

CHOICE IN HEALTH CLINIC

Information for Clients

Welcome to our clinic. This information is to give you an idea of what will happen during your time here. The counsellor will go over the details with you, so you can ask her about anything that is not clear. You will be here for about three hours.

It is natural to feel nervous before a medical procedure. Please remember that more than one million legal abortions are performed each year in North America. Legal abortion leads to fewer complications than tonsillectomy. Having an abortion is actually safer for the woman than carrying the pregnancy to term.

The forms we ask you to complete are about your health history. It is important that you tell us about any health problems you may have. We try very hard to protect your privacy, and any information you give us is confidential. *There are a few situations where no health care institution can guarantee confidentiality. Please ask your counsellor about this if you are concerned.*

Rarely, we may need to contact you later, for example if we have some test results to discuss with you. If we call you, we can use a code name rather than saying "Choice in Health Clinic". Our telephone number is automatically blocked from appearing on another telephone's call display.

The counsellors meet with clients in the order they arrive, and there could be a halfhour wait after your forms are filled out. If you have someone with you who would like to go out, we ask that they stay until after you have seen the counsellor. The meeting with the counsellor takes 20 to 30 minutes.

The counsellor reviews your history, answers your questions, and asks you to sign a consent form for the procedure. If you are not sure about your decision or have questions about birth control, you will have a chance to talk with the counsellor about this. The counsellor will be with you during the abortion as well.

After the meeting with the counsellor, there may be another short wait before you go to the ultrasound room. There you can change into a gown and put your belongings into a locker. In the first twelve weeks of pregnancy, we do our ultrasound examinations through the vagina for a more accurate picture. The recovery room nurse does this exam as well as checking your blood pressure and heart rate. She tests your blood for iron and for the Rh factor by taking a drop of blood from your finger tip. You will be asked to wait in the recovery room until the procedure room staff are ready for you. Then your counsellor will come and take you to the procedure room.

The abortion itself takes a few minutes, but you will be in the procedure room for 20 to 30 minutes in total. The procedure room nurse puts a small plastic tube into a vein in your arm, and this stays in place until you are ready to leave the clinic. This is called a "saline lock", and it allows us to give you any necessary medication quickly. You will meet the doctor, and she may have some medical questions for you. She will answer any questions you want to ask her as well.

We offer a drug called fentanyl to help with pain relief during the procedure. It is a narcotic which may make you feel sleepy and relaxed, but we do not give a large enough dose to make you unconscious. Fentanyl is fast-acting and is mainly worn off after an hour. A drug called atropine is mixed in with the fentanyl to help prevent fainting. This drug may make your mouth feel dry. If you choose to take these medications, the doctor will inject them through the saline lock. You may feel dizzy for a few minutes after that.

The doctor performs a brief physical examination, including a pelvic exam. She does this by placing one hand on your abdomen and two fingers in the vagina. This gives her an idea of the size and position of your uterus.

Next the doctor places a sterile speculum in the vagina, just as your own doctor has done if you have ever had a routine check-up and Pap test. If you have not had tests for vaginal infections in the last 2 weeks, our doctor will do these tests. (If the results are normal, you will not hear from us, but if you have an infection we will contact you within the next few days to arrange for treatment).

The cervix (the opening into the uterus) is then cleaned with an antiseptic soap, and a local freezing is done. This step can cause some pinching or cramping sensations. Next is the opening or "dilation" of the cervix, which takes 1 to 2 minutes. A small sterile rod is carefully placed in the cervix and then removed, followed by other rods of gradually increasing size, until the cervix is opened a few millimeters. Most women feel either pressure or mild cramps during this part. The counsellor helps you relax, lets you know what is happening, or helps distract you, as you prefer.

After the dilation the doctor puts a small sterile tube into the cervix. This tube is attached to a vacuum pump, which is then turned on for a minute or two to empty the uterus. During this part of the procedure the uterus contracts (gets smaller), a normal and healthy reaction, which may feel like period-type cramps.

Before finishing, the doctor does a "curettage", using a sterile instrument shaped like a spoon to check the inside of the uterus for any remaining tissue. There is a final brief suction. If the doctor is not sure the uterus is empty, she may repeat the last two steps. Then she removes the instruments, including the speculum. The counsellor gives you a sanitary pad and disposable underpants.

