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Common Surgeries in Ob-Gy

NOGS 20-21 & AMOGS PAC INITIATIVE

VOLUME - 12

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Don't Google... Ask Noogle

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From the NOGS President's Desk . . .

Dear Members,

It gives me immense pleasure to hand over the twelve volume of Patient's Information handouts which is going to be monthly feature. The twelve volume focuses on "Common surgeries in Ob-Gy"

In recent years, patients have increasingly requested the opportunity to participate fully in their medical care. An important part of responding to this is providing educational handouts that inform patients about health problems, describe medical treatments, and promote healthy behaviors. They are useful extension of spoken communications and are also an extension of medical care. Spoken messages are forgotten quickly and so they need to be reinforced with the informative handouts. Educational handouts are an important part of the communication patents receive from health care providers.

This is our small effort to provide our members wit these ready handouts for better communication with their patients. The member can print and use them for their patients benefit. We hope that you will find them useful.

I wish to profusely thank the ever enthusiastic, ever ready NOGS Member Dr. Swati Sarda for toiling very hard and putting it up together within a very short span of time. We deeply appreciate her super effort.

Wishing you all a very healthy patient interaction.

Sincerely,
Dr. Vaidehi Marathe
President NOGS 2020-21
Chairperson PAC AMOGS

Message from the President AMOGS...

Hello everyone,

The theme of AMOGS this year is "We for Stree". I would like to thank every AMOGSian who has helped making every woman Safer, Stronger, and Smarter.

I would like to congratulate Dr. Vaidehi Marathe and Team NOGS for this Patient education booklet. I would also like to thank the contributors and the editorial team for their contributions towards this great booklet.

The aim of this booklet is to ensure that you are able to get basic knowledge regarding different areas of women health care. I hope this booklet helps you achieve that and clears all your doubts.

Dr. Nandita Palshetkar
President
AMOGS.

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HYSTERECTOMY

1. What is hysterectomy?

Hysterectomy is surgery to remove the uterus. It is a very common type of surgery for women in the United States. Removing your uterus means that you can no longer get pregnant.

2. Why is hysterectomy done?

Hysterectomy is used to treat many women's health conditions. Some of these conditions include

- uterine fibroids (this is the most common reason for hysterectomy)
- endometriosis
- pelvic support problems (such as uterine prolapse)
- abnormal uterine bleeding
- chronic pelvic pain
- gynecologic cancer

3. What structures are removed during a hysterectomy?

There are different types of hysterectomy:

- Total hysterectomy—The uterus and cervix are removed.
- Supracervical hysterectomy—The upper part of the uterus is removed, but the cervix is left in place.
- Radical hysterectomy—The uterus and cervix are removed along with structures around the uterus. This surgery may be recommended if cancer is diagnosed or suspected.

4. What other organs besides the cervix and uterus may be removed during a hysterectomy?

If needed, the ovaries and fallopian tubes may be removed if they are abnormal (for example, they are affected by endometriosis). This procedure is called

a. salpingo-oophorectomy if both tubes and ovaries are removed
b. salpingectomy if just the fallopian tubes are removed
c. oophorectomy if just the ovaries are removed

- Your surgeon may not know whether the ovaries and fallopian tubes will be removed until the time of surgery. Women at risk of ovarian cancer or breast cancer can choose to have both ovaries removed even if these organs are healthy in order to reduce their risk of cancer. This is called a risk-reducing bilateral salpingo-oophorectomy.
- Removing the fallopian tubes (but not the ovaries) at the time of hysterectomy also may be an option for women who do not have cancer. This procedure is called opportunistic salpingectomy. It may help prevent ovarian cancer. Talk with your surgeon about the possible benefits of removing your fallopian tubes at the time of your surgery.

5. What will happen if my ovaries are removed before I have gone through menopause?

- You may experience immediate menopause signs and symptoms. You also may be at increased risk of osteoporosis. Hormone therapy can be given to relieve signs and symptoms of menopause and may help reduce the risk of osteoporosis. Hormone therapy can be started immediately after surgery. Other medications can be given to prevent osteoporosis if you are at high risk.

6. What are the different ways hysterectomy can be performed?

- A hysterectomy can be done in different ways: through the vagina, through the abdomen, or with laparoscopy. The choice will depend on why you are having the surgery and other factors. Sometimes, the decision is made after the surgery begins and the surgeon is able to see whether there are other problems.

7. How is a vaginal hysterectomy done?

- In a vaginal hysterectomy, the uterus is removed through the vagina. There is no abdominal incision. Not all women are able to have a vaginal hysterectomy. For example, women who have adhesions from previous surgery or who have a very large uterus may not be able to have this type of surgery.

