



REPRODUCTIVE
CHOICES

Surgical Abortion Treatment and Aftercare: What you need to know and support for your recovery at home

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Please read this booklet before your appointment.

It contains all you need to know about surgical abortion, what to expect and how to look after yourself.

Before you come to your appointment, ensure you have read and fully understand the consent form (which you will receive at the time of booking).

The consent form summarises the key points you need to know, making note of any questions or concerns you may have.

More aftercare and contraception information can be found on the MSI Reproductive Choices UK website:

www.msichoices.org.uk



Please call our 24-hour aftercare line on
0345 122 1441.

If dialling from outside of the UK,
call **+44 1454 45 7553.**

Once you have given us your PIN and
password over the phone our team
of aftercare nurses can access your
medical history.

The information that you give to us on the
phone call is documented. This is to make
sure that any member of our aftercare team
can support you if you call us another time.

If you need to talk

Everyone is different and can feel a range of emotions around the decision to end a pregnancy. You may feel relief, sometimes sad, or a mixture of both.

Our counsellors are here for you if you need to talk. We can arrange post-abortion counselling over the phone for you.

To know more about your counselling options please call our advice line on **0345 300 8090**.



Surgical abortion overview

Surgical abortion involves the pregnancy being removed through your vagina by an experienced doctor, either by using suction (vacuum aspiration) or specialised instruments (dilation and evacuation).

Before a surgical abortion, the neck of the womb (cervix) will need to be prepared to make the procedure safer and easier.

If you are below 19 weeks of pregnancy

If you are below 19 weeks of pregnancy, this is generally done by taking tablets, either 2 days before your treatment or on the day of your treatment, depending on your medical history.

The surgical abortion is then completed under anaesthesia and takes 10-15 minutes. To discuss your options, please call our advice line on **0345 300 8090**.

If you are over 19 weeks of pregnancy

If you are over 19 weeks of pregnancy, the treatment is performed in two separate stages over 2 days.

On day 1, your cervix will be prepared by inserting narrow expanders called ‘osmotic dilators’ that gradually expand overnight.

This procedure is done while you are awake. It is similar to a gynae examination or smear test, and takes 5-10 minutes. If you are over 22 weeks, you may also be offered an additional procedure called ‘feticide’ to stop the fetal heartbeat.

On day 2, you will return to the centre for the surgical procedure. The surgical abortion is then completed under anaesthesia and takes about 20-30 minutes.

Pregnancy remains

During your surgical pre-assessment appointment at one of our clinics, we will discuss your preferences around the disposal of the pregnancy remains. We will explain the options available to you and record your preference.



Anaesthesia options

Surgical abortion is done under a quick acting, light anaesthetic and you will be asleep during your treatment therefore unlikely to remember the treatment.

The Anaesthetist will insert a cannula (small tube) in your arm or hand using a needle and use this to administer the medication to keep you asleep.

If you are having an anaesthetic, you will need to fast before your appointment.

Take your normal routine medication unless told otherwise.

If you are below 12 weeks of pregnancy, it may be possible to have the treatment awake with local anaesthetic.

However, this option is limited, is not currently available in all clinics and is subject to assessment by the doctor.

Eating before surgical abortion with anaesthetic

| | |
|---|---|
| Before midday (morning procedure) | No food after 2am the night before |
| After midday (afternoon procedure) | Light breakfast (such as tea and toast) no later than 6am |

-  Please avoid heavy meals as they may not have passed through your stomach in time for your appointment.

Drinking before surgical abortion with anaesthetic

It's important to stay hydrated, so you should drink clear fluid up to 2 hours before your procedure. Please stop drinking 2 hours before your procedure. The following tables show what is classed as clear fluid.

Drinking clear fluids:

Allowed

- Any clear drink that you can read newspaper through
- Clear juice i.e. apple/cranberry juice
- Water
- Tea and coffee without milk

Not allowed

- Milk
- Milk-based coffee/tea (latte, chai latte, cappuccino, chocolate drinks etc.)
- Alcohol
- Juices with “bits” such as orange juice

Recreational drugs

If you have taken recreational drugs, please tell us, as this could affect your treatment. This will be treated confidentially.

