

WOMEN'S HEALTH PARTNERS, LLC

DIPLOMATES AMERICAN BOARD OF OBSTETRICS & GYNECOLOGY

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PROCEDURE EDUCATION LITERATURE

We recommend that you read this handout carefully in order to prepare yourself or family members for the proposed procedure. In doing so, you will benefit both the outcome and safety of the procedure. *If you still have any questions or concerns, we strongly encourage you to contact our office prior to your procedure so that we may clarify any pertinent issues. "An educated patient is the best patient."*

DILATATION AND EVACUATION FOR PREGNANCY TERMINATION

Definition

Abortion = expulsion or removal of a fetus from the uterus following its death or prior to it being able to survive

Induced Abortion = medical or surgical termination of pregnancy before the time of fetal viability

Dilation = to dilate, as in the cervix

Evacuation = to remove

An induced abortion by Dilation and Evacuation (D&E) is an operation where the cervix (opening to the uterus) is dilated, and the fetus is removed by forceps and suction. This is done prior to the fetus being able to survive outside of the womb and usually up until 20 weeks gestation (five months of pregnancy).

Dilation and evacuation (D&E) is performed between 14 and 20 weeks of pregnancy; before 14 weeks of gestation the procedure is called a dilation and curettage (D&C). D&E can be done for many reasons, with some of the more common ones being a birth defect in the fetus, a medical condition in the mother that may place her life at risk if she continues the pregnancy, and for other personal reasons. These operations are usually done in a procedure room of an outpatient center or clinic equipped to handle this type of surgery.

It is important to remember that there are alternatives to abortion including continuing the pregnancy and raising the child yourself (with or without assistance) or offering the child for adoption. Each woman will consider these options differently. The decision to have an elective abortion is deeply personal. It is important that you give this decision thoughtful consideration. Seek the advice of those people you consider close to you and with whom you are comfortable discussing this issue.

Preparation

Prior to this procedure, your doctor will do an ultrasound to determine how far along you are in your pregnancy, where the placenta is located, and also how many fetuses are present. They may also check for a heartbeat. Your doctor may do a speculum exam to see if your cervix is already dilating. Your doctor will do an exam and determine the position of the uterus in the pelvis.

Your doctor may place dilators or medicine inside the cervix prior to the procedure (overnight or early in the morning of the procedure). These dilators will help dilate the cervix before coming to the procedure room. A common name for these dilators is laminaria. Also, your doctor can place a prostaglandin tablet in the vagina or give it to you by mouth. This tablet will help to soften the cervix prior to the procedure and will make it easier to dilate the cervix. Both of these methods will reduce the risk of lacerating the cervix while dilating it in the operating room.

You will be checked into the outpatient center or clinic and have some bloodwork done prior to the procedure. You may be given medication by mouth to help you relax and to ease the pain prior to the D&C.

Procedure

You will be placed on the operating table in a position similar to the one for a Pap smear. Once adequately positioned, your doctor will do an exam. Some procedures are performed with the aid of nitrous oxide ("laughing gas" like that used at many dental offices). You will be asked to breathe slowly in and out through a mask delivering this gas.

Your doctor will place a sterile speculum into the vagina so that he or she may see the cervix and the cervix and vagina cleaned with an antiseptic solution. Your doctor may give you anesthesia by injecting the area around the cervix with local anesthesia. Once adequately visualized, your doctor will slowly dilate the cervix with cervical dilators. Your doctor may place an instrument onto the cervix to stabilize it during the procedure. After the cervix is adequately dilated, a suction tube will be inserted through the cervix and into the uterus. The suction tube is attached to a machine that provides suction and will remove the products of conception. The products of conception (fetal parts and placenta) may need to be removed with a grasping instrument called forceps.

After this is done, your doctor will place a curette into the uterus and gently scrape any remaining products of conception, making sure that all of it is removed. An ultrasound may be done to see that all the products of conception are removed from the uterus. Your doctor will also examine the products of conception visually.

