



Surgical abortion

WHAT YOU NEED TO KNOW

Read this document carefully and keep it until you have made your final decision. Feel free to ask questions or share your concerns at any time. Our staff would be pleased to speak to you.



Appointment

Date: _____

Time: _____

If you can't make it to your appointment, please call us as soon as possible.

You have decided to interrupt your pregnancy

Rest assured that your decision will be respected by the entire clinic staff and that your privacy will be protected. Our role is to offer you a safe, professional service: Your well-being is our main concern.

Pre-procedure meeting

1. We will ask you to fill out a medical questionnaire.
2. You will then meet with a nurse, who will complete your medical file and give you information about the abortion. Do not hesitate to ask the nurse for more explanations.
You can also ask to meet with a psychosocial worker.
3. An ultrasound will be done to determine the age of the pregnancy.
4. An STBBI (sexually transmitted and blood-borne infections) screening test will also be done (for chlamydia and gonorrhea).
If the result is positive, the nurse will contact you to arrange for treatment.
5. A blood test could be done to determine your blood type.
If you are Rh-negative, you may be given anti-D immunoglobulin (WinRho) to prevent complications during a future pregnancy.

At the end of the meeting, the date and time of the procedure will be scheduled. **Rest assured that you can change your mind at any time.**

For Québec residents, abortion is covered by the RAMQ. However, women who are not covered (e.g., expired RAMQ card) will have to pay for the procedure.

Rh-negative mother



Sometimes, a woman who is Rh-negative may carry a fetus that is Rh-positive. If fetal blood crosses the placenta, the mother's immune system could produce antibodies in response (a process known as alloimmunization).

In future pregnancies, if the fetus is Rh-positive, these antibodies could be reactivated and attack the fetus's red blood cells, leading to serious complications.

Anti-D immunoglobulin (WinRho)

Depending on the age of your pregnancy (8 to 12 weeks or more), you may be offered an injection of anti-D immunoglobulin (WinRho). This treatment helps neutralize the proteins on the surface of Rh-positive red blood cells, preventing the production of antibodies.

Anti-D immunoglobulin is a safe, human-derived blood product that undergoes extensive purification to eliminate all traces of known viruses (such as hepatitis B, hepatitis C, and HIV).

As with all blood products, the risk of contracting an infection is very low. In very rare cases, an allergic reaction may occur, but health professionals present during the injection are prepared to respond if necessary.

Recommendations before the procedure

- ☐ Do not take Aspirin (acetylsalicylic acid) in the 3-5 days before or after the procedure.
- ☐ Do not use drugs or alcohol in the 24 hours before or after the procedure.
If you are a regular user, please let us know.
- ☐ Let the nurse know if you are taking any other medications, to avoid interactions with the medication you will be given during the procedure.
- ☐ Wear loose, comfortable clothing.
- ☐ Have someone with you who can drive you home (mandatory for safety reasons).
- ☐ **Do not eat or drink for 3 hours before your appointment, starting from _____ (time).**

Bring with you:

- ☐ Your valid health insurance card (or temporary attestation);
- ☐ Your hospital card (for the clinic at Hôpital Anna-Laberge);
- ☐ Sanitary pads;
- ☐ A change of underwear (suitable for wearing with a sanitary pad);
- ☐ A snack.

Medication to take BEFORE the procedure

4-12 hours before the procedure – with a snack

Antibiotic (Doxycycline)

You will be prescribed an oral antibiotic.

Take: ☐ At bedtime the night before the procedure OR
☐ the day of the procedure at _____ (time).

4 hours before the procedure, if required

Misoprostol

Insert the prescribed tablets as far as possible into the vagina.

Insert the morning of the procedure, at _____ (time).

How to take misoprostol (if required)

Misoprostol acts on the uterine muscle and the cervix. It causes the cervix to dilate (open up), facilitating the expulsion of the uterine tissue, while reducing the risk of trauma to the uterus.

Misoprostol is TOXIC to the fetus. Before you insert the tablets into your vagina, your decision to interrupt your pregnancy must be final.

To insert the tablets:

- First, lubricate your vagina with lubricating jelly.
- Then, insert the tablets as far as possible into your vagina.