Getting ready for your appointment

Acrylic nails and piercings. Please remove all nose, tongue and lip piercings before attending your surgical treatment appointment.

Your procedure may not go ahead if these are not removed as they can cause a risk to the anaesthetic. If you have acrylic nails, please remove at least one nail from each hand so that we can monitor you safely during anaesthesia.

If you wear contact lenses, please bring a contact lenses container and solution (or spare contact lenses) as you may be asked to remove them before your procedure.

Possible risks and complications

Surgical termination of pregnancy is a very safe procedure. However, as with any medical procedure, there are some possible complications or risks.

Surgical complications and risks

Common risks

You may experience short-lasting side effects from the medication used during your treatment, such as cramping pain, nausea (feeling sick) and diarrhoea.

Uncommon risks

(less than 5 in 100 people)

Infection – The risk of infection can be reduced by following our aftercare advice. You will also be given antibiotics during your appointment to reduce the risk of infection.

If an infection is not treated it can lead to further serious problems.

If you have symptoms of pelvic inflammatory disease (PID), such as unusual vaginal discharge, fever, or pain and discomfort in the lower abdomen you must seek urgent medical attention. See your GP or visit your local A&E department.

Retained tissue (retained products of conception) – This is where some of the pregnancy tissue is not fully removed from the womb, or a blood clot forms in the womb after the abortion.

Retained tissue, products, or clots will sometimes pass without treatment, or they may need further treatment (medication, or another surgical procedure similar to a surgical abortion).

Rare and very rare risks (less than 1 in 100 people)

Cervical injury – This can happen during the surgical procedure. If this happens the surgeon will decide whether to repair the damage or transfer you to an NHS hospital.

Treatment failure – This means that the pregnancy is continuing to develop, even after the procedure. Further treatment, such as medical (misoprostol) or surgical treatment, will be discussed.

Symptoms of pregnancy (e.g. nausea) should settle quickly after the operation, but if they get worse after a week please call our 24-hour aftercare line on **0345 122 1441**.

A shop-bought pregnancy test may remain positive for up to two months.

Haemorrhage (heavy bleeding) –

This can happen during the procedure, immediately afterwards, or up to 10 days after you've returned home.

Very rarely it can be so severe that a blood transfusion is required, and there may be a need for further treatment to remove any retained tissue.

Perforation of the uterus (womb) –

This is where the instruments pierce or tear the womb, and very rarely nearby organs such as the bladder or bowel.

The risk increases with higher gestation (the more weeks you have been pregnant for). If this does happen, we will transfer you to a hospital for observation. It may be necessary to do key-hole surgery to assess any damage, and very rarely more major surgery to correct it.

Thrombosis (clots in the legs or lungs)

– This is a risk of any surgery, and a risk of being pregnant. The risk increases with a higher gestation.

Transfer to hospital for further treatment – This can happen if a complication occurs where you need further medical attention such as blood transfusion, surgery (keyhole or open) or in very rare cases hysterectomy (removal of the womb).

Spontaneous labour or delivery before the operation – This is a very rare complication that may occur after you have had medication to prepare the cervix before treatment.

In later stages of pregnancy, there is a very small chance that the fetus may show signs of life, therefore feticide may be offered after 22 weeks of pregnancy to stop the fetal heart.



Anaesthetic complications and risks

Adverse drug reaction – Reactions to anaesthetic medications are rare and can range from mild (rash) to severe (anaphylactic shock). The anaesthetist will assess and treat any adverse drug reactions.

Airway difficulty – Spasm of the airway or vomiting during the procedure are rare complications. The anaesthetist will monitor you during the procedure and will deal with any complications if they occur. However, if the anaesthetist is concerned that vomit may have entered the lungs you will be transferred to an NHS hospital service.

