

This information sheet contains a guide as to what to expect following a surgical abortion and in the time up to your next period. The recovery process will be different from person to person but the information below aims to cover as many situations as possible.

If you are concerned about anything that you are experiencing, please call the clinic for advice on (02) 9690-0000.



Important information: Do not drive a motor vehicle for the remainder of the day. Fill your prescription for antibiotics and take within 24 hours. Nothing in your vagina for 14 days after the procedure so use pads (not tampons) and do not go swimming, sit in a bath or have intercourse. Showers are ok. If you were prescribed an oral contraceptive pill, start taking it the day after the procedure. Please call the Private Clinic if you are concerned about anything. (02) 9690-0000.

What happens to my body after a surgical abortion?

During early pregnancy, the lining of your uterus becomes thickened, highly vascular and your uterus becomes enlarged. The surgical abortion procedure carefully removes the pregnancy sac and some of this soft, thickened uterine lining by use of a narrow suction cannula. An ultrasound scan is performed to verify that the procedure is complete and to minimise the risk of there being any pregnancy tissue remaining.

In the days immediately following the procedure, as your body begins to revert to a non-pregnant state, your uterus will begin to shed the remaining thickened uterine lining in a natural process known as uterine involution. During this time you may experience an increase in bleeding and cramping. Moderately heavy bleeding may continue into the second week. By the third week, some women may still experience some intermittent light bleeding (spotting).

Ovulation can occur in as early as two weeks so it is possible to fall pregnant if unprotected intercourse occurs prior to your first period.

Your first period following a surgical abortion will usually occur after 4 to 8 weeks.

How should I look after myself?

After you have been discharged from the clinic, go home to rest and have something to eat and drink. Driving a motor vehicle is not permitted for the remainder of the day. You may still be feeling some effects from the sedation so do not return to work or perform other responsible duties.

All patients are prescribed a dose of antibiotics and you should fill this prescription at your local pharmacy and take these antibiotics as soon as possible. Either on the day of your procedure or the following day.

Most women are fine to return to work the following day.

Bed rest is not required and can even be counterproductive. It is best to resume normal daily activities including gentle exercise or brisk walking. Physical movement is beneficial to your recovery as it will encourage the natural flow of blood out of your uterus and will discourage the development of clots.

During the procedure, your cervix is dilated a few millimetres (6-8mm) and while it closes quickly after the procedure, there

is an increased risk of infection from external bacteria entering your uterus, therefore you must not go swimming, sit in a bath, have intercourse, or put anything in your vagina for the first two weeks following the procedure.

You must only use pads during the first two weeks. Other than avoiding the risk of infection, pads will allow you to track how much you are bleeding.

If you experience any discomfort caused by bleeding or cramping, the best treatment is;

- Anti-inflammatories should assist to reduce bleeding. (Nurofen, Naprogesic, Ponstan etc) These medications reduce prostaglandin levels in the lining of the uterus which in turn can reduce bleeding and cramping. Take the recommended dose with food.
- Paracetamol is less effective for uterine cramps but may be taken in conjunction with anti-inflammatories.
- Hot packs placed on your abdomen
- Uterine massage. Sometimes a brisk walk will stimulate your uterus and aid in the passage of any trapped blood or clots.

How much bleeding is normal?

There is a wide variation in how much bleeding can be expected after an abortion. Some women will report no bleeding, while others may experience moderately heavy bleeding. Sometimes the bleeding will only last from a few days or up to two weeks, and for some women, light intermittent bleeding may occur until their first period.

If you commenced an oral contraceptive, or if you had an IUD inserted at the time of the procedure, the hormones associated with these contraceptives can sometimes cause some intermittent spotting, which should gradually taper off after a few months as your body adjusts.

Using 1-2 pads per day

- Normal to occur within 30 days of surgical abortion and should settle after first period.

Using 3-4 pads per day (very wet / saturated)

- Within first 14 days, this amount of flow is normal.
- Take anti-inflammatories if required. Take recommended dose over 1-2 days.
- If still occurring 14+ days since your procedure, you should return to clinic for ultrasound and possible

D&C as a clot may have formed after the procedure which your body is having difficulty expelling.

