



**Spire Healthcare**

## **Treatment summary**

### **Termination of pregnancy**

#### **What is a termination?**

A termination involves ending a pregnancy. Making a decision about having a termination is often difficult and the hospital staff you see on your visit will be understanding, supportive and will guarantee confidentiality.

Terminations can be done using medicines (drugs) or surgery. This leaflet is about surgical termination. A surgical termination is generally carried out as a day-case, requiring no overnight stay in hospital.

Surgical terminations are usually done under general anaesthesia. This means you will be asleep during the procedure and will feel no pain.

Your consultant will explain the risks of having a termination and advise you on which method is most suitable for you.

#### **About the operation**

There are several different surgical techniques available for terminating a pregnancy. The type of technique used depends on how long you have been pregnant. Two common surgical techniques used are vacuum aspiration and dilation and evacuation.

Once the anaesthetic has taken effect, a speculum is inserted into the vagina (similar to having a smear test) so that your consultant can view the cervix. The cervix is then gently stretched and opened (dilated).

#### **Suction (vacuum) aspiration**

For pregnancies between 7 to 12 weeks vacuum aspiration is used. A tube with a round end is inserted into your womb through the dilated cervix. Suction is applied to remove the womb contents. This operation lasts 10 to 15 minutes.

## **Dilation and evacuation (D&E)**

For pregnancies between 12 to 19 weeks dilation and evacuation is performed. This involves two stages. First, a curved instrument (a curette) is inserted into your womb through the dilated cervix and is used to gently scrape the lining of the womb. Next, vacuum aspiration is performed to remove the womb contents. This operation lasts 30 minutes.

After all terminations, the removed tissue is examined to make sure the procedure is complete. The womb contents will be disposed of sensitively. Please let your consultant or nurse know if you have particular wishes about disposing of the tissue.

After a termination, you may have some slight abdominal pain, similar to period pain, and there may be some vaginal bleeding for the first two weeks. Your womb will be more at risk of infection until your cervix has returned to its normal size. For this reason, you should use sanitary towels, not tampons, until you stop bleeding.

It is normal to experience emotional reactions, including feelings of relief, guilt, sadness and a sense of loss.

Terminations are routinely performed and generally safe procedures. However, all surgery carries an element of risk.

Specific complications of surgical terminations include accidental damage to the womb or the cervix. Rarely, some tissue can be left in the womb. If this happens, vacuum aspiration may have to be repeated. In very rare cases the vacuum aspiration may miss an ectopic pregnancy, where the fetus grows outside the womb. If this happens, you will need further surgery.

The chance of complications depends on the exact type of procedure you are having, the length of your pregnancy and other factors such as your general health. Ask your consultant to explain how any risks apply to you.

Spire Healthcare hospitals are licensed to perform surgical termination of pregnancy using vacuum aspiration for pregnancies up to 12 weeks gestation. This is the only method of termination that we offer.

**To find out more about having a termination of pregnancy in a Spire Healthcare hospital, please contact your local Spire hospital.**



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