Prolonged recovery – Most clients feel fully awake, relatively comfortable, and nearly back to themselves within 30 – 60 minutes after waking up.

On rare occasions – due to dehydration, recreational drug use, or other existing health problems – it may take longer for you to feel back to normal. We will not discharge you from our care until we're confident that you've fully recovered, you can walk around independently, and your pain is well managed.

If you do not start to feel like yourself within a normal timeframe, or if you have persistent pain, this may be a sign that you need further care to recover and we may transfer you to a more advanced healthcare setting such as a hospital.

Difficulty or failure gaining intravenous (IV) access – This is where the anaesthetist has difficulty inserting the needle/cannula into the vein. It can be affected by the size and depth of your veins or dehydration. This is rare, but if it happens, your treatment may need to be delayed until another day, or you may be referred to an NHS service.

Side effects from the anaesthetic

Drowsiness – You should not drive, sign important documents (such as contracts), or operate heavy machinery for 24 hours after having anaesthetic. Some car insurance specifies that you should not drive for 48 hours after a procedure with anaesthetic, so please check with your insurance provider.

Nausea and vomiting – Please let the doctor or nurse know if you are feeling nauseous, as we can give medication to help.

Heightened emotions – For some clients, this means they may feel a range of emotions after treatment. A nurse will be on hand and this sensation normally passes after 10 – 20 minutes.

Bruising – You may develop some bruising and pain where the cannula has been inserted into the vein. Bruising usually settles within a week.

Pain – You may experience a cold sensation or pain in the vein during injection of the anaesthetic. This settles quickly and is not harmful. Sometimes you may feel soreness in the vein after the procedure, which settles over a few hours.



Abortion aftercare advice

It is important you take all the time you need to look after yourself after your abortion. We are here to support you.

After your surgical treatment, you will begin your recovery on a shared ward supported by nursing staff. You will be offered light refreshments and have clinical checks to ensure your initial recovery is as expected. Once all checks are confirmed to be reassuring, you will be ready for discharge to continue your recovery at home.

Advice for travelling home

We recommend that someone takes you home and stays with you for 24 hours after the procedure, where possible.

If you have had light anaesthetic, someone else will need to drive you home. It isn't safe for you to drive yourself.

After an abortion, there is an increased risk of deep vein thrombosis (DVT – blood clots developing in the legs) if you sit still for too long.

We advise against travelling a long way the day of your treatment. If you are travelling by plane, make sure you walk around regularly during your flight.

If you have any leg pain, leg swelling, chest pain, breathlessness, dizziness or fainting, either during or soon after the flight, please seek emergency medical attention.

Here are our recommendations to help with your recovery

Heat – can help with cramps and make you feel more comfortable. Try applying a heat pad or (warm) hot water bottle wrapped in a towel or blanket to your lower abdomen. Wearing comfy, loose clothing and relaxing at home can also reduce pain.

Pain relief – If you are in discomfort, you may want to take some pain relief tablets, such as paracetamol or codeine. Avoid taking ibuprofen until 12 hours after your procedure, if you had the painkiller suppository. We do not recommend using aspirin as pain relief, but if you are taking it for medical reasons you should continue to do so.

If your pain has still not been reduced after following the advice above, please call our 24-hour aftercare line on **0345 122 1441**.

Leaking breastmilk – Some people may experience engorged breasts or leakage of breastmilk after an abortion beyond 20 weeks. This usually settles after a couple of days, and using a supportive bra, cool gel inserts or ibuprofen can help. We do not recommend expressing milk as this can delay recovery. If you are really struggling with these symptoms, speak to your GP who may be able to prescribe some medication.

General advice

We recommend you use the menstrual wear/period products you are most comfortable with.

Your vagina will clean itself with natural discharge. It's best not to use a vaginal douche as this can disrupt the normal bacteria in the vagina and increase risk of infection.

