

Patient Information to be retained by patient

affix patient label

Your medical procedure (EMA)

Clinic details

Where and when to go

You have been booked to have your procedure on: Thursday

Date: Please arrive at the latest by:

Please report to:

- Truro – The Hub Reception**, Penventinnie Lane, Royal Cornwall Hospital, Trelliske, Truro TR1 3LJ. The Hub is a new building situated between the Knowledge Spa and the Princess Alexandra wing. It can be accessed along the road where buses enter and exit the site (take the turning from the main road into Truro (A390), near the pedestrian crossing).

Direct phone – 01872 255044

Follow-up appointments

We will telephone you on the Friday morning after the abortion has happened. Please telephone 01872 252686 if you have not heard anything by 1.00pm on the Friday and need help (for example, if you had only light bleeding).

You will need to do a pregnancy test on the Sunday two weeks after the tablets (just before your next appointment). We will give you further details at your next appointment.

You have been booked for a telephone follow-up appointment on: Tuesday

Date: Time:

It is essential that you are available for this – it is to reduce the chance of an on-going pregnancy.

Preparing for your procedure

What medication will I need?

- Azithromycin tablets** – take all four capsules today. This is an antibiotic that helps to prevent the danger of infection after the operation. If you are allergic to either this or erythromycin, please tell the doctor and we will instead give you a course of doxycycline which you will need to take as one capsule twice a day for a week.
- Painkillers** – you are advised to get supplies of whatever painkillers you find useful – for most people we recommend a combination of paracetamol 1g (two tablets) four hourly with a maximum of four doses in 24 hours, together with ibuprofen 400mg (normally two tablets) four hourly.
- Take two tablets of paracetamol (1 gram) and two tablets of ibuprofen (400mg) 30-45 minutes before your next appointment.

Do not drink alcohol for 24 hours as it will react with some of the drugs we give you.

What should I bring with me?

On the day of your procedure, please bring with you:

- sanitary towels (in case bleeding starts during the journey home)
- this leaflet
- a book or magazine, as there may be some waiting.

Do I need to bring anyone with me?

It would be a good idea to bring a supportive friend / relative with you. They don't need to come in the room with you, but most women find it useful to have extra support and to take you home.

What if I can't attend?

If you are unable to come for any reason please phone the secretary on 01872 252983 (leave a message and your contact number if on voicemail) so that your appointment can be offered to another patient. If you encounter a problem on the actual day of your admission, phone the reception directly to let them know.

About your procedure**What does the procedure involve?**

Today you will have been given mifepristone tablets. These block the hormones that help a pregnancy to continue. You can continue your normal activities until the next visit, although you may get some bleeding. On the next visit you will be given misoprostol vaginal pessaries, four small tablets that you will be asked to place inside your vagina. These are a hormone called prostaglandin that makes your womb contract and expel the pregnancy, usually within 2 to 4 hours. You will need to spend this day at home. You will be offered pain relief during the abortion. You may continue to bleed for up to three weeks.

What happens if I am sick after taking the tablets?

If you are sick within three hours of taking the mifepristone tablets today, please telephone us immediately on 01872 252686 and we will organise a second dose.

What happens if I pass the pregnancy before the next appointment?

It is very common to have some bleeding after taking the mifepristone tablets. Much more rarely the pregnancy itself may be expelled. If this happens you should follow the advice given here and use the painkillers recommended if necessary. You should still attend for the next appointment where we will review the situation.

Will I have any pain or discomfort?

You will experience some 'period-like' cramps during the abortion. In some people this can be severe for up to an hour whilst the pregnancy is being expelled. Some people feel very light-headed and faint, and some can feel very sick. However most people find that ibuprofen and paracetamol is enough to help the pain, but we will give you a supply of co-codamol in case you need something stronger. We will also give you an anti-sickness drug called prochlorperazine (Stemetil) that can help if you feel sick, light-headed or dizzy. Many people find that a heat pack or hot water bottle on their tummy is helpful. You should be confident you will have somebody to offer support for you at home.

What happens to the pregnancy tissue?

Most people pass the tissue in the toilet. However, tissue samples arising from a pregnancy that are brought to the hospital will be treated with dignity and respect. It will not be disposed of like hospital waste but kept separately, packaged and sent to Penmount Crematorium for communal cremation.