8. What are the benefits of vaginal hysterectomy?

- Vaginal hysterectomy generally causes fewer complications than abdominal or laparoscopic hysterectomy. Healing time may be shorter than with abdominal surgery, with a faster return to normal activities. It is recommended as the first choice for hysterectomy when possible.

9. How is laparoscopic hysterectomy done?

- Laparoscopic surgery requires only a few small incisions in your abdomen. A laparoscope inserted through one of these incisions allows the surgeon to see the pelvic organs. Other surgical instruments are used to perform the surgery through other small incisions. Your uterus can be removed in small pieces through the incisions, through a larger incision made in your abdomen, or through your vagina (which is called a laparoscopic vaginal hysterectomy).

10. What are the benefits and risks of laparoscopic hysterectomy?

- Compared with abdominal hysterectomy, laparoscopic surgery results in less pain, has a lower risk of infection, and requires a shorter hospital stay. You may be able to return to your normal activities sooner. There also are risks with laparoscopic surgery.

It can take longer to perform compared with abdominal or vaginal surgery, especially if it is performed with a robot. Also, there is an increased risk of injury to the urinary tract and other organs with this type of surgery.

11. How is an abdominal hysterectomy done?

- In an abdominal hysterectomy, the uterus is removed through an incision in your lower abdomen. The opening in your abdomen gives the surgeon a clear view of your pelvic organs.

12. What are the benefits and risks of abdominal hysterectomy?

- Abdominal hysterectomy can be performed even if there are adhesions or if the uterus is very large. But abdominal hysterectomy is associated with greater risk of complications, such as wound infection, bleeding, blood clots, and nerve and tissue damage, than vaginal or laparoscopic hysterectomy. It generally requires a longer hospital stay and a longer recovery time than vaginal or laparoscopic hysterectomy

13. Is hysterectomy safe?

Hysterectomy is one of the safest surgical procedures. But as with any surgery, problems can occur, including

- fever and infection
- heavy bleeding during or after surgery
- injury to the urinary tract or nearby organs
- blood clots in the leg that can travel to the lungs

Some problems related to the surgery may not show up until a few days, weeks, or even years after surgery. These problems include formation of a blood clot in the wound or bowel blockage. Complications are more common after an abdominal hysterectomy.

14. Are all women at the same risk of complications?

- No, some women are at greater risk of complications than others. For example, if you have an underlying medical condition, you may be at greater risk of problems related to anesthesia.

CAESAREAN SECTION

1. What is Caesarean section/ birth?

- Cesarean birth is the delivery of a baby through incisions made in the mother's abdomen and uterus.

2. What are the reasons for cesarean birth?

The following situations are some of the reasons why a cesarean birth is performed:

- Failure of labor to progress—Contractions may not open the cervix enough for the baby to move into the vagina.
- Concern for the baby—For instance, the umbilical cord may become pinched or compressed or fetal monitoring may detect an abnormal heart rate.
- Multiple pregnancy—If a woman is pregnant with twins, a cesarean birth may be necessary if the babies are being born too early, are not in good positions in the uterus, or if there are other problems. The likelihood of having a cesarean birth increases with the number of babies a woman is carrying.
- Problems with the placenta
- A very large baby
- Breech presentation/ position leg down.
- Maternal medical conditions, such as diabetes mellitus or high blood pressure

3. Is a cesarean birth necessary if I have had a previous cesarean birth?

- Women who have had a cesarean birth before may be able to give birth vaginally. The decision depends on the type of incision used in the previous cesarean delivery, the number of previous cesarean deliveries, whether you have any conditions that make a vaginal delivery risky, and the type of hospital in which you have your baby, as well as other factors. Talk to your obstetrician–gynecologist (ob-gyn)about your options.

4. Can I request cesarean birth?

- Some women may request a cesarean birth even if a vaginal delivery is an option. This decision should be weighed carefully and discussed with your doctor. As with any surgery, there are risks and complications to consider. Your hospital stay may be longer than with vaginal birth. Also, the more cesarean births a woman has, the greater her risk for some medical problems and problems with future pregnancies.

5. What are the preparations for cesarean birth?

- Before you have a cesarean delivery, a nurse will prepare you for the operation. An intravenous line will be put in a vein in your arm or hand. This allows you to get fluids and medications during the surgery. Your abdomen will be washed, and your pubic hair may be clipped or trimmed. You will be given medication to prevent infection.