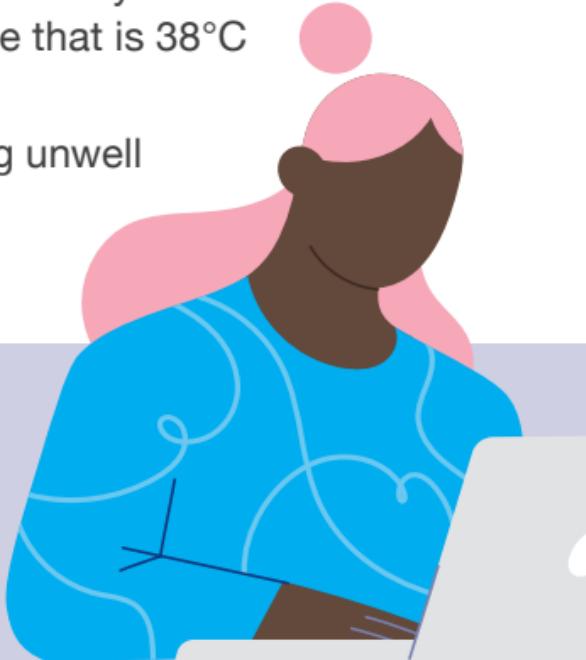
If you have been given antibiotics, make sure you take all the tablets you are given as directed.

Drink plenty of water after treatment.

You may resume sexual or other physical activity when you feel ready to do so.

Serious complications have warning signs. If you experience any of these symptoms below, you need to call us right away:

- Very heavy bleeding that soaks through more than 2 sanitary pads an hour. These pads should be suitable for a heavy flow
- Abdominal pain or discomfort that is not helped by pain relief medication, or by a heat pad
- Vaginal discharge that smells unpleasant
- Feeling hot and shivery with a high temperature that is 38°C or above
- Generally feeling unwell



Sepsis can be caused by an infection in any part of the body. Sepsis after an abortion is rare, but very serious. Symptoms of sepsis can be like having the flu at first.

If you develop any of the signs below it is important to seek urgent medical advice:

- Feeling dizzy or faint
- Confusion
- Slurred speech
- Extreme shivering
- Severe muscle pain
- Being unable to urinate
- Severe breathlessness
- Cold, clammy and pale or blotchy skin
- Loss of consciousness

Pregnancy symptoms and testing

Some pregnancy hormones can be present for up to two months after an abortion. This means that a shop bought pregnancy test may remain positive for up to two months, even though you are no longer pregnant.

Nausea and vomiting (morning sickness) should stop after a couple of days. This is one of the first pregnancy symptoms to stop after an abortion.

If you still have symptoms of pregnancy two weeks after your treatment, please call us on **0345 122 1441**.

Sexually transmitted infection (STI) testing

You may have had an STI test at your appointment. We will only contact you if you have a positive test result. If you do not hear from us within 2 weeks, then your test is negative and no action is required.

If your STI test result is positive, your partner(s) will need to contact a sexual health clinic for testing and for treatment if needed.

If you need antibiotics, make sure you take all the tablets you are given as directed. If we are unable to contact you about a positive test, we will contact your GP instead to ensure you get the right treatment.

Contraception Information

Following an abortion, your fertility will return almost immediately. An egg can be released from the ovary as soon as five days after your treatment, so you could become pregnant again before your next period.

Contraception counselling is part of abortion care, so if you would like to start a method of contraception following your abortion, we are here to help.

We offer a range of short-acting contraceptive methods (such as the combined pill, the mini pill, the patch or the ring) and long-acting contraceptive methods (such as the coil, the injection or the implant) to suit your individual needs.

If you choose not to start a method of contraception during your abortion care or would prefer to go away and think about your options, remember that you will be able to access our contraception services and choose a contraceptive method up to six months following your treatment.

You can contact our booking line on **0345 300 8090** to arrange your contraception appointment.

Please remember that condoms are the only contraceptive method that will help protect you against STIs.

For more information about types of contraception that we can provide and how effective they are, visit our website: **www.msichoices.org.uk**.

