

## **Surgical Abortion Procedures**

The type of surgical abortion procedure used is based on which stage of pregnancy a woman is at. Before seeking a surgical abortion procedure, it is recommended that you obtain a sonogram to determine if the pregnancy is viable and for accurate pregnancy dating or gestation.

Suction Aspiration:

**How is suction aspiration performed?** Suction aspiration is a surgical abortion procedure performed during the first 6 to 12 weeks gestation. It is also referred to as *suction curettage* or *vacuum aspiration*.

Your abortion provider may give you pain medication and misoprostol in preparation of the procedure. You will lie on your back with your feet in stirrups and a speculum is inserted to open the vagina. A local anesthetic is administered to your cervix. Then a tenaculum is used to hold the cervix in place for the cervix to be dilated by cone shaped rods. When the cervix is wide enough, a cannula, which is a long plastic tube connected to a suction device, is inserted into the uterus to suction out the fetus and placenta. The procedure usually lasts 10–15 minutes, but recovery may require staying at the clinic for a few hours.

**What are the side effects and risks of suction aspiration?** Common side effects that most women will experience following the procedure include cramping, nausea, sweating, and feeling faint. Less frequent side effects include possible heavy or prolonged bleeding, blood clots, damage to the cervix and perforation of the uterus. Infection due to retained products of conception or infection caused by an STD or bacteria being introduced to the uterus can cause fever, pain, abdominal tenderness and possibly scar tissue. Contact your healthcare provider immediately if your side effects persist or worsen.

Dilation & Curettage (D&C):

**How is dilation and curettage performed?** Dilation and curettage is a surgical abortion procedure performed during the first 12 to 15 weeks gestation. Dilation and curettage is similar to suction aspiration with the introduction of a curette. A curette is a long, looped shaped knife that scrapes the lining, placenta and fetus away from the uterus. A cannula may be inserted for a final suctioning. This procedure usually lasts 10 minutes with a possible stay of 5 hours.

**What are the side effects and risks of dilation & curettage?** The side effects of dilation and curettage are the same as suction aspiration noted above with the exception that there is a slight increased chance for perforation of the uterus. Contact your healthcare provider immediately if your symptoms persist or worsen.

Dilation & Evacuation (D&E):

**How is dilation & evacuation performed?** Dilation and evacuation is a surgical abortion procedure performed between 15 to 21 weeks gestation. In most cases, 24 hours prior to the actual procedure, your abortion provider will insert laminaria or a synthetic dilator inside your cervix. When the procedure begins the next day, your abortion provider will clamp a tenaculum to the cervix to keep the uterus in place and cone-shaped rods of increasing size are used to continue the dilation process.

The cannula is inserted to begin removing tissue away from the lining. Then using a curette, the lining is scraped to remove any residuals. If needed, forceps may be used to remove larger parts.

The last step is usually a final suctioning to make sure the contents are completely removed. The procedure normally takes about 30 minutes. Although some clinics may perform the procedure, it is usually performed in a hospital setting because of the greater risk for complications. The fetal remains are usually examined to ensure everything was removed and that the abortion was complete.

**What are the side effects and risks of dilation & evacuation?** The common side effects for most women include nausea, bleeding and cramping which may occur for two weeks following the procedure. Although rare, the following are additional risks related to dilation and evacuation: damage to uterine lining or cervix, perforation of the uterus, infection, and blood clots. Contact your healthcare provider immediately if your symptoms persist or worsen.

#### Induction Abortion:

**How is induction abortion performed?** Induction abortion is a procedure that uses salt water, urea, or potassium chloride to terminate the viability of the pregnancy. Your abortion provider will insert prostaglandins into the vagina and pitocin will be given intravenously. Laminaria is then usually inserted into your cervix to begin dilation. This procedure is rarely used, and normally only occurs when there is a medical problem or illness in the fetus or women.

**What are the side effects of induction abortion?** The side effects are similar to dilation and evacuation, although in rare cases it is possible for the mother's blood stream to be accidentally injected with saline or other medications. Excessive bleeding and cramping may also be experienced. Contact your healthcare provider immediately if your symptoms persist or worsen.

#### Dilation and Extraction:

**How is dilation and extraction performed?** The dilation and extraction procedure is used after 21 weeks gestation. The procedure is also known as D & X, Intact D & X, Intrauterine Cranial Decompression and Partial Birth Abortion. Two days before the procedure, laminaria is inserted vaginally to dilate the cervix. Your water should break on the third day and you should return to the clinic. The fetus is rotated and forceps are used to grasp and pull the legs, shoulders and arms through the birth canal. A small incision is made at the base of the skull to allow a suction catheter inside. The catheter removes the cerebral material until the skull collapses. Then the fetus is completely removed.

**What are the side effects and risks related to dilation and extraction?** The side effects are the same as dilation and evacuation. However, there is an increase chance for additional emotional problems because of further fetal development. Contact your healthcare provider immediately if your symptoms persist or worsen.

"Induced Abortion." The American College of Obstetricians and Gynecologists. 2001.

Paul M, et al. (1999). A Clinician's Guide to Medical and Surgical Abortion. New York: Churchill Livingstone.

Creinin MD, et al. (2001). Medical management of abortion. American Journal of Obstetrics and Gynecology Practice Bulletin, no. 26, pg.1-13.

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