśli niniejsza ulotka ma być dostępna w innym języku lub formacie,
proszę skontaktować się z członkiem personelu, który ją dla Państwa przygotuje.

Dacă aveți nevoie de această broșură într-o altă limbă sau într-un format accesibil,
vă rog să discutați cu un membru al personalului să se ocupe
de acest lucru pentru dumneavoastră

如果您需要本传单的其他语言版本或无障碍格式, 请联系工作人员为您安排。

إذا احتجت إلى هذه النشرة بلغة أخرى، أو بتنسيق
يسهل الوصول إليها، يرجى التحدث إلى أحد الموظفين لترتيب ذلك لك.

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Special instructions for after you left hospital

Dear

Arrangements have been made for your admission

Consultant

Admission Date

Time

Ward E or F Ward, Gynaecology Dept,
 Ormskirk District General Hospital
 3 rd Floor

- Please report to E or F Ward.
- Please do not have anything to eat or drink from midnight if on a morning list or after 07:30 that morning, if on an afternoon list (including chewing gum or water).
- Ensure you bring any medications you are taking with you. Please do not bring any valuables with you.
- Expect to stay until 5-6pm. It is hoped that by reading the following information you will be better prepared for what will occur during the procedure

It is important that you keep the follow-up appointment so that we can confirm the procedure has worked.

Any condition specific danger signals to look out for

Heavy/smelly vaginal bleeding or discharge.

This information leaflet is intended to be used to support discussion during your clinical consultation. If there is anything you do not understand or are unsure about, please ask the Doctor or Nurse during your appointment or contact.

Matron

A Matron is also available during the hours of 9am – 5 pm Monday to Friday. During these periods, ward staff can contact Matron to arrange to meet with you. Out of hours, a Senior Nurse can be contacted via the ward to deal with any concerns you may have.

Infection control request

Preventing infections is a crucial part of our patient's care. To ensure that our standards remain high our staff have regular infection prevention and control training and their practice is monitored in the workplace. We ask patients and visitors to assist us in preventing infections by cleaning their hands at regular intervals and informing staff of areas within the hospital that appear soiled.

As a patient there may be times that you are unsure whether a staff member has cleaned their hands; if in doubt please ask the staff member and they will be only too happy to put your mind at ease by cleaning their hands so that you can see them

During your time in hospital, it is important to us that you are happy with your care and treatment. Please speak to a member of staff and/or the ward Sister/Charge Nurse if you have any

This information sheet provides information about the steps of surgical treatment of abortion. It is hoped that through reading this information it will help you to be prepared for what will occur during your treatment.

About the procedure

Surgical termination of pregnancy (STOP) under general anaesthetic can be offered up to 12 weeks pregnant. It is a minor procedure done in operating theatre under a light general anaesthetic.

What happen before the procedure?

An appointment will be made for you to meet the doctor who will perform ultrasound to confirm how many weeks pregnant you are. They will review if you have any medical conditions or any medications that you might take. Based on that, they will discuss the options with you.

Written consent will be obtained after discussing advantages and disadvantages of the procedure.

A sample of your blood will be taken to check your blood count, blood group and rhesus factor. If you are rhesus negative, you will be offered an injection to protect future pregnancies.

You will be asked to swab your perineum and nose to check for MRSA infection.

You will be given a date for the procedure and time to attend ward on the day of the procedure.

What happen on the day of the procedure?

You will be asked not to eat or drink from midnight if on a morning list or after 7:30 that morning, if on an afternoon list (including chewing gum or water).

When you arrive at the ward, you will be seen by doctor and a nurse. They will do the pre-operative and pre-anaesthetic checks to make sure you are fit for the operation and reverify your written consent.

The doctor or the nurse will insert 2 small pessaries into the vagina 2-3 hours before the procedure in the ward. This is done to soften the neck of the womb and help it to open to make the operation easier.

You will be taken to operating theatre and put to sleep. The journey in theatre last approximately 1 hour. Once you are asleep the procedure involves stretching your cervix and vacuum aspiration using gentle suction to remove the pregnancy tissue.

The operation approximately takes 15-45 minutes depending on your gestation. After the procedure, you will be taken to recovery room to wake up before returning to the ward

Benefits

- The management is resolved relatively quickly.
- It minimizes hospital visits.
- Psychologically accepted by most women.
- Can usually be performed as day case surgery.