Contraceptive pill

We offer two contraceptive pill options:

- The combined pill, and
- The progestogen-only pill
(also known as POP or 'mini pill')

You can start taking the pill the day after surgical treatment. If you start the combined contraceptive pill after 5 days, please use condoms or do not have sex for 7 days.

If you start the mini pill (POP) after 5 days, please use condoms for 2 days.

Contraceptive patch

If you use the contraceptive patch, you can apply this to your skin, on your abdomen, buttock, arm, shoulder or the top of your leg, the day after surgical treatment. It will work straight away. If you start using the patch more than 5 days after the abortion, use condoms or do not have sex for 7 days.

Contraceptive injection

If you choose the contraceptive injection, this can either be given to you at the clinic during your treatment appointment or it can be self-administered at home. This means that we will provide you with a home-kit and explain how you can give yourself the injection at home. The injection lasts for 13 weeks.

You will need to visit your GP or family planning clinic every 13 weeks for repeat injections.



The injection is the only method of hormonal contraception which may delay return of fertility for up to a year.

Contraceptive implant

A contraceptive implant can be fitted during your treatment appointment and will work straight away. If fitted more than 5 days after your treatment the Implant will take 7 days to work (use condoms or do not have sex for 7 days).

In the first few days after insertion, keep the section of your arm where the implant was inserted dry if you can. You can wrap your arm in cling-film when you have a shower. Remove the bandage after 24 hours and remove the dressing after two to three days.

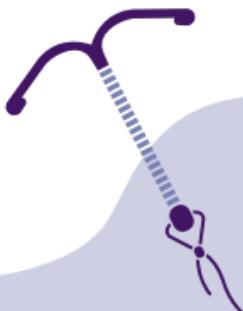
You will have a small wound where the implant was inserted into your arm. If you have any concerns about your wound, please call our 24-hour aftercare line on **0345 122 1441**.

Intrauterine Device (IUD): hormonal and non-hormonal

If you had the hormonal or non-hormonal IUD fitted during your surgical abortion, you will be protected from pregnancy straight away.

If you would like the hormonal or non-hormonal IUD fitted after your surgical abortion, you can call us for advice or an appointment to get it fitted, or contact your GP or local sexual health clinic for advice on arranging a fitting

In the meantime we can provide you with a short-term method of contraception, such as the pill, so you can leave your appointment knowing you are protected.



Effectiveness of contraceptive methods

Contraceptive method

Progesterone only pill
("mini pill", "POP")

Combined methods (pill, patch, ring),
Implant and Injection and Hormonal coil
(formerly known as IUS)

Non-hormonal coil (formerly known as IUD)



**If taken within
5 days of the
abortion**

Works
straight away

**If taken after
5 days of the
abortion**

**Takes 2 days
to work**
(use condoms or
abstain from sex to
avoid a pregnancy)

Works
straight away

**Takes 7 days
to work**
(use condoms or
abstain from sex to
avoid a pregnancy)

Works
straight away

Works straight
away

Online contraception counsellor: personalised contraception at your fingertips

Try “Choice” our online contraception counsellor to find the best contraceptive option for you.

Scan the QR code to answer a few questions and get personalised contraceptive advice.

Tell us about your experience

We are always striving to give the best possible service to our clients, and we welcome your views on your experience with us. Please scan the QR code to fill in our client feedback questionnaire.

We hope this booklet has answered all your questions about your treatment and aftercare. If you have any other questions, you can call us any time, day or night.

Try “Choice”
for personalised
contraceptive
advice:

Tell us about your
experience with
our feedback
questionnaire:



Aftercare line (24 hours):

- 0345 122 1441
- services@msichoices.org.uk
- www.msichoices.org.uk



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MSI Reproductive Choices is a registered charity in England and Wales (reg no. 265543).
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If you have any questions or comments about this booklet or would like information on the evidence used to produce it, please email marketing@msichoices.org.uk.

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For the latest information visit www.msichoices.org.uk
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