- A catheter (tube) is then placed in your urethra to drain your bladder. Keeping the bladder empty decreases the chance of injuring it during surgery.

6. What type of anesthesia will be used during the procedure?

- You will be given either general anesthesia or a spinal anesthesia. If general anesthesia is used, you will not be awake during the delivery. An injection is made into a space in your spine in your lower back. A small tube may be inserted into this space so that more of the drug can be given through the tube later, if needed. A spinal block also numbs the lower half of your body.

7. How is the procedure performed?

- A cut (incision) is made through your skin and the wall of the abdomen. The skin incision may be transverse (horizontal or "bikini") or vertical. The muscles in your abdomen are separated and may not need to be cut. Another incision will be made in the wall of the uterus. The incision in the wall of the uterus also will be either transverse or vertical.
- The baby will be delivered through the incisions, the umbilical cord will be cut, and then the placenta will be removed. The uterus will be closed with stitches that will dissolve in the body. Stitches or staples are used to close your abdominal skin.

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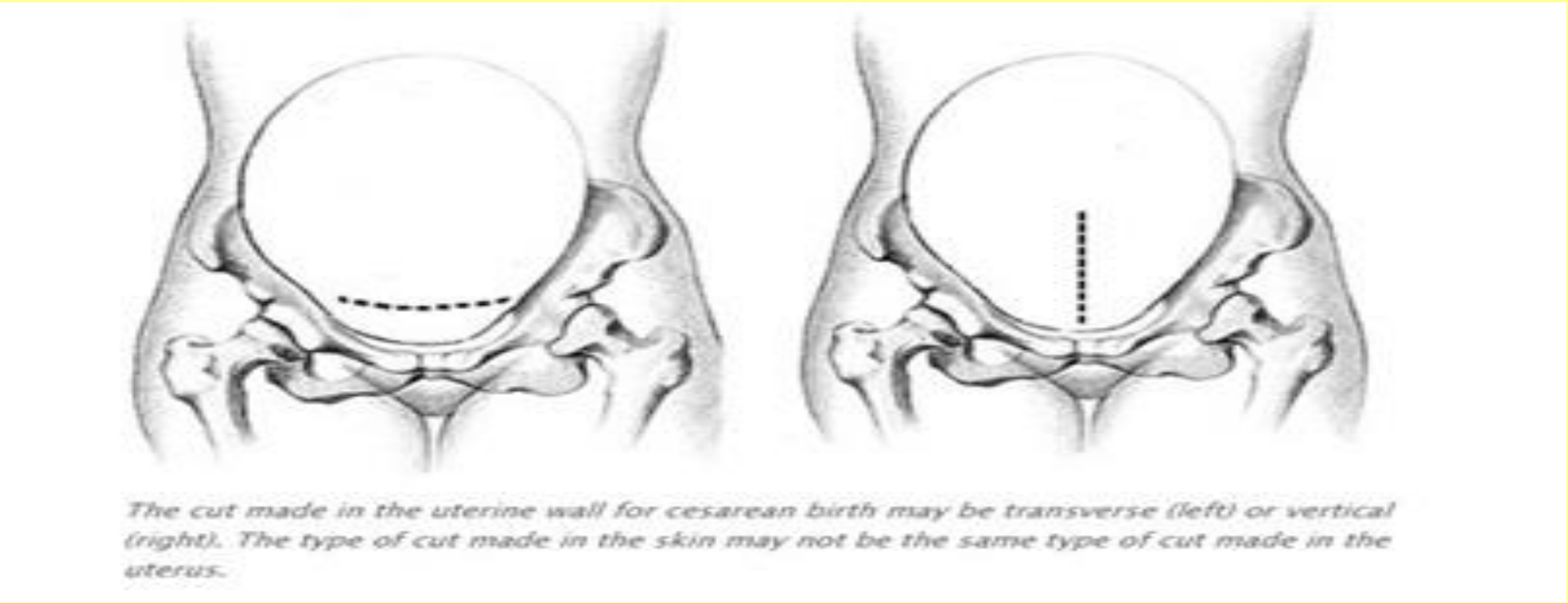

The cut made in the uterine wall for cesarean birth may be transverse (left) or vertical (right). The type of cut made in the skin may not be the same type of cut made in the uterus.

