

# Abortion

Deborah Oyer, MD  
Aurora Medical Services

# Outline

- First trimester abortion
  - Medical abortion
  - Surgical abortion
- Second trimester abortion

# Medical Abortion

- Up to 9 weeks LMP
- Two medications
  - Mifepristone
    - Works against the hormone progesterone
    - Separates the pregnancy from the uterine wall
  - Misoprostol
    - Causes uterine contractions
    - Empties the uterus

# Medical Abortion Protocol

- Day 1:
  - Medical history and physical exam
  - Up to 63 days LMP
  - Blood count and blood type
  - Informed consent
  - Mifepristone 200 mg PO
  - Prescribe pain meds
  - Dispense misoprostol
  - Discuss/prescribe contraception

# Medical Abortion Protocol, cont.

- Zero to 72 hours later:
  - Patient administers misoprostol 800 mcg at home
    - Vaginally
    - Buccally

# Medical Abortion Protocol, cont.

- Day 4 – 14:
  - Confirm completeness of abortion
  - Confirm contraceptive plans

# Expectations

- Most women begin cramping within 2 hours of misoprostol use
- Most women begin bleeding shortly after that
- Over 90% of women abort within 4 hours of their misoprostol

# Case

- 35-year old
- Seen on 1/5/10
- Wants a medical abortion
- History of one surgical and one medical abortion.

# Case, cont.

- Given 200 mg mifepristone in the office, with 800 mcg misoprostol for home use.
- Given prescriptions for pain medications.
- Given a prescription for oral contraceptives.

# Case, cont.

- Patient seen in follow-up on 1/11/10.
- Reports taking miso on day 2. Heavy bleeding on day 2 and 3. Decreasing since. Cramps very heavy each morning. Taking ibuprofen and hydrocodone. Still “doubling over” in mornings with cramps.
- Exam: Hct 36%. Clot in cervical opening. Uterus soft, small. Right adnexa slightly tender.

# Case, cont.

- Dx: complete medical abortion, with continued heavy cramping and moderate bleeding.
- Wants to avoid surgery if possible.
- Plan?

# Case, cont.

- Plan:
  - Continue ibuprofen for pain
  - Codeine (hydrocodone causing nausea)
  - Misoprostol 800 mcg for vaginal use
  - Return to clinic in 1 week.

# Case, cont.

- Follow-up exam 2/4/10
  - Just spotting.
  - On placebo week of OCs with minimal menstrual cramps.
  - US with thin endometrial stripe.

# Surgical Abortion

First Trimester

# Pre-op Medications

- Advil, Aleve or same family
- Sedatives/pain medications
  - Narcotics
  - Benzodiazepines
  - General anesthesia
- Antibiotics to decrease the risk of infection

# Sources of Pain

- Anxiety
- Cervical Dilation
- Uterine Manipulation and Evacuation

# Procedure

- Pelvic exam
- Speculum
- Local anesthesia
- Dilation
- Suction

# Instruments

# Dilation

- Chemical (medication)
- Osmotic (laminaria or synthetic)
- Mechanical

# Suction

- Electric vacuum aspirator
- Manual vacuum aspirator

# Tissue Exam

- Wash
- Float and back-light
- State regulations

# Second Trimester Abortion

- Uterine contents are bigger
- Cervix needs to be more dilated to complete the procedure safely
- Cervix needs to be prepared ahead of time to preserve its health

# Second Trimester Abortion Options

- Dilation and Evacuation
- Intact Dilation and Evacuation
- Labor Induction
  - Hypertonic Saline
  - Urea
  - Oxytocin
  - Prostaglandins

# Mid to Late Second Trimester Abortion

- One-, two- or three-day process
- Dilation (Day 1 and sometimes 2)
  - Osmotic dilators
  - Misoprostol
- Intrafetal injection (Day 1)
  - Digoxin
  - Potassium chloride
- Evacuation of the uterus (Day 1, 2 or 3)
  - Suction
  - Forceps