

Surgical Abortion



family
planning
australia

Reproductive & Sexual Health





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Important contact phone numbers

In an emergency, dial 000.

- **Health Direct 24-hour health information and advice:**
www.healthdirect.gov.au
1800 022 222
- **Family Planning Australia: Talkline Registered Nurse:**
1300 658 886 (8:30am–5pm Monday to Friday)
- **Family Planning Australia: Reception/Call Centre:**
1300 372 372 8:30am–5pm Monday to Friday
- **Family Planning Results Registered Nurse:**
1300 372 372 (Select Option 2)
- Your local hospital Emergency Department



Introduction

This booklet is for people planning to have a surgical abortion at Family Planning Australia.

This booklet is a resource for you and your healthcare providers. We recommend you have it with you at all of your related appointments. If you are unsure about any of the information in this booklet or want more detailed information, please speak with a health professional.

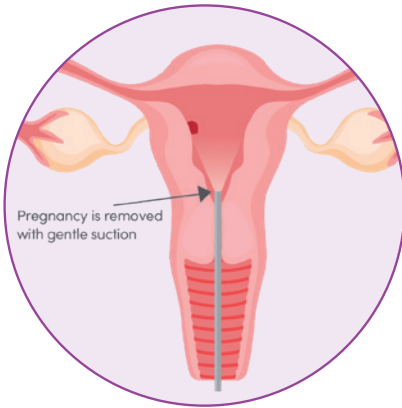
The choice to have a surgical abortion is your choice to make. It is important that you are provided with information to ensure you understand and consent to an abortion.

Family Planning Australia acknowledges that a pregnancy can happen in a range of different situations and relationships and acknowledges that people who are gender diverse and/or live with intersex variation(s) can experience unplanned pregnancies.



What is a surgical abortion?

A surgical abortion is a procedure to end a pregnancy. A surgical abortion and a surgical termination of pregnancy are the same thing. Both terms may be used by you and your health professional.



Most people have the procedure performed under sedation. This means that you will be given medication through a vein in your arm to feel relaxed before having additional medication to have a heavy sleep. You will also have local anaesthetic used as part of your procedure.

The procedure involves a plastic suction tube being inserted through the vagina and the cervix (opening of the womb), into the uterus (womb) to remove the pregnancy.

Some people prefer to have the procedure under local anaesthetic only, meaning that you are awake whilst the procedure is occurring. In this case you can expect to feel pressure, and movement during the procedure, as well as deep cramping pain for a short period of time. If you would prefer this instead of being asleep whilst having the procedure, please let a Family Planning Doctor or Nurse know prior to the day of your procedure. You may require different preparation instructions as a result.



Preparing for your Procedure

Support

If you have sedation, you cannot drive yourself home and you should not travel alone on public transport. You will need to organise for someone to drive you or to go with you home via UBER/taxi. A trusted adult should stay with you overnight. That person should be able to make decisions on your behalf if that is needed.

If you are unable to have someone assist you to get home, please let your Family Planning Doctor or Nurse know.

What to bring on the day

- Photo identification – e.g. drivers license or passport
- Medicare card (if you have one)
- Healthcare or Pension Card (if you have one)
- Warm comfortable clothes that are not too tight
- 2-3 Regular Menstrual Pads
- Your IUD or Implanon (if choosing to have a contraceptive device inserted)

(Optional) If you have specific dietary requirements or allergies, it is recommended that you bring a snack or drink for AFTER the procedure. Family Planning have Tea, Coffee, Juice and Biscuits.

Instructions for fasting before your procedure under sedation

- Do not eat any food for 6 hours before your appointment – this includes lollies and chewing gum
- You may drink sips of water only until 2 hours before your appointment
- Do not smoke or vape for 2 hours before your appointment
- You should take any regular medications with a small sip of water on the day of your procedure at the usual time unless advised otherwise

If you eat or drink too close to your appointment time, your procedure may need to be changed to another time or cancelled.

Contraception

Contraception or birth control are medicines or medical devices you can use to stop you from getting pregnant.

We recommend that you start contraception after your procedure as soon as possible. It is possible to fall pregnant again before your next period returns. Most methods of contraception can be started straight away. At the time of the abortion you may be able to:

- have a contraceptive implant or IUD inserted (whilst under sedation)
- have the contraceptive injection
- get a prescription for other contraception you choose.

Talk with your health professional about this and have a look at the contraception factsheets on the website

<https://fpnsw.org.au/health-information/individuals/contraception>

You can also be offered the above methods of contraception at a follow up appointment if you prefer.

At the clinic

When you arrive at the clinic:

- You will be admitted to Day Surgery. A nurse will take your blood pressure, height and weight. The nurse will confirm your medical history, medications, pregnancy history and will confirm your plans for ongoing contraception.
- You will have a discussion with the doctor who will complete your procedure. They will answer any questions you have about the procedure and ask you to sign your consent form.
- You will get changed in a change room and the staff will assist you with keeping your belongings safe
- You may need to have tablets to help relax the muscles in your cervix (opening of your womb) before your procedure, if you have this medication, you may need to wait a bit longer to have your procedure.