8. What are the complications?

Some complications occur in a small number of women and usually are easily treated:

- Infection
- Blood loss
- Blood clots in the legs, pelvic organs, or lungs
- Injury to the bowel or bladder
- Reaction to medications or to the anesthesia that is used

9. How soon will I recover?

- Recovery starts after the surgery. Slowly your body parameters will come back to normal. Within 12 to 18hrs the catheter is removed from the bladder. The abdominal incision will be sore for the first few days. Your doctor can prescribe pain medication for you to take after the anesthesia wears off. A heating pad may be helpful. There are many different ways to control pain. Talk with your ob-gyn or other health care professional about your options.
- A hospital stay after a cesarean birth usually is 2–4 days. The length of your stay depends on the reason for the cesarean birth and on how long it takes for your body to recover. When you go home, you may need to take special care of yourself and limit your activities.

10. What should I expect during recovery?

While you recover, the following things may happen:

- Mild cramping, especially if you are breastfeeding
- Bleeding or discharge for about 4–6 weeks
- Bleeding with clots and cramps
- Pain in the incision

To prevent infection, for a few weeks after the cesarean birth you should not place anything in your vagina or have sex. Allow time to heal before doing any strenuous activity. Call your ob-gyn or other health care professional if you have a fever, heavy bleeding, or the pain gets worse.

ANESTHESIA AND PRE SURGERY WORKUP

1. What is involved in a presurgery checkup?

- A week or two before your surgery, you may need to have a physical exam and tests, which may include lab tests of your blood and urine, a chest X-ray, and an electrocardiogram. An electrocardiogram is a test of heart function with an instrument that prints out the results as a graph.

2. What preparation may be necessary before surgery?

- Depending on the type of surgery, your health care provider may want you to use a laxative and eat lightly. You also may be asked to use an enema at home a day or two before some types of surgery.

3. What do I need to do the day of surgery?

- Remove any nail polish or acrylic nails. Do not wear make-up. All jewelry usually needs to be removed from your body before the operation.

4. What preoperative preparation may occur?

- You will change from your clothes into a hospital gown and maybe a cap.. A tube called an intravenous (IV) line may be placed into a vein in your arm or wrist. It is used for supplying your body with fluids, medication, or blood during and after the surgery. You may be given medication to help you relax. You also may be given other medications that your doctor has ordered, such as antibiotics to reduce the risk of infection. Preparation of parts where surgery is needed will be prepared by shaving the parts if needed.

5. What should I expect when the operation is over?

- Once the operation is over, you will be moved into the recovery area. This area is equipped to monitor patients after surgery.
- Many patients feel groggy, confused, and chilly when they wake up after an operation. You may have muscle aches or a sore throat shortly after surgery. These problems should not last long. You can ask for medicine to relieve them. You will remain in the recovery room until you are stable.
- As soon as possible, your nurses will have you move around as much as you can. You may be encouraged to get out of bed and walk around soon after your operation. The sooner you resume activity, the sooner your body’s functions can get back to normal.

6. What things do I need to know before I go home?

- Before you leave, a nurse will inform any instructions on diet, medicine, and care of your incision. You will be told what things or activities you should avoid and for how long. You should know who to call if you have a problem and what things you should call your health care provider about, such as a fever or increased vaginal bleeding.

7. How long will it take to recover?

- If you have had major surgery, it will most likely take a month or more before you are ready to resume your normal schedule. Minor operations require less recovery time, but you may need to cut back on certain activities for a while.

8. What are the tests done before the surgery?

- All the basic blood investigations need to be done like Complete blood count, Blood sugars, Liver function test, Renal function test, Viral markers like HIV and HBSAG, Blood group, X ray chest, Electrocardiogram(ECG). Some special tests if there are any high risk factors like hypertension or diabetes.

9. What are different types of anesthesia required for surgery?

- There are either Local/ regional (spinal) or general type of anesthesia. In local anesthesia a particular local area is anesthetized. In spinal anesthesia , a small bore needle is introduced on the back in between the spine and the anesthesia drug is introduced through that. In general anesthesia a tube is introduced through your wind pipe and complete anesthesia is given .

10. What type of anesthesia will I be given?

- Considering the type the need of surgery and any illness associated, your anesthetist will decide the mode of anesthesia for you. You will be explained in details about the anesthesia procedure before the surgery.

COMMON GYNECOLOGICAL PROCEDURES IN GYNECOLOGY

Following are the common gynecological procedures done.

1. Colposcopy

A colposcopy is a non-surgical diagnostic tool performed with a colposcope. It's used to further examine the cervix, vagina, and vulva when a person has an abnormal Pap smear. If your gynecologist finds an area of unusual cells, they may take a sample and send it to the laboratory for testing.

2. Cervical Cryosurgery/ cauterization

Abnormal cells in your cervix may heal without treatment.