The tissue which is removed consists of uterine lining, placenta, membranes, and the embryo or fetus. This is checked before you leave the procedure room to help us be sure that your procedure is complete. The tissue is disposed of according to environmental regulations. It is not used for research or any other purpose.

The counsellor checks your blood pressure and heart rate and then escorts you to a bed in the recovery room, where you can rest for a half-hour or so. You may still feel light-headed from the medication. You can have a drink and a snack, and some medication for cramps if you need it.

When you are feeling up to it, you can change back into your clothes and check to make sure the amount of bleeding is normal. Most women have no more bleeding than they do with their periods. The recovery room nurse removes the saline lock and gives you any

information or prescriptions you need to go home. She lets you know what to expect during the next week or two and gives you a number to call if you have problems. She makes sure

you have what you need for any method of birth control you have chosen, and that you have a good place to go for your checkup in two weeks.

Sometimes women want to see the ultrasound picture or even the tissue that we remove. If you feel curious about this, please feel free to discuss it with your counsellor.

You will also get a questionnaire to complete at home and mail back to us. This asks for your opinion of our service, and we read every response we receive. We make changes because of what our clients tell us about their experiences here, and then we look at the new responses to see if the changes were effective. Please tell us what you think.

RISKS OF THE ABORTION PROCEDURE

1. Infection in the uterus ("endometritis") occurs after 2 - 4% of abortions. The risk is less if you take antibiotics at the time of the procedure.
2. Retained tissue (some pregnancy tissue left in the uterus) occurs after approximately 0.5 - 1% of abortions. This could lead to increased bleeding and passing of clots, increased cramps, and possibly to infection. The uterus may be able to expel the tissue, or medication or a second abortion procedure may be required.
3. Continued pregnancy (failed abortion) is most likely if the uterus has an unusual shape or if the pregnancy is not in the uterus. It is possible that these situations might not be discovered until after the abortion procedure has been performed. It is also possible that the physician will try her best but still be unable to remove the pregnancy, and you may have to return for another visit or be referred to another physician. With a normal pregnancy in a normal uterus, there is around one chance in 1,000 that this will happen.
4. Post-abortion hematometra ("blood in the uterus") occurs in about one in every 1,000 procedures. This is a condition in which blood builds up more quickly than it can come out, resulting in an enlarged and painful uterus. This is unpleasant but not dangerous. It is usually treated by removing the blood with another suction procedure.
5. Excessive bleeding occurs in about one in every 1,000 procedures. This may be due to failure of the uterus to contract ("atony") or to retained tissue, and these problems can usually be detected and treated in the clinic. Bleeding can result from injury, as described below. If heavy bleeding occurs and the cause cannot be found and corrected, we will arrange for your immediate care in hospital.
6. Injury to the uterus or other internal organs (bowel, bladder, or blood vessels) occurs less than once in every 1,000 abortions. If the doctor suspects that an organ has been injured, transfer to hospital and surgery to assess or repair the injury may be required. Major surgery, such as removal of the uterus, occurs approximately one time for every 10,000 abortion procedures.
7. Allergic reactions and other reactions to medication, latex, and other materials can occur in any clinical situation. If a reaction occurs, this will be treated in the clinic using standard treatment protocols, unless the reaction is severe enough to require hospitalization. In this case we would arrange for your immediate transfer to hospital. Severe allergic reactions to medications happen less frequently than to insect bites or foods.
8. More than one million abortions are performed legally by qualified practitioners in North America every year. Out of these, there are approximately 10 deaths. About half of these deaths are related to general anesthesia and medication-related problems. Most of the rest are due to advanced gestations or unusual medical circumstances.

(Information taken from *A Clinician's Guide to Medical and Surgical Abortion*: Churchill Livingstone, 1999, and other sources from the peer-reviewed literature.)

AFTER AN ABORTION

What to Expect

Bleeding

Bleeding can last from a few days to four weeks. Some women have only spotting. Often there is little bleeding until the third or fourth day, when it becomes heavy for a day or two, including passing large clots. After the first week the bleeding should be light and the colour changing to brown.

