



## Procedure Information

### Drug Induced Abortion

#### Introduction

Medication abortion, also called drug induced abortion is the use of medicine to end a pregnancy. The medicine stimulates uterus to contract and cervix to dilate, which expel the tissue of pregnancy in the uterus. It can be done within 23 weeks of pregnancy.

#### Indications

1. The pregnancy is harmful to the maternal physical or mental health
2. Abnormal fetus

#### Outcomes

The medicine is used to expel the fetus and placenta tissue from the uterus in order to terminate the pregnancy intentionally.

#### Procedures

1. Take the prescribed medications as indicated (orally or vaginally).
2. You are asked to use a special receiver every time you use the toilet, so that the nurses can check if you have aborted the pregnancy.
3. You have vaginal bleeding and abdominal cramping for several hours.
4. Food or drink may not be allowed during abdominal cramp.
5. Pain medication may be prescribed as needed.
6. The pregnancy tissue is expelled.
7. In some cases, surgery such as suction evacuation may be required in case of incomplete abortion occurred.

#### Possible Risks and Complications

1. Massive bleeding.
2. Cervical incompetence.
3. Intrauterine adhesions.
4. Failure of the abortion.
5. Incomplete abortion.
6. Dilatation and Curettage of Uterus may be required if bleeding or infection occurs due to retained products of gestation.
7. Pelvic infection and may have adverse effect on future fertility.
8. Uterine rupture and surgery for repair  $\pm$  removal of the uterus may be required (rare).
9. Side effects of the drugs including nausea, vomiting, diarrhoea, fever, anaphylaxis etc.
10. Third stage complications in future pregnancy.
11. Adverse psychological sequelae.

\*\* The risks listed above are in general terms and the possibility of complications is not exhaustive. Please understand that even though all procedures are carried out with utmost professionalism and care, this does not rule out the possibility of complications arising.

## **Pre-procedure Preparations**

1. The procedures and possible complications will be explained by the doctor and a consent form must be signed prior to the procedure.
2. Please inform the doctor and nurse all your past medical history, previous surgical operations, current medication and any complication with drug or anaesthesia. Please inform doctor if you are taking medications that affect blood coagulation such as Aspirin, Warfarin, Xarelto or Pradaxa.
3. Routine tests such as routine blood tests, HCG blood test, ultrasound, and pelvic exam may be performed.
4. You are advised to use sanitary napkin.
5. If per vaginal medication is used, you are required to stay in bed for at least half an hour to make sure the vaginal tablets is in place.
6. Please change into a surgical gown after removing all belongings including undergarments, dentures, jewellery and contact lenses.
7. Please empty your bladder before using the medication.

## **Post-procedure Instructions**

The procedure may take more than 1 day. You may not be discharged on the same day.

## **Advice on Discharge**

1. Within several days:
  - Breast engorgement may be occurred. You may wear a firm bra for support, apply cool pad on the breasts and take the prescribed pain medication.
  - Strenuous activities and exercises should be avoided.
2. You may experience vaginal bleeding and abdominal cramp within 2 weeks. Take the prescribed pain medication as needed. Placing a warm pad on the lower abdomen may ease the discomfort.
3. Sexual intercourse should be avoided for 2 to 3 weeks until vaginal bleeding stopped.
4. Rest as needed.
5. Please avoid using tampons until your next period to reduce the risk of infection.
6. A normal menstrual period should occur in about 4 to 6 weeks.
7. You can get pregnant soon after an abortion, even before your period returns. Discuss with your doctors or nurses about contraception method. You should prevent pregnancy particularly during the first month after the abortion.
8. Immediately consult your doctor or return to hospital for professional attention in the event of abdominal or back pain, heavy bleeding or foul-smelling discharge from the vagina, shivering, high fever over 38°C or 100.4°F, or any other unusual symptoms.
9. Should attend follow-up consultations 2 weeks later or as the date instructed by your doctor.

Should there be any enquiries or concerns, please consult the attending doctor.

Under the professional care of the doctor, you will gradually recover. We wish you all the best during your treatment and recovery.

If you have any questions after reading the entire leaflet, please write them down in the spaces provided in order for the doctor to further follow-up.

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Compiled by Union Hospital Operating Theatre (OT) Governance Committee

The above information is for reference only, please enquire your physician for details  
Our Hospital reserves the RIGHT to amend any information in this leaflet without prior notification