Are any other treatments needed?

We will ask you to use an antibiotic suppository to help lessen the danger of infection. If you have asked us to, we can also organise a coil, Mirena system, contraceptive implant or injection either within 48 hours of the procedure or after four weeks. If your blood group is Rhesus negative we will give you an injection of anti-D.

What happens if the pregnancy is not expelled?

In the unlikely event that you have had no or light bleeding and not definitely expelled the pregnancy by the following morning, you will need to have a repeat dose of the misoprostol. The nurse will phone you on the Friday morning to check that you are all right, but if you have not definitely expelled the pregnancy please telephone 01872 252686 if you have not heard anything by 1.00pm on the Friday.

If you need the extra dose you will need to come back to hospital to receive it (this is a legal requirement).

What other follow-up is needed?

It is extremely important that we ask you some questions and ask you to have a special pregnancy test that we give you after two weeks. This is to confirm that the pregnancy has aborted successfully and to limit the danger of an on-going pregnancy. We arrange this by a pre-booked telephone appointment – the details are on the first page.

Are there any risks or complications?

Abortion is a safe procedure and serious complications are uncommon. The earlier in pregnancy you have an abortion, the safer it is. Having an abortion is safer than continuing with a pregnancy, but all procedures have risks. The drugs we use are not licensed for use in abortion, but many governments and organisations recommend their use and they have a long record of safety. The following is a summary from advice given by the Royal College of Obstetricians and Gynaecologists:

Risks at the time of abortion

- Excessive vaginal bleeding, so that you may need a blood transfusion, happens in around 1 in every 1,000 abortions
- Damage to the cervix happens in no more than 1 in every 100 abortions
- Damage to the uterus happens in between 1 and 4 in every 1,000 abortions

Should complications occur, treatment including surgery may be required (normally involving keyhole surgery to check inside, but very rarely needing an open operation).

Risks after the abortion

You are more likely to get problems in the two weeks after the abortion than at the time of the procedure itself:

- Up to 1 in 10 women will get an infection after an abortion. Taking antibiotics helps to reduce this risk
- The uterus may not be completely emptied of its contents and further treatment may be needed. This happens in 6 in 100 women having a medical abortion. An operation similar to a surgical abortion may be needed (either under local or a full anaesthetic), or we may offer more tablets
- All methods of early abortion carry a small risk of failure to end the pregnancy and therefore a need to have another procedure. This is uncommon, occurring in less than 1 in 100

What are the long term effects of abortion?**How may I be affected emotionally?**

For most women the decision to have an abortion is not easy. You may feel relieved or sad, or a mixture of both. The majority of women who have abortions do not have long term emotional problems. Overall, about a third of women under 45 years old in the UK have had an abortion.

An abortion will not cause you to suffer emotional or mental health problems in itself, but if you have had mental health problems in the past you may experience further problems after an unplanned pregnancy. These problems are likely to be a continuation of problems experienced before and happen whether you choose to have an abortion or to continue with the pregnancy.

Will abortion affect my chances of having a baby in the future?

If there were no problems with your abortion it will not affect your future chances of becoming pregnant.

Will abortion cause complications in future pregnancies?

Abortion does not increase your risk of a miscarriage, ectopic pregnancy or a low placenta if you do have another pregnancy. You may have a slightly higher risk of a premature birth, but there is no evidence that this risk is caused by the abortion itself.

Does abortion cause breast cancer?

An abortion does not increase your risk of developing breast cancer.

Am I more likely to need another abortion?

About a third of women having an abortion in England have had one before. Your fertility will return within a week or two, so it is important to start contraception straight away and to use a safe and reliable method.

Useful phone numbers and further information

Pregnancy Advisory Service Secretary
01872 252983

**The Sexual Health Hub, Genitourinary Medicine
and Contraception Service**
01872 255044
I Email: The.Hub@nhs.uk

Brook, sexual health service for young people
01209 710088
www.brook.org.uk

Royal College of Obstetricians and Gynaecologists
www.rcog.org.uk/womens-health/clinical-guidance/abortion-care

British Pregnancy Advisory Service
08457 304030
<http://www.bpas.org/bpaswoman>

Family Planning Association
0845 122 8690
<http://www.fpa.org.uk/>

Cornwall Women's Refuge Trust
01872 225629
<http://www.cwrt.org.uk/>

Your procedure

Please keep this leaflet and the one we give you at your next appointment, and show them to staff if you need to seek help or advice following your procedure. We do not routinely give any information to anybody but yourself, so your GP or family planning clinic will not have any other information about your procedure.