Saturating 2 pads per hour for 2 or more hours or passing fist-sized clots with continued heavy bleeding.

- Go to hospital immediately

Using 5 or more pads per day (very wet / saturated)

- Several doses of anti-inflammatories should be taken.
- During the first two weeks, if this heavy bleeding occurs continuously for 3 or more days without reduction, you should call the clinic for advice.
- After two weeks, if heavy bleeding occurs at any time, call the clinic to arrange a review at the clinic as soon as possible.

I'm passing some clots. Is this normal?

Passing a few small clots (20c coin size) is common during the first two weeks, however if you are regularly passing clots in the third week you should call the clinic for advice.

Taking Nurofen, Naprogesic or Ponstan, or walking briskly, can help to pass clots and may prevent them from forming.

What other symptoms can occur?

Cramps

The most effective pain relief is usually anti-inflammatories (Nurofen, Naprogesic, Ponstan etc) and should be taken in accordance with the instructions on the packet. You should always take anti-inflammatories with food. If the pain becomes extreme, call the clinic for advice.

Infection

- A raised temperature (over 37.2 deg) or flu-like symptoms within the first 48 hours may indicate an infection.
- Potential infections need to be diagnosed as quickly as possible and treatment with antibiotics must not be delayed.
- Call the clinic for advice or visit your GP. Antibiotics may need to be prescribed.
- An ultrasound is usually required to check for retained pregnancy tissue.

Pregnancy tests

- Traces of HCG pregnancy hormone will remain in your body for up to 4 weeks, so home pregnancy tests may give a weak positive result during this time.
- Call the clinic if you still have a positive pregnancy test after 4 weeks.

When will I get my period?

Your period should come in around 4 to 8 weeks.

If your period hasn't come after 8 weeks

- Need to rule out a continuing pregnancy, or there may be a new pregnancy.
- Perform home pregnancy test or call the clinic and we can send you a referral for a blood test. (BHCG)
- Note that stress may suppress periods

Summary of Treatment Options

Most problems with problematic bleeding following surgical abortion are treated as follows;

Conservative options:

- Start by trying a course of anti-inflammatories if you haven't already done so.
- Post-operative bleeding will usually resolve by itself after 2 weeks, but always call the clinic for advice if you are concerned.
- Intermittent spotting usually resolves following your first period.

Surgical treatment at the Private Clinic:

The usual treatment for prolonged or heavy bleeding is to return to the clinic for an ultrasound and possible D&C (dilatation and curette) as soon as possible.

Follow-up by your GP:

- If you are concerned about possible complications and if it is not possible to return to the clinic for an examination at short notice, you may need to visit your local GP. However, we ask that before visiting your GP, please call the clinic to discuss any medical concerns that you may have. Some problems are not urgent and can be managed over the phone.
- Depending on your symptoms, your GP may choose to;
 - perform a physical examination to determine the possible source of any pain.
 - prescribe antibiotics if there is concern that you may have retained pregnancy tissue.
 - refer you for an ultrasound to check for retained pregnancy tissue
 - arrange for a series of blood tests to measure the amount of pregnancy hormone and the rate at which these levels are rising or falling.
- Please ask your GP to send copies of any results to the Private Clinic or they can call the clinic for advice if required.

IF YOU ARE WORRIED ABOUT ANYTHING CONCERNING YOUR OPERATION, PLEASE PHONE THE CLINIC ON (02) 9690 0000

For urgent medical problems (eg. continuous heavy bleeding, severe pain or fever). If your call is not answered immediately, please leave a brief voicemail message stating your name, phone number and details of your concern. If you are unable to contact the clinic for advice, please go to the nearest hospital casualty department.

For minor concerns or questions, please phone during business hours when staff are available to assist.

Please scan QR code

We would appreciate a minute of your time to complete a brief questionnaire to allow us to improve our services