In the Procedure Room

There will be medical and nursing staff in the room during your procedure. These include the doctor who will perform your procedure and a doctor who will manage your pain relief and anaesthetic medications. You will be monitored by doctors and nurses throughout your procedure. They will make sure you are safe and comfortable.

What to expect after your procedure

After the surgical abortion procedure:

The recovery nurses will monitor you while you spend some time waking up in a bed. You will feel slightly drowsy if you had sedation.

It is normal to wake up with period like cramps, light vaginal spotting or a light period like bleed. Some people may feel sick after having sedation medication. The nurse will check your bleeding and give you medication for pain relief and nausea/vomiting if needed.

When you are more awake, you will change back into your clothes and sit in a reclining chair where you will be given a drink and a light snack.

The recovery nurses will talk to you about how to look after yourself at home. They will also give you some antibiotics and check your bleeding and blood pressure before you go home.

After you leave the clinic

Once you have left the clinic, you may experience abdominal pain, cramps, bleeding and sometimes nausea.

It is advised that you should stay within 1 hour of medical care for the first 24 hours after the procedure in case you have heavy bleeding or other concerns.

Options to manage pain:

- most people manage pain using over the counter medication. You can use the same medication you would normally use for period pain, such as ibuprofen/paracetamol or naproxen.
- a heat pack and abdominal or back massage might also help to ease the pain

If pain does not improve with over-the-counter medications, you should seek medical advice.

Bleeding:

- everyone has different amounts and patterns of bleeding after the surgical abortion procedure
- some people have very light spotting or bleeding for a few days, others will have heavier bleeding and cramping similar to a menstrual period
- it is unusual to be bleeding more than 14 days after a surgical abortion procedure
- continued bleeding could mean that something is wrong. If this happens, contact the clinic for advice



Preventing infection:

We recommend that nothing goes inside the vagina for 7 days. This means:

- using sanitary pads instead of tampons or menstrual cups
- having showers instead of baths
- no swimming
- no sexual intercourse

After anaesthetic/sedation

If you have had a procedure with sedation, then you should not do any of the following things for 24 hours after your procedure:

- drive a motor vehicle
- operate dangerous or complicated machinery
- sign legal documents
- drink alcohol

Please seek medical advice if:

You have to change your pad more than once an hour. If this continues for 2 or more hours in a row, seek emergency care.

- You are soaking through more than 5 sanitary pads within 24 hours
- You have severe cramping pain that is not settled with over-the-counter pain-relief medication such as paracetamol, ibuprofen or naproxen
- Your temperature is over 38 degrees Celsius
- You notice an unusual colour or smell to your vaginal discharge
- You have ongoing pregnancy symptoms for more than a week after your procedure
- You are experiencing feelings of sadness or worry that are not improving or that are concerning you or people close to you

It is important to note that Family Planning Australia does not have an after-hours clinic service, so if you need to contact a health professional outside of hours, we recommend that you visit your nearest medical centre or hospital for assistance.

Returning to work

You should be able to return to work the day after your procedure, but depending on your work it might be better to have the day off to rest. If you need a medical certificate, please let us know on the day.

Breastfeeding

If you are breastfeeding, you may wish to express and discard some breast milk after the procedure depending on the medications you have had. You should be able to resume normal feeding within a few hours of the procedure.

Exercise

Avoid hard exercise and heavy lifting for about a week after your procedure.

Periods and Fertility:

Your next menstrual period will usually be 4 to 8 weeks after the procedure. It might be heavier and last longer than your normal period.

Your fertility will return to normal very quickly. It is possible to get pregnant again very soon after your surgical abortion procedure, even before you get your next period. It is important that you use contraception straight away if you do not want to get pregnant. Follow-up after your surgical abortion

You do not need to have any follow-up appointment after your procedure. If you are uncertain about any ongoing symptoms or if you have not arranged contraception, you may book an appointment with us in any of our clinics.



Counselling

You can access confidential counselling at Family Planning Australia. Please ask any of our team about making an appointment or contact the counselling team directly on 02 8752 4369.

This service is available to you (and your partner, as appropriate) if needed and is not a requirement.

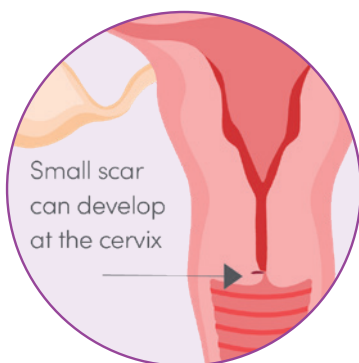
Risks and complications

Although most people do not experience any complications, it is important to understand the possible risks associated with a surgical abortion.