Cramps

Cramps like period cramps are normal after an abortion. They happen as the uterus gets smaller or as blood clots are pushed out. There may be an increase in the amount of cramping on the third or fourth day. If you want to take pain medication, try ibuprofen first (Advil®: 2 - 3 every six hours). You can also use acetaminophen (Tylenol®: 3 regular or 2 extra strength, every six hours) instead, or use *both together*. If you have a prescription medication for menstrual cramps, you can use these if you prefer. You can also try heat, the knee-chest position, or massage on your lower abdomen.

Pregnancy Symptoms

Nausea, tiredness, breast tenderness, and urine frequency will go away during the first week. Sometimes a liquid similar to milk can leak from the breasts. This is normal and will stop without treatment. Examining your breasts frequently will stimulate them and cause it to last longer. If you are uncomfortable, use ice packs or pain medication as suggested above for cramps.

Other Changes

Most women feel a sense of relief once the abortion is over. Often they expected the worst and the worst did not happen. As the pregnancy symptoms go away, they feel more like themselves again.

Some women feel a sense of loss, even when the decision to have the abortion was clear. The changes in hormone levels after the abortion may also affect your mood. Problems in a woman's life that may have influenced her decision, such as money difficulties or an unhappy relationship, will still be present.

If you are surprised or worried about your feelings after the procedure, please feel free to call us. You can speak with a counsellor over the phone, or you can come in to meet with a counsellor person.

Your Next Period

You will likely get your next period in 4 to 6 weeks, unless you begin the birth control pill, ring or patch (your period will come at the end of the first package). **You can get pregnant if you have intercourse without birth control between now and your next period.**

What To Do

Exercise and Food

You can return to your usual diet and activity level as soon as you feel ready. Some women need more time than others, but many are able to resume their regular responsibilities the next day. If you sense that heavy physical activity increases the bleeding and cramping, this will improve again if you can rest and put your feet up. If possible, start slowly and see how you feel. If you have to look after your children or go to a job that you cannot take time away from, you will not do yourself any permanent damage.

To Prevent Infection

A few bacteria get into the uterus during the abortion, but the body's defence system usually prevents an infection. We give a day's worth of antibiotics right after the procedure to further reduce the chance of infection. We suggest that for the next week you follow a "nothing in the vagina" rule: shower instead of bathing, use pads instead of tampons, and refrain from swimming and sexual intercourse. If following this rule will be difficult, please discuss options with the nurse or physician.

Douching with any liquid has been shown to increase the risk of infections, both in the vagina and in the uterus and tubes. We recommend that you do not douche at any time. The vagina cleanses itself as the normal mucous washes bacteria, dead cells, semen, spermicide, etc. toward the outside of the body. You just need to clean the outside, the area you can see with a mirror.

Birth Control

If you have decided to use birth control pills, the ring, the injection, or the patch you can start today, and your protection begins immediately. If you wait until later to start, you are not protected for the first two weeks. An IUD is effective as soon as it is put in. If you are going to use a "barrier" method like condoms and spermicide or a diaphragm, use it as soon as you begin having intercourse again.

Breast-Feeding

All of the medications that we use, including doxycycline, are approved by the American Academy of Pediatrics as safe during breastfeeding, so you can continue breast-feeding as usual. The new pregnancy may have decreased your milk supply, and after the abortion it may or may not increase again.

Check-up

We recommend a check-up in two weeks. You will probably be feeling fine, but this is a good time to confirm that everything has gone well and that any birth control plan you have made is in place and is what you want. However, if you think your recovery is not normal, do not wait for the two weeks – call us sooner!

EMERGENCIES

Call us if

- You have pain that is not relieved by the suggestions given above
- You have bleeding that *completely soaks* a pad in an hour, for two hours in a row
- You have fever or chills after the first day

Call the office 9:30 am to 4:30 pm Monday to Wednesday, 9:30 am to 7:30 pm on Thursdays, and 9:30 am to 12:30 pm on Fridays **(416) 975-9300**. After hours call the emergency pager number **(416) 379-6672**. Give your name and telephone number (including area code), and the physician will call you back.

Your doctor or a hospital emergency room may also be able to help you, but few doctors or hospitals have as much experience as we do with women who have just had an abortion, so **CALL US FIRST**.