

Preparing for a Surgical Abortion Procedure

We recognize that pregnancy is complex. Pregnancy may raise physical, mental, emotional, and social risks for pregnant people, and maybe complicated by unexpected and serious diagnoses. We support the ability of pregnant people to make decisions about abortion in the context of their unique pregnancy situations.

We also recognize that ending a pregnancy can bring forward many powerful emotions. Families vary widely in how they experience the decision to end a pregnancy. There is no one right or single path families take.

At Michigan Medicine, our team of obstetrician-gynecologists provide comprehensive and compassionate reproductive and pregnancy care, including surgical abortion care. This handout will help you understand the general process of surgical abortion care at Michigan Medicine. The following information is intended to help you prepare for your visits. It is general, and may not apply to you or your family depending on your unique situation.

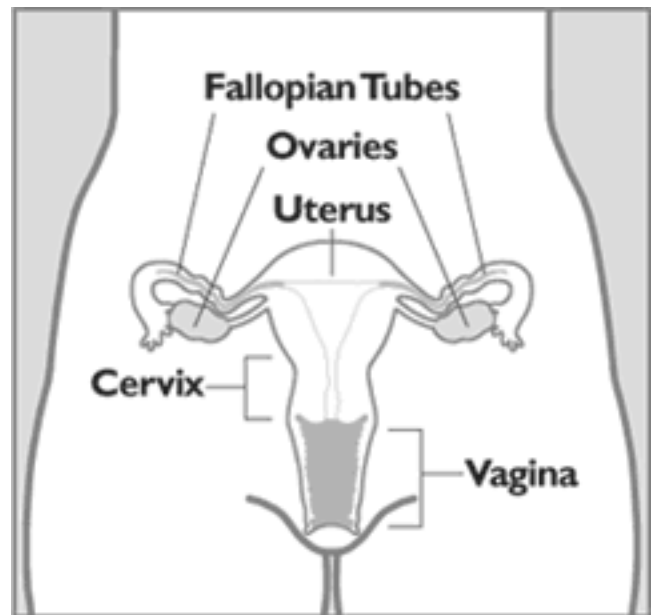
Note: We use the terms pregnancy and fetus to refer to one's pregnancy in this document. We recognize that different people have different language preferences, and may instead prefer terms such as baby. When caring for you, we will use the terms with which you are most comfortable.

What is a surgical abortion?

A surgical abortion is a procedure to remove a pregnancy from the uterus. For most people, surgical abortions have a low risk of complications, and can often be done safely in a clinic setting. At Michigan Medicine, surgical abortions are

performed in an operating room with anesthesia (pain and sedation medication) from anesthesia doctors.

In the first trimester of pregnancy, the terms Manual Vacuum Aspiration (MVA) or suction Dilation and Curettage (D&C) are used to describe surgical abortion procedures. The term Dilation and Evacuation (D&E) is used to describe surgical abortion procedures in the second trimester of pregnancy. Both of these procedures are performed through the vagina and do not require incisions on the abdomen. In both of these procedures, a doctor places a speculum in the vagina to allow them to see the cervix (the opening to the uterus at the top of the vagina), the cervix is opened 1-3 centimeters with dilators, and the pregnancy is removed from the uterus through the cervix using suction and grasping instruments. Because surgical abortions are performed by opening the cervix with dilators, the entire procedure is performed through the vagina and does not involve any incisions (cuts).



Public Domain,
<https://commons.wikimedia.org/w/index.php?curid=261307>

Is surgical abortion the only option for abortion care?

Depending on your health and pregnancy situation, there may be other options for abortion care.

- For people less than 11 weeks pregnant, medication abortion may be an option. Medication abortion means taking medications to end the pregnancy and induce a miscarriage.
- For some people in the second trimester of pregnancy, it may be possible to be admitted to our labor and delivery unit and to undergo induction of labor after receiving an injection to stop the fetal heartbeat. Some families choose

labor induction instead of surgical abortion if it is important for them to be able to see and hold their fetus.

If you are interested in learning more about medication abortion or abortion through labor induction, please let us know.

What is the Michigan 24-hour abortion consent form?

Michigan's Informed Consent for Abortion law requires that all people having an abortion have access to state-mandated information at least 24-hours prior to their abortion.

This is the link to obtain the Michigan abortion consent form that needs to be accessed at least 24-hours prior to your abortion: <https://tinyurl.com/y3u8vslf>

This form can also be found online by searching for "**Michigan abortion 24-hour consent form**" and clicking on the page titled, "**MDHHS- Michigan's Informed Consent for Abortion Law.**"

When the webpage opens scroll down and click on "**Click here to begin review of documents**". Continue moving through the "**click here**" links at the bottom of each page. On the **Abortion Procedures** page select the abortion procedure you will most likely have (Suction Curettage (D&C), Medical Abortion, or Dilation and Evacuation) and continue clicking through until you get to a page titled "**Informed Consent Confirmation Form.**" This is the form that has a timestamp and will need to be printed out. The timestamp needs to be at least 24-hours before any portion of your abortion procedure, including medications in the clinic or placement of dilators in the cervix. The form is good for up to two weeks.