Risk of injury to the uterine lining or cervix

In less than 1% of surgical abortion procedures, a small scar can develop at the cervix (neck of the womb). This scar blocks the flow of menstrual bleeding.

LESS
THAN
1%

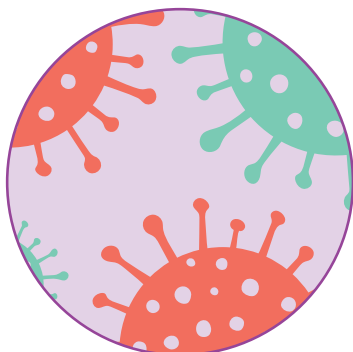


A simple procedure can be performed at the clinic to treat this problem. Very rarely, there can be scarring within the uterus itself. This is called Asherman's syndrome and can affect the return of periods and fertility. Referral for treatment by a specialist gynaecologist is necessary if this happens.

Risk of infection

Infection is uncommon after surgical abortion. It occurs in less than 1 in 100 procedures.

LESS
THAN
1
IN
100

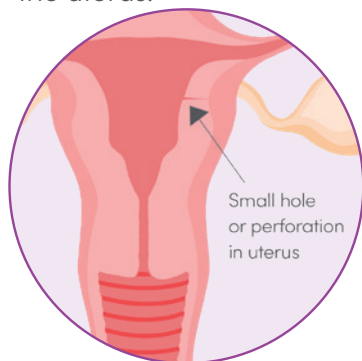


You will be given antibiotics to reduce the risk of infection and we will test for sexually transmissible infections (STIs), if necessary.

Risk of perforation of the uterus

In approximately 1 in 1000 patients having a surgical abortion procedure, a small hole or perforation is made in the wall of the uterus.

1 IN 1000

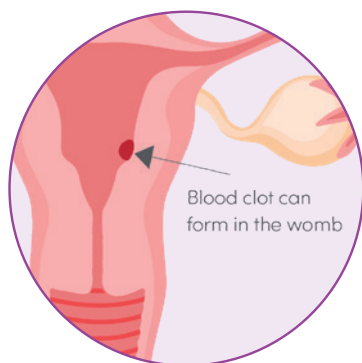


This usually will repair itself and has no long-term consequences but transfer to hospital for assessment and observation is usually necessary.

Risk of retained tissue or blood clot

Every effort is made to ensure that all pregnancy-related tissue has been removed from the uterus at the time of the procedure.

1 IN 100

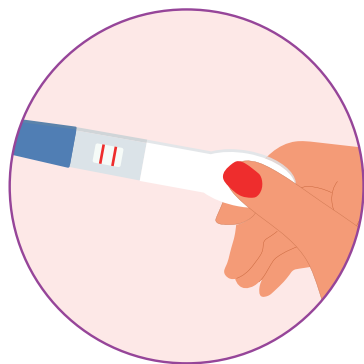


Occasionally, small fragments of tissue can remain or a blood clot can form in the womb after the procedure. This happens in about 1 in 100 procedures and may require further treatment with antibiotics, prostaglandin tablets or a second surgical procedure.

Risk of continuing pregnancy

In about 1 in 500 cases, the procedure fails to end the pregnancy. This may be because the pregnancy is very early and small, but it can also be because the pregnancy is not in the uterus (an ectopic pregnancy).

1 IN 500



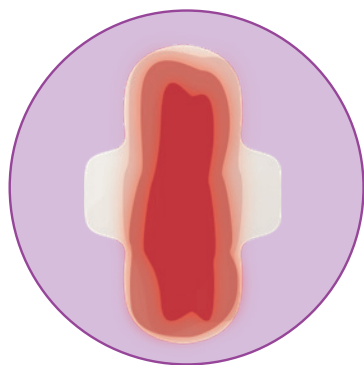
If there is any uncertainty about the success of the procedure, the doctor will inform you of this and arrange further tests.

If there is an ongoing pregnancy inside the uterus, then another surgical procedure is likely to be required.

Risk of excessive bleeding

Heavy bleeding can usually be controlled in the clinic with medications but may very infrequently require transfer to hospital for further treatment.

1 IN 500



Heavy bleeding becomes a significant problem in about 1 in every 500 procedures. A blood transfusion is required in less than 1% of cases.

Risk of anaesthetic complications

The anaesthetic used for a surgical abortion procedure is generally very safe. Bruising where the medicine is administered can occur and requires no special treatment. An allergic reaction to the drugs used in the procedure is possible but not common.

Please tell the doctor if you have had any allergic reactions

before. Aspiration (breathing stomach contents into the lungs) is a dangerous complication. It can usually be avoided by following the important fasting instructions before the procedure, provided on **page 8** of this booklet.



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Family Planning Australia, a business of Family Planning NSW, is a leader in reproductive and sexual health and rights

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