

Risks associated with surgical termination

1. Retained products of conception

In some cases, some pregnancy tissue can remain after termination [about 1 in 200 patients]. This risk can cause heavy, erratic vaginal bleeding sometimes associated with abdominal cramping. Repeat curettage [D&C] is usually necessary.

2. Excessive bleeding

Occasional heavy bleeding occurs at time of operation [1 in 5000 patients]. Prolonged bleeding may occur after surgery, which requires no specific treatment. Having an IUD inserted can cause some erratic bleeding post-surgery for a short period of time until your body gets used to the device.

3. Infection

You will be given antibiotics during the operation to minimise risk of infection. Routine swabs are done to check for Chlamydia and Gonorrhoea infection. Even when treated with antibiotics, a small percentage of women [5 in 100] will develop an infection of the uterus, and more rarely of the fallopian tubes [1 in 200]. After your surgery, it is important to recognise any signs of infection like increasing abdominal pain, fever or high temperature, offensive vaginal discharge and sometimes increased bleeding. If you get these symptoms, please get in touch immediately or with your own GP.

4. Uterine perforation

One of the instruments used during the operation can perforate the wall of the soft uterus causing a small hole [about 1 in 1000 patients]. Treatment is observation in hospital and very rarely a formal operation is needed to repair it.

5. Continuing pregnancy

Very occasionally, if the operation is done very early in the pregnancy, the conceptus may be missed and not removed even when performed under guided ultrasound. For this reason, we recommend surgery from 7 weeks gestation.

6. Blockage of the cervix

Also called Ashermans syndrome, this occurs in 1 in 1000 patients. This causes absence of periods and abdominal cramping. It occurs when the cervix heals with scar tissue present.