If they do not, your healthcare professional might recommend cervical cryosurgery, or cryotherapy, which is a highly effective gynecological treatment that freezes a section of the cervix.

The purpose of this procedure is to destroy any abnormal cervical cells that show changes which may lead to cancer, called precancerous cells. Your gynecologist may use the term cervical dysplasia to describe your condition.

3. Dilation and Curettage (D&C)

Dilation and curettage (D&C), is one of the most common gynecological procedures. During this procedure, the doctor removes your uterine lining with suction or a sharp curette (surgical instrument).

The procedure is a way to diagnose uterine conditions including uterine cancer or uterine polyps and the precancerous condition endometrial hyperplasia. Your gynecologist may also recommend it to remove uterine fibroid tumors, a molar pregnancy, or a placenta that remains in the uterus after a delivery that has caused excessive bleeding

4. Hysteroscopy

Hysteroscopy provides a non-surgical way for your gynecologist to diagnose or treat uterine problems. These include removing adhesions, locating an intrauterine device, or determining the cause of repeated miscarriage.

During this procedure, a healthcare professional uses a hysteroscope, which is a thin, lighted, telescope-like instrument that is inserted into your uterus through the vagina. It sends pictures of your uterus to a screen for further examination.

5. Bartholin’s abscess marsupalization

Marsupialization is a surgical procedure used to treat Bartholin's cysts. Bartholin's glands are tiny organs on the labia near the vaginal opening. The glands help provide lubrication for sexual intercourse.

6. Copper T insertion

IUDs are shaped like a T, with one arm on either side. The doctor will fold down the arms and place the device into an applicator tube, then insert the tube through your cervix into your uterus. Once the IUD is in place, the arms will release and the doctor will remove the applicator tube

LAPAROSCOPY

1. What is Laparoscopy?

Laparoscopy is a way of doing surgery using small incisions (cuts). It is different from “open” surgery where the incision on the skin can be several inches long. Laparoscopic surgery sometimes is called "minimally invasive surgery."

2. How is laparoscopic surgery done?

Laparoscopic surgery uses a special instrument called a laparoscope. The laparoscope is a long, slender device that is inserted into the abdomen through a small incision. It has a camera attached to it that allows the obstetrician–gynecologist (ob-gyn) to view the abdominal and pelvic organs on a screen. If a problem needs to be fixed, other instruments can be used. These instruments usually are inserted through additional small incisions in the abdomen. They sometimes can be inserted through the same single incision made for the laparoscope. This type of laparoscopy is called “single-site” laparoscopy.

3. What are the benefits of laparoscopy?

Laparoscopy has many benefits. There is less pain after laparoscopic surgery than after open abdominal surgery, which involves larger incisions, longer hospital stays, and longer recovery times. Recovery from laparoscopic surgery generally is faster than recovery from open abdominal surgery. The smaller incisions that are used allow you to heal faster and have smaller scars. The risk of infection also is lower than with open surgery.

4. What are the risks associated with laparoscopy?

Laparoscopy can take longer to perform than open surgery. The longer time under anesthesia may increase the risk of complications. Sometimes complications do not appear right away but occur a few days to a few weeks after surgery. Problems that can occur with laparoscopy include

- bleeding or a hernia (a bulge caused by poor healing) at the incision sites
- internal bleeding
- infection
- damage to a blood vessel or other organ, such as the stomach, bowel, bladder, or ureters

Rarely, the ob-gyn begins with laparoscopy but must change to open surgery. This might happen if the ob-gyn finds something that may be cancer and a larger incision is needed to remove it. It also might happen if the ob-gyn finds something unexpected (infection, for example) or a complication develops that requires open surgery to resolve. Talk with your ob-gyn about what will happen if he or she needs to switch to open surgery.

5. What surgeries can be done with laparoscopy?

Tubal sterilization is one example of a surgery that can be done using laparoscopy. Laparoscopy also is one of the ways that hysterectomy can be performed. In a laparoscopic hysterectomy, the uterus is detached from inside the body. It can be removed in pieces through small incisions in the abdomen or removed in one piece through the vagina

6. What problems can laparoscopy be used to diagnose & treat?

Laparoscopy may be used to look for the cause of chronic pelvic pain, infertility, or a pelvic mass. If a problem is found, it often can be treated during the same surgery. Laparoscopy also is used to diagnose and treat the following medical conditions:.

Endometriosis—If you have signs and symptoms of endometriosis and medications have not helped, a laparoscopy may be recommended. The laparoscope is used to see inside your pelvis. If endometriosis tissue is found, it often can be removed during the same procedure.