After you have inserted the tablets, you will probably feel cramps and abdominal pain. You may also experience fever and chills, which will only last for a short time (about 30-60 minutes) and should not persist for more than 24 hours after taking misoprostol.

As needed, take an anti-inflammatory, such as naproxen sodium (Aleve, Naprosyn), OR ibuprofen (Motrin, Advil) AND acetaminophen (Tylenol, Atasol). You can ask the nurse or pharmacist for more information.

You may experience:

- Vaginal bleeding comparable to a menstrual period, or heavier
- Dizziness
- Nausea
- Headache
- Diarrhea

Although rare, taking misoprostol may cause the uterus to spontaneously expel the fetus, especially if you have had multiple past pregnancies and deliveries.



Important

If you experience unbearable pain despite the medication, or heavy bleeding (soaking through more than one pad every hour for more than two hours):

- **During business hours:** call the clinic (see contact information on the last page)
- **Outside of business hours:** go directly to the Emergency department

Possible complications

While there are virtually no risks associated with an early abortion, complications can occasionally happen. **These are very rare and are usually easy to treat.** They can include:

Infection

Despite all the necessary precautions, women can sometimes develop an infection in their uterus (due to the cervix being opened). The infection must be treated with antibiotics.

Hemorrhage

You may bleed heavily during the abortion and in the days that follow (you may even pass blood clots). A second procedure is sometimes needed to stop the bleeding. In rare cases, a blood transfusion is needed to replace the blood you lost.

Incomplete abortion

This happens when the placenta and membranes are not completely shed from the uterus, which can lead to fever, pain or abnormal bleeding. This requires treatment, either with medication or a curettage.

Continuation of the pregnancy

When the pregnancy is interrupted very early (before 6 weeks), sometimes it is impossible to confirm if the abortion was successful. Blood tests may be required. Sometimes, abortion does not successfully eliminate the contents of the uterus. This requires a second procedure.

Uterine perforation

This is a very rare complication that happens when an instrument perforates the uterus. Most often, the uterus will heal on its own, with time. However, in rare cases, surgery is needed to repair the injury.

Cervical laceration

This is a rare complication that is generally not serious. Most often, the cervix will heal on its own, without any treatment. However, in rare cases, stitches are needed to repair the injury.

Medication allergy

As with any medication, there is a risk of an allergic reaction.



Questions

Other complications could also occur in very rare cases.

For more information or if you have any questions, speak to your doctor.

The day of the procedure (abortion)

Some clinics allow you to be accompanied during or after the procedure, while others do not (for logistical, security or confidentiality reasons). In clinics that allow you to bring a support person, the staff reserve the right to ask that person to wait in the waiting room.

Before starting the procedure, a nurse will insert an intravenous catheter. This will be used to give you medications to help you relax and tolerate any pain you might feel during the procedure. **A nurse will be with you throughout the procedure.**

During the procedure

The doctor will perform a gynecological examination to check the position and size of the uterus. In some clinics, a second ultrasound will be done.

The doctor will then insert a speculum into the vagina and disinfect the cervix. A local anesthetic will be administered; some women will feel a slight pinch or a temporary burning sensation.

The doctor will then gradually open the cervix (dilation) and insert a cannula connected to a vacuum-type device to suction the contents of the uterus. A curettage may also be necessary. This step involves scraping the inside of the uterus to make sure it is completely empty.

When to consult?

Contact us or consult a doctor immediately if you experience:

- **A fever** (higher than 38.5 °C or 101.3 °F) or chills that persist despite taking acetaminophen or ibuprofen.
- **Severe abdominal pain** for more than a few hours that gets worse, despite taking a pain reliever.
- **Very heavy bleeding** (more than one sanitary pad every hour for more than two hours).

During the procedure, the uterus will contract, which can cause cramping or pressure in the abdomen or back. After that, where applicable, the doctor will insert a contraceptive implant or an IUD.

After the procedure

Once the procedure is finished, you will be taken to a recovery room for at least 30 minutes. This will give you time to recuperate and recover from certain possible physical symptoms, such as:

- Dizziness
- Nausea
- Cramps
- Weakness

You can resume your normal activities as soon as the next day, although you will need to avoid strenuous exercise. It is important not to overexert yourself. You may be given a dose of antibiotics to prevent infection; take the pill with your next meal.



