

Patient information

Termination of pregnancy Under general anaesthesia (VTOP)

Introduction

The aim of this booklet is to offer practical advice and contact numbers for further information you may require.

Please do not feel you must make decisions alone.

It is a legal requirement that you are seen by two doctors, who will sign a legal declaration called the 'blue form'. One of the doctors may be your GP/Family Planning Doctor. The second doctor will see you on behalf of the hospital.

The Termination Advisory Clinic

You will be seen by a doctor who will:

- Talk to you about your request for a termination of pregnancy.
- Arrange an ultrasound scan to assess the stage of pregnancy.
- Discuss the methods of termination which are available and explain the risks involved in having a termination of pregnancy.
- Discuss the best method of future contraception to suit you.

You will be seen by a nurse who will:

- Arrange the admission date for the procedure to be carried out either in the Day Surgery Unit or as an inpatient.
- Organise for a blood sample to be taken; this is vital to determine your blood group.

- A vaginal swab is routinely taken to detect for Chlamydia.

Admission to hospital

For surgical termination of pregnancy, you will be admitted to the Day Surgery Unit on a mutually agreed date for your operation. A pre-admission assessment will be carried out by a Day Surgery Unit nurse after you have seen the clinic doctor.

On the day of the operation

- On arrival at the Day Surgery Unit you will have the opportunity to discuss your operation, future contraception, and any worries you may have with the nursing and medical staff. Then you will be shown to your bed.
- Tablets called Misoprostol will be inserted into the vagina approximately three hours before your operation. This helps to soften and open up the entrance to the womb. They can cause some bleeding and period type pains for which you can ask staff for pain killers.
- The operation itself is carried out under anaesthesia so you will be asleep throughout. It only takes a few minutes, and involves opening the cervix (neck of the womb) in order to pass a tube by which the womb is emptied. The cervix closes by itself afterwards. You will be nursed on the ward until you and the staff feel you are ready to go home.
- The results of your blood test and vaginal swabs will be discussed with you. If these are not available you may be given some antibiotics as a precaution.
- If you have a Rhesus negative blood group you will be offered an injection of Anti D after the procedure. This is a human blood product which helps to prevent future developments of antibodies. An information leaflet about this is available.
- Prior to going to theatre, the ward staff will discuss the options available to you for what can happen with any pregnancy tissue that is removed. This is an individual choice and for some women, not wishing to know anything is fine, whereas others will want to know more. The hospital can arrange for this to be done sensitively with a woodland burial, which occurs once a month. However, should you wish to make your own arrangements you can do so. For example, you might want to consider taking your pregnancy tissue home and burying it in the garden or in a pot with flowers. Or you might prefer to organise a cremation and our team in the Bereavement Office could help support you with this. Whatever your thoughts, should you need any help or assistance once you

have left the ward, then the Bereavement Office who are available on 01284 713410 would be happy to discuss and support you, in what can be a very distressing and difficult decision.

After the operation

- You should have someone stay with you for 24 hours as you may feel light headed for some hours after your general anaesthetic.
- You must not drive or operate machinery for 24 hours.
- You should not have sexual intercourse until bleeding stops.
- You may have vaginal bleeding (including some small clots) which will gradually decrease to a brown stain and lasts for 7 - 21 days. This does vary for each woman.
- You may experience period type pains. Take your usual pain killer, paracetamol and/or ibuprofen should be sufficient if they suit you.
- You should use sanitary towels, **not** tampons, until your next period.

Possible hazards of the operation

Generally, the rate of complications arising from termination of pregnancy, are low. The most common problems are:

- Infection, this can occur if there is a pre-existing infection or if tissue is left behind
- Retained tissue. Both these problems cause pain or bleeding.
- Damage to the womb (rare)

If you experience any of the following you should contact your GP.

- Heavy prolonged bleeding
- Severe pain
- A raised temperature
- A smelly discharge from the vagina
- If you have not had a period after six weeks

Return to work

It really depends on how you feel and the type of work you do. We do advise you not to go to work the day after your operation.

Physically you can return to work after this, however, emotionally it may take longer to recover. Every woman is different as are her circumstances. If you have someone you can share your feelings with it will help. Counselling is available if you feel you need it.

Contraception

Do ensure you take advice given about contraception, it is very important.

You may have already discussed this with your GP or at the Termination Advisory clinic appointment. There are various leaflets available on different types of contraception and staff will be only too happy to help and offer advice. It is of great importance that you decide on the right method for you.

If you decide to take the contraceptive pill, this can be started immediately after the procedure so make sure you have supplies ready.

If you have any queries contact:

The Martin Corke Day Surgery Unit on 01284 713246 / 713959 between 7.45am to 8.00pm Monday to Friday.

Outside of these hours, contact the obstetric/gynaecology ward F10 on 01284 713235 / 6 and speak to the nurse in charge. Please have your hospital number on the discharge letter available.

Or iCaSH (for contraception and sexual health advice) on 0300 123 3650
www.icash.nhs.uk

If you would like any information regarding access to the West Suffolk Hospital and its facilities please visit the website for AccessAble (the new name for DisabledGo) <https://www.accessable.co.uk/organisations/west-suffolk-nhs-foundation-trust>



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