Fibroids—Fibroids are growths that form inside the wall of the uterus or outside the uterus. Most fibroids are benign (not cancer), but a very small number are malignant (cancer). Fibroids can cause pain or heavy bleeding. Laparoscopy sometimes can be used to remove them.

Ovarian cyst—Some women have cysts that develop on the ovaries. The cysts often go away without treatment. But if they do not, your ob-gyn may suggest that they be removed with laparoscopy.

Ectopic pregnancy—Laparoscopy may be done to remove an ectopic pregnancy.

Pelvic floor disorders—Laparoscopic surgery can be used to treat urinary incontinence and pelvic organ prolapse (POP).

Cancer—Some types of cancer can be removed using laparoscopy.

7. What kind of pain relief is used during laparoscopy?

Laparoscopy usually is performed with general anesthesia. This type of anesthesia puts you to sleep.

8. What happens during laparoscopy?

After you are given anesthesia, a small incision is made in or below your belly button or in another area of your abdomen. The laparoscope is inserted through this small incision. During the procedure, the abdomen is filled with a gas. Filling the abdomen with gas allows the pelvic reproductive organs to be seen more clearly.

The camera attached to the laparoscope shows the pelvic organs on a screen. Other small incisions may be made in the abdomen for surgical instruments. Another instrument, called a uterine manipulator, may be inserted through the vagina and cervix and into the uterus. This instrument is used to move the pelvic organs into view.

9. What happens after laparoscopy?

After the procedure, the instruments and most of the gas are removed. The small incisions are closed. You will be moved to the recovery room. You will feel sleepy for a few hours. You may have some nausea from the anesthesia.

10. What should I expect during recovery?

For a few days after the procedure, you may feel tired and have some discomfort. You may be sore around the incisions made in your abdomen and belly button. The tube put in your throat to help you breathe during the surgery may give you a sore throat. Try throat lozenges or gargle with warm salt water. You may feel pain in your shoulder or back. This pain is from the small amount of gas used during the procedure that remains in your abdomen. It goes away on its own within a few hours or days. If pain and nausea do not go away after a few days or become worse, you should contact your ob-gyn.

11. How soon after laparoscopy can I resume my regular activities?

Your ob-gyn will let you know when you can get back to your normal activities. For minor procedures, it is often 1 to 2 days after the surgery. For more complex procedures, such as hysterectomy, it can take longer. You may be told to avoid heavy activity or exercise.

HYSTEROSCOPY

1. What is hysteroscopy?

Hysteroscopy is used to diagnose or treat problems of the uterus. A hysteroscope is a thin, lighted telescope-like device. It is inserted through your vagina into your uterus. The hysteroscope transmits the image of your uterus onto a screen. Other instruments are used along with the hysteroscope for treatment.

2. Why is hysteroscopy done?

One of the most common uses for hysteroscopy is to find the cause of abnormal uterine bleeding. Abnormal bleeding can mean that a woman’s menstrual periods are heavier or longer than usual or occur less or more frequently than normal. Bleeding between menstrual periods also is abnorm. In some cases, abnormal bleeding may be caused by benign (not cancer) growths in the uterus, such as fibroids or polyps.

Hysteroscopy also is used in the following situations:

- Remove adhesions that may occur because of infection or from past surgery
- Diagnose the cause of repeated miscarriage when a woman has more than two miscarriages in a row
- Locate an intrauterine device (IUD)
- Perform sterilization, in which the hysteroscope is used to place small implants into a woman's fallopian tubes as a permanent form of birth control

3. How is hysteroscopy performed?

Before the procedure begins, you may be given a medication to help you relax, or a general or local anesthetic may be used to block the pain. If you have general anesthesia, you will not be awake during the procedure.

Hysteroscopy can be done in a health care professional's office or at the hospital. It will be scheduled when you are not having your menstrual period. To make the procedure easier, your health care professional may dilate (open) your cervix before your hysteroscopy. You may be given medication that is inserted into the cervix, or special dilators may be used. A speculum is first inserted into the vagina. The hysteroscope is then inserted and gently moved through the cervix into your uterus. Carbon dioxide gas or a fluid, such as saline (salt water), will be put through the hysteroscope into your uterus to expand it. The gas or fluid helps your health care professional see the lining more clearly. The amount of fluid used is carefully checked throughout the procedure. Your health care professional can view the lining of your uterus and the openings of the fallopian tubes by looking through the hysteroscope. If a biopsy or other procedure is done, small tools will be passed through the hysteroscope.