Recommendations

During the procedure, you were given medications that may cause drowsiness and dizziness. Here are a few guidelines to follow:

- ☐ **DO NOT drive for 24 hours.**
- ☐ Make sure someone is with you to drive you home after your appointment.
- ☐ Avoid being alone for the first 24 hours.
- ☐ If you have young children, arrange for someone to take care of them for a few hours after you get home.
- ☐ If you feel up to it, you can eat and drink. However, wait at least 24 hours before consuming alcohol or drugs.

Infection prevention

- You can take a shower, a bath, and go swimming at home. Wait seven days before swimming in a river, lake, or hot tub.
- Do not use tampons for two weeks.
- Wait seven days before having vaginal intercourse.
- Avoid using vaginal douches, suppositories and deodorants. **Their use is not recommended, at any time.**

Bleeding and abdominal pain

The blood loss following the procedure varies from one woman to the next. The following situations are normal:

- Little or no bleeding until your next menstrual period.
- Bleeding starting a few days after the procedure, sometimes with blood clots.
- Relatively heavy bleeding that can last a few weeks (+/- 1 month) after the abortion.

It is normal to feel period-type cramps. Applying heat or cold (Magic Bag, hot water bottle, etc.) can provide some relief. As needed, you can take an anti-inflammatory, such as naproxen sodium (Aleve, Naprosyn), OR ibuprofen (Motrin, Advil) AND acetaminophen (Tylenol, Atasol). You can ask the nurse or pharmacist for more information.

Normally, your period will come back 4-6 weeks after the procedure.

About pregnancy symptoms

The pregnancy hormones take about 4-6 weeks to be eliminated from your body. As a result, you may experience certain pregnancy symptoms, such as:

- Nausea and vomiting. These should disappear within 24-48 hours of the procedure.
- Possible breast tenderness and sometimes even nipple discharge. These will disappear within seven days of the procedure.

Wearing a snug-fitting bra and applying cold compresses could provide some relief. Do not attempt to express any fluid from your breasts, as this will stimulate milk production.

Pregnancy tests may continue to be positive for up to six weeks after the procedure.



Follow-up appointment

Date: _____

Time: _____

Follow-up

A telephone or in-person follow-up is provided, as needed, **4-6 weeks after the procedure**. If you have any other concerns you'd like to discuss, you can meet with the nurse, who will answer your questions or refer you to the appropriate resources.

Birth control

There is a risk you could get pregnant immediately after having the abortion. For this reason, you need to use a method of birth control.

It is important that you start it quickly (in general, at least seven days before resuming vaginal intercourse), according to the doctor's or nurse's recommendations.

If you've had unprotected sex, you can easily obtain emergency contraception (the morning-after pill) for free from the CLSC, a school nurse, or a pharmacy. **You must take it within 120 hours (5 days) after you've had unprotected sex.** You can also ask to have a copper IUD inserted as emergency contraception; this must be done within seven days of you having unprotected sex.



Emotions

For some women, this decision is a relatively easy one, while for others it is more difficult. If you'd like, the nurse can help you to make an informed decision.

Abortion is a highly personal experience for each woman.

After the procedure, some women feel relief, while others have a harder time grieving the loss. The fact that you feel relieved doesn't mean you can't also feel sadness and guilt.

It is important that you acknowledge your emotions.

If you are tired, get some rest and take care of yourself. You may not want to have sex for a while after the procedure. Don't hesitate to talk about your feelings with your partner or with a loved one.



Need help?

If you want, you can also meet with a psychosocial worker to talk about your abortion.

You can call the clinic for an appointment:

Info-Santé 811

24/7

811

Grossesse secours (help line)

Monday to Friday,
9 a.m. to 5 p.m.

514-271-0554

Contact information

- ☐ **Family planning/VIP clinic (CLIMATS)**
Centre multiservices de santé et de services sociaux de Vaudreuil-Dorion
3031 boulevard de la Gare, Vaudreuil-Dorion
450-455-6171, ext. 71363
- ☐ **Family planning/VIP clinic Hôpital Anna-Laberge**
200 boulevard Brisebois, Châteauguay
450-699-2605 | 1-800-700-0621, ext. 2605 (toll-free)
- ☐ **Hôpital du Suroît**
150 rue Saint-Thomas, Salaberry-de-Valleyfield
450-371-9920