You must print and bring the "Informed Consent Confirmation Form" with you to our clinic. The timestamp on the form must be at least 24-hours before the start of your abortion procedure. If you do not have this form or the timestamp is not valid, we will not be able to proceed with abortion care.

What is the process for having a surgical abortion procedure at Michigan Medicine?

At Michigan Medicine, we provide surgical abortion care for people who cannot have surgical abortion care at a free-standing clinic and people with pregnancy complications.

The process of having a surgical abortion typical includes 2 to 3 visits to the hospital:

1. **Visit #1:** This is an in-person or virtual visit with an obstetrician-gynecologist specialized in abortion care to discuss your medical and pregnancy history, sign consent forms, and have an ultrasound if necessary. You may also need to have blood drawn or COVID testing at this visit. Typically, these visits occur on Monday afternoons. After this visit, we consider both your medical history and how far along in the pregnancy you are to decide if you need an in-person visit to have dilators (called laminaria) placed. If laminaria are not needed, you will skip visit #2 and show up for visit #3.
2. **Visit #2:** If needed, laminaria are placed in the cervix to help slowly and safely open the cervix for the surgical abortion procedure. The laminaria placement procedure is performed in the clinic the day before your surgical abortion. During this visit, your doctor may also give you a medicine called mifepristone which helps to prepare the cervix for a D&E procedure. You may also need to have blood drawn or COVID testing at this visit.
3. **Visit #3:** Your surgical abortion procedure in the operating room.

What are laminaria? What can I expect at an appointment for laminaria placement?

The laminaria placement procedure is performed in the clinic the day before your surgical abortion. Laminaria are sterile seaweed sticks that are placed in the cervix to slowly and safely open the cervix 1 to 3 centimeters for the surgical abortion procedure. Laminaria are placed by a doctor in the clinic. The placement is described by most patients as “crampy.” We provide pain and anxiety medication to help make the procedure less uncomfortable. You also receive a single dose of antibiotics during this visit. At the time of laminaria

placement, your doctor may also give you a medicine called mifepristone which helps to prepare the cervix for a D&E procedure. The laminaria sticks are removed in the operating room on the day of your surgical abortion procedure.

What happens on the day of the surgical abortion procedure?

You will receive a phone call from our nursing staff the day before your abortion procedure telling you when to arrive at the hospital. After arriving at the hospital, you will meet your nursing team, the obstetrician-gynecologists who will perform your procedure, and anesthesia doctors. The anesthesia doctors will talk to you about the plan for your sedation and pain control in the operating room. Sometimes patients have a breathing tube for the procedure, and other times patients are asleep but breathing on their own.

All patients receive antibiotic medication on the day of their surgery to decrease the risk of infection. Depending on your medical history and how far along in the pregnancy you are, you may receive a medication called misoprostol a few hours prior to your surgical abortion. This medicine can be important to help prepare the cervix for the procedure but may cause cramping or discomfort.

Patients are typically in the operating room for about an hour. The surgical procedure itself usually takes between 5 and 45 minutes. After the procedure, most patients stay in the recovery area for 1 to 3 hours before being discharged.

What are the risks of a surgical abortion?

Surgical abortion procedures generally have a low risk of complications. However, all surgeries have risks. Your doctor will discuss any special risks related to your specific pregnancy situation.

The surgical risks of abortion procedures include:

- Extra or excess bleeding. This can typically be managed with medications but could require placing a temporary balloon in the uterus to apply pressure to the walls of the uterus.

- Infection.
- Tear to the cervix requiring stitches.
- Blood building back up inside the uterus after the procedure. This requires a second procedure to address.

Other rare risks include:

- Need for a blood transfusion.
- Scarring inside the uterus which could change future periods or affect future pregnancies.
- Uterine perforation (a hole created if the instruments used in the uterus during the procedure poke through the uterus.) This can potentially damage organs on the other side of the uterus and may require surgery through the abdomen (belly). Rarely this complication requires removal of the uterus (hysterectomy).
- Inability to complete the procedure through the vagina, requiring surgery through the abdomen (belly) or additional surgeries through the vagina.
- Need for additional procedures, including removing the uterus (hysterectomy) to stop bleeding or in case of a severe infection.

What physical symptoms can I expect after my surgical abortion procedure?

You can expect to have cramping and vaginal bleeding for up to two weeks after the procedure. After an abortion, you may also experience breast engorgement (fullness). Your nurse will review expectations at the time of your discharge from surgery and will discuss options for managing breast engorgement if this occurs.

We recommend ibuprofen, acetaminophen, and heating pads to alleviate cramping discomfort after surgical abortion procedures.

What restrictions will I have after my surgical abortion procedure?

- ⊗ Do not drive for 24-hours after receiving anesthesia.

