- Infection If you notice any abnormal, offensive discharge, general feeling of being unwell, high temperature/fever, you should contact your GP.
- Infertility It is sometimes believed that after an abortion, women may have difficulty in becoming pregnant in the future. It is not however possible to be absolutely certain about this. However, the risks of this are certainly very small.
- The treatment you will be given involves taking two different types of tablet. The first is Mifepristone (Other name Mifegyne) followed by Misoprostol (Other name Cytotec). Both of these drugs are widely available but their use in combination is outside their 'product licence'. Whilst we are obliged to inform you of this, we should at the same time reassure you that there is much research and clinical experience of the use of these drugs in this way.

Emotional/psychological distress

As an individual, it is difficult to predict whether you will experience any emotional problems immediately after, or in the future following an abortion. If you feel you are not coping, we would suggest that you contact either the Bedford Clinic or your GP or referring Doctor so that counselling or support can be arranged.

If you require further advice regarding the method of abortion, you can contact the **Bedford Clinic** on **0151-708-9988 extension 1130** between, **08-00 and 16-00**. During the procedure, if you require medical advice for eg. Bleeding, the **Emergency Room** is open 24 hours a day on **0151-708-9988 extension 4583**.

Ref: Gyn 10/03 Review date July 2005

cc/bed.pub/jul03

Liverpool Women's Hospital

LIVERPOOL WOMEN'S HOSPITAL BEDFORD CLINIC

EARLY MEDICAL ABORTION (RU486)

PLEASE READ THE INFORMATION LEAFLET CAREFULLY

It is now possible to have a non-surgical abortion if you are 9 weeks pregnant or less. Research evidence recommends this as best practice. If you are found suitable for this procedure, it will involve 3 visits to the clinic after your initial consultation.

You will be asked to sign a consent form and by doing so, you are showing that you understand and have accepted all the information provided.

THE RU486 PROCEDURE

What is this procedure?

It is a course of tablets which starts the abortion by causing bleeding. Afterwards the tablets help the womb to return to normal.

FIRST VISIT

On the first visit Mifegyne tablet (RU486), will be given with water. You will then be requested to remain in the clinic for *approximately* 1 hour for observation and to ensure that the tablet has been absorbed. Before leaving the ward, you will be given an appointment for you to return to the clinic, this is usually within 48 hours.

SECOND VISIT

You are requested to attend the clinic at 08-00hrs. Please have a light breakfast prior to admission. In order that we can maintain your privacy and confidentiality and those of other patients, we do not have visiting during your second visit to the clinic. Please bring with you toiletries including, a towel, a pack of press on sanitary towels, several pairs of briefs and a change of clothing. It is important that you do not bring valuables with you to the hospital.

You will then be given tablets to swallow, these tablets will cause the womb to contract, which usually feels like period pains. There will probably be an increase in vaginal bleeding or vaginal bleeding will start. However, some women do not actively start to bleed for a day or two after this. Your bleeding may continue for approximately 12 days and it is not unusual for it to stop and start.

You will remain on the ward for a minimum of 6hrs. During your stay you might feel sick, vomit or possibly have diarrhoea, although it is unusual and these effects are due to the tablets you have been given and nothing to worry about. You are encouraged to move around, since this helps the procedure. Painkillers will be available on request. A light lunch and hot drinks are also available. You should arrange for someone to escort you home and look after you that night, as you may feel unwell or have a heavy bleed. A family planning doctor / nurse will be available to discuss your contraceptive needs. Prior to your discharge, you will be given a follow up appointment which you must attend.

THIRD VISIT

This is the follow up appointment, which is usually 3 weeks later. The purpose of this appointment is to check that the procedure has been successful.

POINTS TO BE AWARE OF BEFORE YOU START THE PROCEDURE, INCLUDING RECOGNISED RISKS OF ABORTION

It is important before you take the first tablet that you are certain of your decision. There are known risks to the foetus from the medication and

therefore, we must recommend that you proceed with the abortion after the tablets have been taken.

- It is recommended that you do not smoke or drink any alcohol once the procedure has commenced.
- The procedure is very individual and is therefore unpredictable with regards:
 - 1 Vaginal bleeding you may or may not start bleeding following your first visit. This does not affect the success of the procedure.
 - 2 It is possible you may experience nausea or vomiting at home, although this is unusual.
 - 3 Abdominal pain if you experience pain you must only use PARACETEMOL (DO NOT USE ANY OTHER PAINKILLERS AS THIS MAY EFFECT THE PROCEDURE).
- It is not possible to guarantee when miscarriage will occur, however it is most likely to occur during your second visit to the clinic.
- The Trust will take responsibility for the sensitive and dignified disposal of aborted pregnancies.

RECOGNISED RISKS OF ABORTION

- There is an accepted failure rate for all methods of abortion therefore, it is EXTREMELY IMPORTANT that you attend for all follow up appointments. It is only at these appointments, that confirmation of a successful procedure can be given. *If the procedure has failed, because of the risks to the developing foetus, we would strongly recommend that you continue with abortion. This would potentially involve a surgical method.
- Abnormal bleeding Approximately 1 in 20 women have problems with vaginal bleeding after an abortion. There are various causes if you feel that your bleeding is abnormal you should contact your GP immediately. This bleeding may be treated by your GP but sometimes this requires a D&C which is an operation to remove tissue from the womb. This is because it is impossible to guarantee at the time of the procedure that all of the tissue has been passed. Although it is extremely rare, the bleeding can be heavy and potentially serious.