If you would like this leaflet in large print, Braille, audio version or in another language, please contact the Patient Advice and Liaison Service (PALS) on 01872 253545

CONSENT FORM 1
PROCEDURE SPECIFIC PATIENT AGREEMENT**Early medical abortion
(EMA)***An abortion using tablets and pessaries*

NHS number:

Name of patient:

Address:

Date of birth:

CR number:

STATEMENT OF HEALTH PROFESSIONAL (to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy)

I have explained the procedure to the patient. In particular, I have explained that the patient will need to:

- *Take a mifepristone tablet at the hospital*
- *Return to the hospital after one or two days for a vaginal pessary (misoprostol) and then to return home where the abortion is expected to occur after 1-4 hours*
- *Perform a pregnancy test after two to three weeks and to have a follow up consultation to ensure that the abortion is complete. This may be in clinic or on the telephone*

Significant, unavoidable or frequently occurring risks:

- *Having an abortion is safer than continuing with a pregnancy, but all procedures carry some risk*
- *Bleeding, similar to a heavy period. Rarely, this can require a blood transfusion or further surgery*
- *Infection despite preventative antibiotics that are routinely used (eg tablets and suppositories)*
- *An operation under general or local anaesthetic to empty the womb may be necessary because of heavy bleeding or continuing pregnancy*

Uncommon but more serious risks:

- *Pregnancy continuing despite treatment. This risk is increased if there is failure to complete the treatment, or to have a pregnancy test and follow up consultation. If the pregnancy does continue, there may be a small risk of abnormal development of the baby.*

Any extra procedures which may become necessary:

- *Laparoscopy (telescope through abdominal wall) or laparotomy (open abdominal surgery) is very rarely required following serious complications*

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

I have given and discussed the Trust's approved patient information leaflet for this procedure: Your medical procedure CHA3277 which forms part of this document.

I am satisfied that this patient has the capacity to consent to the procedure.

This procedure will involve: General and/or regional anaesthesia Local anaesthesia Sedation

Health Professional signature: Date:

Name (PRINT): Job title:

STATEMENT OF INTERPRETER (where appropriate)

I have interpreted the information above to the patient to the best of my ability and in a way in which I believe he/she can understand.

Interpreter signature: Name (PRINT): Date:

affix patient label

STATEMENT OF PATIENT

Please read this form carefully. If your treatment has been planned in advance, you should already have a copy of the patient information leaflet which describes the benefits and risks of the proposed treatment. If not, you will be given a copy now. If you have any further questions, do ask - we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

I agree to the procedure or course of treatment described on this form.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.

I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia).

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

I understand that any tissue samples arising from a pregnancy will be treated with dignity and respect, and will be processed separately from other samples. The hospital will arrange for the tissue to be packaged and sent for communal cremation at Penmount Crematorium.

I have been told about additional procedures which may become necessary during my treatment. I have listed below any procedures **which I do not wish to be carried out** without further discussion.

I have received a copy of the Consent Form and Patient Information leaflet: Your medical procedure (EMA) CHA3277 which forms part of this document.

Patient signature: Name (PRINT): Date:

A **witness** should sign below if this patient is unable to sign but has indicated his or her consent. Young people / children may also like a parent to sign here (see guidance notes).

Witness signature: Name (PRINT): Date:

CONFIRMATION OF CONSENT (to be completed by health professional when the patient is admitted for the procedure, if the patient has signed the form in advance).

On behalf of the team treating the patient, I have confirmed with the patient that they have no further questions and wish the procedure to go ahead.

Health Professional signature: Date:

Name (PRINT): Job title:

Important notes (tick if applicable):

See advance decision to refuse treatment Patient has withdrawn consent (ask patient to sign/date here)

Patient signature: Name (PRINT): Date:

CONSENT FORM 1
PROCEDURE SPECIFIC PATIENT AGREEMENT

Early medical abortion
(EMA)

An abortion using tablets and pessaries

NHS number: _____
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 Address: _____
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AFFIX PATIENT LABEL

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