- ⊗ Do not place anything in the vagina for two weeks after the surgical abortion procedure.
- You can expect to have vaginal bleeding for up to two weeks after the procedure. Use pads (rather than tampons or menstrual cups) during this time.
- You can return to your usual physical activities as you feel able.
- There are no lifting restrictions.

Will insurance cover my abortion care at Michigan Medicine?

We know that cost of services is a consideration for many patients because many insurance plans do not cover abortion services, therefore we recommend that you contact your insurance plan to inquire about coverage.

We cannot offer fixed prices or sliding scale prices but can refer you to other outpatient sites that offer affordable, safe, high-quality care if this is of interest to you. If you do not have a medical condition that requires care at Michigan Medicine, and would like to explore alternative options, we would be happy to provide contact information for outpatient sites offering surgical abortion care.

Additionally, because the cost of services is complex, we recommend that you speak with Michigan Medicine's Patient Financial Services to discuss the billing process and to determine if you qualify for any financial support programs. Michigan Medicine financial counselor, Alexis Lobdell (734) 615-8141 is available to assist you in this process. If you are unable to contact Alexis, the general office of financial assistance can be reached at: (855) 855-0863 or (734) 615-0863, Monday-Friday, 8 am-4 pm (<https://www.uofmhealth.org/patient-visitor-guide/financial-assistance>)

Will there be a fetal examination (autopsy)?

Pregnancy remains following a surgical abortion procedure are examined by a pathologist. It may be several weeks before the results of the examination become available. Of note, the fetus is not removed in one piece during a

surgical abortion, so examination of the fetus may be limited. If there are any unexpected findings your medical provider or genetic counselor will contact you to review the examination results. Arrangements, such as burial or cremation, can proceed once the physical portion of the examination is complete, usually two weeks following the surgical abortion procedure.

What are my choices for arranging for the remains of the pregnancy?

You and your family may choose one of the following options.

1. You may choose for the hospital to take care of the remains in the usual way they would care for any other human tissue. Some people think of this as anonymous cremation.
2. You may make private arrangements and work directly with a funeral home of your choice to plan for a cremation or burial based on your personal beliefs and wishes. Our social work staff can help you with this process and may also be able to help you find financial resources to help with these expenses if needed. Please note: given the timeframe for the fetal examination, it will be a minimum of two weeks before the remains are ready to transfer into the care of the funeral home.
 - A local funeral home, *Nie Funeral Home*, offers cremation services for patients experiencing pregnancy loss or abortion. There is no fee for the cremation, but families may be billed if they need the remains to be shipped to their home or request additional services such as an urn.
3. The hospital partners with a cemetery called *Arborcrest Memorial Park* which offers a common area for the burial of pregnancy remains. This is a common area to honor pregnancies, not a labeled headstone. If you choose this option, you may provide your phone number if you would like to be contacted when there is a ceremony being held to honor your pregnancy and others.

You don't have to decide about what would happen with the remains of the pregnancy at the time of your surgical abortion. You have up to two weeks after the procedure to make a final decision. There is an option to call the Children's

and Women's Bereavement Program-Office of Decedent Affairs at 734-615-3122 within two weeks of your discharge from the hospital to share your decision, or you can have the funeral home contact the hospital directly. If our staff does not hear from you within the 2-week period, arrangements will be made on your behalf as per Michigan Medicine protocol, and remains will not be able to be returned to you.

Who will help me if I want to perform religious or cultural rites while in the hospital?

Our healthcare team and the Spiritual Care Department are available to assist with cultural or religious rites or rituals that are meaningful to you and your family. Please ask your nurse or social worker to contact a chaplain for additional support, or let a member of our team know how we can assist you in contacting your own spiritual leader.

Who do I call if I have more questions?

- For urgent concerns, call Triage at (734) 764-8134.
- For medical or surgical questions, call your provider or the Family Planning's clinic at Von Voigtlander at (734) 763-6295.
- For questions about care coordination for final arrangements, call the Women's and Children's Bereavement Program-Office of Decedent Affairs: (734) 615-3122.
- For questions about pregnancy loss support resources and counseling referrals, call Michigan Medicine ObGyn Social Workers: (734) 232-8956.
- For questions about spiritual support and resources, call Michigan Medicine Office of Spiritual Care: (734) 936-4041.
- For additional support, visit Exhale the after-abortion hotline:
<https://exhaleprovoice.org>

Disclaimer: This document contains information and/or instructional materials developed by Michigan Medicine for the typical patient with your condition. It may include links to online content that was not created by Michigan Medicine and for which Michigan Medicine does not assume responsibility. It does not replace medical advice from your health care provider because your experience may differ from that of the typical patient. Talk to your health care provider if you have any questions about this document, your condition or your treatment plan.

Author: Halley Crissman, MD, MPH
Plain Language Editor: Ruti Volk, MSI, AHIP

Patient Education by [Michigan Medicine](#) is licensed under a [Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International Public License](#). Last Revised 10/2020