4. What should I expect during recovery?

- You should be able to go home shortly after the procedure. If you had general anesthesia, you may need to wait until its effects have worn off.
- It is normal to have some mild cramping or a little bloody discharge for a few days after the procedure. You may be given medication to help ease the pain. If you have a fever, chills, or heavy bleeding, see your gynecologist as soon as possible.

5. What are the risks of hysteroscopy?

- Hysteroscopy is a very safe procedure. However, there is a small risk of problems. The uterus or cervix can be punctured by the hysteroscope, bleeding may occur, or excess fluid may build up in your system. In very rare cases, hysteroscopy can cause life-threatening problems.

MEDICAL ABORTION

A medication abortion ends pregnancy by using two different types of medication: mifepristone and misoprostol. It is like an induced miscarriage.

It can be the method of abortion till 9 weeks of pregnancy.

For some people, it is not safe to take the medications needed to have a medication abortion. If you have the following health concerns, a medication abortion is not a safe option for you:

- you are unable to access emergency medical care
- you have a known or suspected ectopic pregnancy
- you have a known or suspected bleeding disorder
- you are taking drugs that prevent or treat blood clot
- you have an allergy to either mifepristone and/or misoprostol or prostaglandins
- you have an IUD in place – this must be removed before the termination of the pregnancy process is started
- you have a pelvic infection

Q. I'm breastfeeding. Is it safe for me to have a medication abortion?

If you are currently breastfeeding, it is safe to have a medication abortion. However, breastfeeding after misoprostol may cause diarrhea in infants within 24 hours.

Q. How does a medication work?

Step 1: It makes the uterus contract, softens the cervix, and may cause bleeding. For a very small percentage of people, the pregnancy is passed at this stage.

Step 2: After 24-48 hours of taking one tablet of mifepristone, you have to take 2 tablets of Misoprostol 12 hrs apart either orally or place vaginally.

Step 3: After taking the medication, cramps and bleeding will begin. The pregnancy is usually expelled between 30 minutes and 4 hours after taking the 4 pills of misoprostol. Expect heavy bleeding (usually heavier than a period), severe cramps, and passing clots. Some clots may be as big as a lemon. Cramps and bleeding will intensify as the pregnancy is being passed. After the pregnancy has passed, you can expect to feel a lot better.

Step 4: In the days following, the bleeding should slow down and the cramps should go away. If you are feeling feverish, sick, or if the bleeding continues or worsen visit your gynecologist as soon as possible.

Q. How does medicines of medical abortion work?

A medication abortion is usually completed within 48 hours. The pregnancy is usually passed between 30 minutes and 4 hours after taking the 2nd medication, misoprostol. Light bleeding may continue for up to 4 weeks.

You will need to take the 2nd set of pills (misoprostol) 24-48 hours after taking the 1st pill (mifepristone). The range gives you some choice for when you will have the heaviest cramps and bleeding.

.

How much pain will I have?

People have a range of pain from moderate to severe period cramps and bleeding from moderate to a very heavy period.

What are the possible complications?

Though complications of medication abortion are very rare, they can happen. They include:

Excessive bleeding – if you soak 4 large pads within 2 hours, seen you obs – gyn in emergency.

Infection – if you experience fever or chills for more than 4 hours after taking the second set of pills or if fever or chills start more than 24 hours after taking misoprostol.

Birth defects if the pregnancy is not expelled and is continued to term. An aspiration abortion will be required if the medication abortion is not successful.

Incomplete abortion – less than 4% of all people who have a medication abortion require a aspiration abortion (using suction) to end the pregnancy.

SURGICAL ABORTION

Q. Will there be an incision on my abdomen in surgical abortion?

There is no abdominal incision or scarring in a surgical abortion. The procedure is done via the cervix and via vacuum evacuation.

Q. Is Having An Abortion Safe?

Having an abortion(surgical or medical) is safe, and very few women experience complications. Having an abortion poses fewer risks to a woman than going through pregnancy and birth.

Q. Will Having A Surgical Abortion Or Medical Abortion Affect My Ability To Get Pregnant In The Future?

Uncomplicated abortion (Surgical Abortion or Medical Abortion) poses virtually no risk to a woman's future reproductive health, as shown by numerous studies. It is extremely rare for a serious pelvic infection can cause damage to the fallopian tubes, which can increase the risk of ectopic pregnancy or fertility problems. You can decrease the risk by seeking prompt treatment if symptoms of infection occur. You should also follow the Home Care Instructions given to you Post Abortion by the staff.

