



# Choosing Between a Medical and Surgical Abortion

## **Medical Abortion** **with Methotrexate & Misoprostol**

### **1) How does it work?**

Methotrexate is used to stop the pregnancy from growing. You then take home misoprostol pills that cause your uterus to contract, pushing out the pregnancy tissue.

### **2) How far along can the pregnancy be?**

Up to seven weeks from the first day of your last period.

### **3) How long does it take for the abortion to be complete?**

Usually one to two visits plus one or more required follow up visits. The rest happens at home, and it is very unpredictable when the pregnancy will pass. Bleeding after misoprostol pills usually starts 1-12 hours after you use them and may be heavy for 4-8 hours and then continue more like a period for up to a few weeks. There is an approximately 20% chance of a delayed reaction, which can make the process take longer.

### **4) How painful is it?**

From mild to very strong cramping, usually at its worse for 4-8 hours or more after you have taken the misoprostol and the pregnancy is passing. You will receive medications to take at home to help manage pain. Milder cramps may continue for several days to several weeks.

### **5) How much will I bleed?**

Heavy bleeding and clots are common during the abortion process for 4-8 hours or more. Afterwards, bleeding like a period is common for an average of 10-17 days.

### **6) Can the abortion fail?**

1-2% of the time the procedure will not work and a surgical abortion is necessary. This is higher when misoprostol pills are used orally rather than vaginally. Also, 20% of women have a delayed reaction to the misoprostol and require more time, more misoprostol, or a surgical abortion.

### **7) What are the possible complications?**

Methotrexate and misoprostol have been formally studied and used safely. The need for a blood transfusion is rare.

## **Surgical Abortion** **with Vacuum Aspiration**

### **1) How does it work?**

The doctor will use gentle suction to remove the pregnancy and blood from inside the uterus.

### **2) How far along can the pregnancy be?**

As early as five weeks from the first day of your last period up to 14 weeks at Everywoman's Health Centre. Abortions after this time are available at other clinics.

### **3) How long does it take for the abortion to be complete?**

Most women only require one visit. The actual procedure takes only 4-8 minutes.

### **4) How painful is it?**

Some women experience mild to very strong cramping for a few minutes during the abortion procedure and for several minutes after. Medication, including conscious sedation during the procedure, will be offered to help manage pain. Milder cramps may continue for several days.

### **5) How much will I bleed?**

Often not much bleeding immediately after procedure. Some women begin to bleed 3-7 days afterward and bleeding can continue for several weeks.

### **6) Can the abortion fail?**

There is a less than 1/1000 chance of failure, which requires repeating the procedure. With very early pregnancies this risk is slightly higher (but still very small).

### **7) What are the possible complications?**

Surgical abortion has been formally studied for over 25 years. Injury to the uterus is rare in the first trimester. Excessive bleeding is rare. Infection or needing a resuctioning happens in less than 1% of cases.

### **8) What are common side effects?**

Cramping, bleeding, dizziness, nausea or vomiting.

### **9) Are there emotional issues specific to this method?**

Some women are anxious in a medical setting or with the

## Medical Abortion

### 8) What are common side effects?

Nausea, vomiting, diarrhea, cramping, bleeding, headache, dizziness, fever or chills. Rarely anemia. Possible need for a surgical abortion.

### 9) Are there emotional issues specific to this method?

Some women are anxious waiting for the abortion process to complete. Viewing the pregnancy tissue can also be difficult for some women.

### 10) Can it treat an ectopic (tubal) pregnancy?

Medical abortion can effectively treat some ectopic pregnancies with the supervision of a doctor.

### 11) What are the advantages of this method?

Induces a miscarriage-like process, so if you are needing to conceal an abortion by having someone in your life think it is a miscarriage, this may be the best option. Effective and safe for very early pregnancies. Avoids anesthesia, instruments or vacuum aspiration, unless it fails (however, blood work and a vaginal ultrasound are required and an injection is also needed if your blood type is RH negative). Being at home instead of a clinic during the actual abortion may seem more comfortable and private (although overall, more visits to the clinic are usually necessary with a medical abortion).

### 12) What are the disadvantages of this method?

It takes days and sometimes weeks to end a pregnancy. It is not completely predictable – there is more uncertainty about when you will bleed and pass the pregnancy. Bleeding can be very heavy and last longer than with a surgical abortion. Cramping can be very severe and lasts longer than with the surgical abortion. At least two to three visits are required, sometimes more. It fails more often than surgical abortion and takes longer to complete.

### 13) Who should not use this method?

If it is more than seven weeks from your last period, if you are on blood thinners, or if you have an allergy to the medications, blood clotting problems, active liver or renal disease, severe anemia, an IUD in place, uncontrolled seizures or inflammatory bowel disease.

## Surgical Abortion

### 10) Can it treat an ectopic (tubal) pregnancy?

Vacuum aspiration will not end ectopic (tubal) pregnancies, which if undetected can be dangerous or fatal. However, ultrasounds done before a surgical abortion can often detect a possible ectopic pregnancy so that other tests and treatment can be accessed.

### 11) What are the advantages of this method?

Quick, predictable, and over in a few minutes. Highly successful. Effective and safe for very early pregnancies. Less bleeding and cramping for less time. Performed by a doctor with support of medical and counseling staff on site. If you are needing to conceal a pregnancy/abortion altogether, this may be the best option. Avoids medications except for pain relievers and sedatives during procedure. It can be done later in a pregnancy than a medical abortion.

### 12) What are the disadvantages of this method?

A doctor must insert instruments inside the vagina and uterus. Anesthetics and drugs to manage pain during the procedure may cause side effects (serious problems are rare). There are possible complications, although they occur in less than 1% of cases. It may not be done as early in the pregnancy as with a medical abortion, depending on the doctor or clinic. It cannot end an ectopic pregnancy.

### 13) Who should not use this method?

Some medical conditions or allergies to anesthesia may require that a surgical abortion happen in a hospital setting.

## Both Methods

### 14) Can I still have children later in life?

Abortion is 20 times safer than childbirth. Sexually transmitted infections are the greatest threat to fertility, not abortions. Childbearing is not affected, barring rare, serious complications.

### 15) How will I be affected emotionally?

It is important to be sure of your decision and to have support. If you are feeling unsure or conflicted about your decision, counselling may help and will be made available to you at the clinic. Most women do not regret their decision or have serious depression after an abortion. It is normal to have a variety of feelings however, as you would about any important life decision.