Your doctor will remove the instruments and make sure that there is no bleeding from your cervix. Once satisfied, your doctor will remove the speculum and you will be transferred to the recovery room.

Post Procedure

After this procedure, you will recover in the recovery room to make sure that you tolerated the procedure well. Once this is accomplished, you may be allowed to go home and rest. Your doctor may tell you to take it easy for the next several days. Your doctor will give you pain medicine to control the cramping pain that you may have while your uterus returns to its normal pre-pregnancy size. You should expect to have some mild abdominal cramping and some vaginal bleeding after this procedure, along with some diarrhea, nausea and vomiting.

Your doctor may do bloodwork periodically to make sure that the pregnancy hormone, BHCG, is decreasing as it should.

Your menstrual period should return 4-6 weeks after the procedure. You will be able to get pregnant soon after the procedure, so be careful to use birth control after the procedure.

Expectations of Outcomes

This procedure should remove products of conception from the uterus. You should expect to have some cramping and bleeding after the procedure, but it should be only a small amount. You should anticipate the return of your period and with it a chance to become pregnant. Your ability to have children in the future should not be affected by having an abortion.

Possible Complication of the Procedure

All procedures, regardless of complexity or time, can be associated with unforeseen problems. They may be immediate or delayed in presentation. While we have discussed these and possibly others in your visit, we would like to have a list so that you may ask questions if you are still concerned. These complications include, but are not limited to:

- J **Retained Products of Conception**: There is a small chance that the pregnancy may not be removed entirely from the uterus. You may have to have another procedure to empty the remaining pregnancy tissue.
- J **Complications of local anesthesia**: Since your doctor may inject some local anesthesia around the cervix, you may have a reaction to the anesthesia used. This could be anything from a mild allergic reaction to cardiorespiratory arrest. The risk of this occurring is remote.
- J **Failure of the procedure to remove all the products of conception**: There is a small risk that not all of the products of conception will be removed. Your doctor may need to perform another dilatation and curettage.
- J **Vasovagal syncope**: There is a risk that by dilating the cervix and manipulating the uterus that a nerve (called the vagus nerve) will be stimulated. This can lead to a variety of symptoms. Most often this causes nausea and lightheadedness and, rarely, slow pulse and seizure activity. This risk is small, and the seizure usually stops by itself without medication.
- J **Perforation of the uterus**: Since this procedure is done by inserting instruments into the uterus, there is a chance of perforation. This risk may be close to one of every 100 procedures. If this occurs, your doctor may need to further evaluate this to determine the size of the perforation.
- J **Injury to bowel and bladder**: Since the bladder sits on top of the cervix, there is a chance of injury to the bladder during a D&C. Also, if a perforation is done and not recognized, damage to the bowel may occur by either the suction cannula or the curette. If this is suspected, then an incision in your abdomen may have to be done to repair the bowel.
- J **Bleeding**: Bleeding may result from the uterus failing to contract down after the products of conception are removed. The bleeding may result in your doctor having to give you a blood transfusion.
- J **Cervical laceration**: Since the cervix is being dilated, there is a risk of lacerating or tearing the cervix. This risk may be lowered by placing a dilator into your cervix prior to the procedure.
- J **Infection**: There is a risk of infection in your uterus after the procedure. This infection rarely becomes serious enough that you would need to be re-admitted to the hospital for IV antibiotics. If this is the case and you do not respond to IV antibiotics, then this may lead to a hysterectomy (removing the uterus surgically).
- J **Death**: The risk of a woman dying from an abortion is approximately one in 100,000 and is lower in women who have a suction curettage.

Patient Signature

Date

Account #

Patient Name (Print)

Physician

Date

Witness

Date

The information contained in this Medical Informed Consent Form (“Consent Form”) is intended to solely inform and educate and should not be used as a substitute for medical evaluation, advice, diagnosis or treatment by a physician or other healthcare professional. Please call your doctor if you have any questions.