Q. Will I Be Awake During My Surgical Abortion?

You will be given Total Intravenous anesthesia during the surgical abortion and therefore will not be awake during the procedure.

Q. Does Having An Abortion Increase My Chances Of Getting Breast Cancer?

No – there is no proven link between breast cancer and abortion.

Q. What Are The Risks Of An Abortion?

Abortion procedures are very safe, especially in the early weeks of pregnancy. No clinical procedure is without risk and these are fully explained to you before treatment.

Q. How Will I Feel After The Abortion?

Recovery after an abortion usually happens fairly quickly. Most women can return to a fairly normal routine in a few days.

Q. How Much Bleeding Is There After An Abortion?

We prepare women to bleed for 1-2 weeks and recommend using sanitary napkins (pads) during this time. The bleeding can be like a normal period (there may be some blood clots). There may also be spotting until your next period. After a surgical abortion, some women may not experience bleeding until their next period. In most cases, there is little to no bleeding after the abortion is completed.

Q. Can I Use Tampons After An Abortion?

Use sanitary napkins (pads) for 1 to 2 weeks after the abortion. Tampons can be used for your next menstrual period, as advised by the doctor.

Q. Will I Need Time Off Work After An Abortion?

Most women return to their normal routine in a day or 2. Rest until you can resume your usual activities. There are some restrictions for two weeks to allow your body to heal. This will be further explained in your doctor.

Q. How Soon Can I Have Sex After An Abortion?

Avoid sex or any sexual activity for 2 weeks after an abortion to reduce the risk of infection. Remember you can get pregnant almost immediately following abortion.

Q. What About Travel After The Surgical Treatment?

It’s best not to travel within 24 hours of treatment of a surgical abortion. If you must travel, make sure you know how to get emergency medical care if needed.

STERILIZATION (TUBECTOMY)

- Sterilization is a permanent method of birth control. Sterilization for women is called tubal sterilization. In tubal sterilization, the fallopian tubes are closed off or removed. Tubal sterilization prevents the egg from moving down the fallopian tube to the uterus and keeps the sperm from reaching the egg.

What is postpartum sterilization?

Postpartum sterilization is sterilization performed after the birth of a baby. After a woman gives birth, the fallopian tubes and the still-enlarged uterus are located just under the abdominal wall below the navel. Postpartum sterilization ideally is done before the uterus returns to its normal location, usually within a few hours or days following delivery. For women who have had a cesarean delivery, it is done right after the baby is born.

How is postpartum sterilization performed?

For women who have had a vaginal delivery, a small incision is made in the abdomen (a procedure called minilaparotomy). For women who have had a cesarean delivery, postpartum sterilization can be done through the same abdominal incision that was made for delivery of the baby. The fallopian tubes are brought up through the incision. The tubes are cut and closed with special thread or removed completely. The incision below the navel is closed with stitches and a bandage.

What kind of anesthesia is used for postpartum sterilization?

Often, the type of anesthesia used for the delivery can be used for postpartum sterilization. Types of anesthesia used include regional anesthesia, general anesthesia, or local anesthesia.

How long does postpartum sterilization take?

The operation takes about 30 minutes. Having it done soon after childbirth usually does not make your hospital stay any longer.

Are there risks associated with postpartum sterilization?

In general, sterilization is a safe form of birth control. It has a low risk of death and complications. The most common complications are those that are related to general anesthesia. Other risks include bleeding and infection.

What are the side effects of postpartum sterilization?

Side effects after surgery vary and may depend on the type of anesthesia used and the way the surgery is performed. You likely will have some pain in your abdomen and feel tired. The following side effects also can occur but are not as common:

- Dizziness
- Nausea
- Shoulder pain
- Abdominal cramps

If you have abdominal pain that does not go away after a few days, if pain is severe, or if you have a fever, contact your health care provider right away.

When should sterilization be avoided?

You should avoid making this choice during times of stress (such as during a divorce). You also should not make this choice under pressure from a partner or others. Research shows that women younger than 30 years are more likely than older women to regret having the procedure. If there are serious problems or complications with the baby, you may want to think about postponing postpartum sterilization.

What if I decide I want to become pregnant after sterilization?

If you choose to have sterilization and you change your mind after the operation, attempts to reverse it may not work. After tubal sterilization is reversed, many women still are not able to get pregnant. Also, the risk of problems, such as ectopic pregnancy, is increased.

What are some alternatives to postpartum sterilization?

Long-acting reversible contraception, such as the intrauterine device or implant, last for several years. They are about as effective at preventing pregnancy as sterilization. They can be removed at any time if you want to become pregnant.