Contraception

If you have decided to commence the oral contraceptive pill, it will be given to you prior to discharge and you are advised to commence taking it the night of your procedure or the following morning.

Please ensure you read the information leaflet and be aware that

- Certain antibiotics
- Tummy upset (vomiting/diarrhoea)
- Forgetting to take your pill

may cause it to fail.

Intrauterine coil

You will be able to have the coil (hormonal/non-hormonal) fitted at the time of your surgery. You will need to self check the threads of your coil in 6 weeks' time.

You can obtain information leaflets regarding the above forms of contraception from clinic or the ward .

Emergency contact (including out of hours)
E ward: 01695 656901/656528/656526

Discharge Advice

Blood loss after the initial procedure may vary in amount and duration before it ceases depending upon the individual. You might sometimes pass small amount tissue along with blood clots. Bleeding may be like a period or heavier. For some it will cease quickly or stop and start, lasting from a few days up to 1-2 weeks, turning brown before it subsides.

If you have any heavy bright red bleeding, clots or a discharge that has an odour ,please ring the ward for advice or you may attend your GP surgery or Accident and Emergency department. In some cases antibiotics may be required

- You may bath or shower as normal but avoid using bubble bath for 2 weeks.
- You are advised not to use tampons until your next period which may be between 4-6 weeks. Do not worry if it is delayed or heavier than normal.
- You are advised to wait 2 weeks before resuming sexual intercourse and also advised to ensure you are using your chosen contraceptive to prevent a further unplanned pregnancy.

Risks

- As with all types of surgery there is a risk of infection - about 10% (less with antibiotics) - which rarely results in infertility. You will be given a course of antibiotics prior to discharge.
- There is a minimal risk of making a small hole in the womb, rarely the bowel (1-4 in 1000 women).
- There is a minimal risk of trauma being caused to the cervix (less than 1%) which may require a stitch.
- There is risk of heavy bleeding per vagina and a minimal risk of requiring a blood transfusion as a result (2 in 1000 women).
- The treatment may be unsuccessful ie products of conception may still be retained (less than 3%). A repeat procedure may be required.
- Associated risks of General Anaesthesia.
- Psychological Trauma.
- Continuing pregnancy rate 0.2%-higher incidence in early weeks of pregnancy.

Alternatives

Medical Termination up to 12+6 weeks pregnant.
MVA (Manual Vacuum Aspiration) up to 9 weeks pregnant.

What to bring to hospital?

- Sanitary pads
- Something to read
- Dressing gown

Following the procedure

- You may experience some cramp-like pains. The Anaesthetist may give you analgesia while asleep. Oral analgesia may be taken when fully awake.
- Sips of water are initially encouraged and once you feel ready, toast and a hot drink will be offered.
- For a short time, the staff will monitor any vaginal bleeding, along with your blood pressure and pulse.
- You can expect to stay on the ward for at least 1.5–2hrs post procedure.
- When you have eaten, drunk, passed urine and mobilised without any problems, you may go home.
- Staff will give you advice and answer any questions before you leave hospital.

Histology/Communal burial

The Trust aims to treat all pregnancy tissue in a sensitive and dignified manner. Staff will talk to you about communal cremation and will give you written information if required.

Advice following Anaesthetic

- Once you have recovered from the initial anaesthetic you will find the physical side of recovery quite quick. Due to having had a general anaesthetic there are a few precautions you must take for the next 48 hours.
- You must be accompanied home by a responsible adult, ensuring that you have somebody to stay with you that night.

- You must not drive. Anaesthetic affects concentration levels and reflexes will be much slower.
- If you had an accident your insurance may not cover you.
- You must not operate machinery, including household appliances, for safety reasons as you may be prone to accidents following general anaesthetic.
- You must not drink alcohol. This can make the effects of the anaesthetic much worse.
- You must not sign any important documents.
- You will not be fit to look after children.
- You must not return to work for at least 48 hours or otherwise advised.

The emotional aspects of Termination differ in each individual case and you may experience spells of sadness and feel quite low.

If you feel you are not coping after a few weeks, it is important that you attend your GP practice to discuss the possibility of some counselling.

- If you experience any period pains, you may take analgesia such as Paracetamol/Codiene or Nurofen.