PROCEDURE

Abortion - procedure

A procedural abortion ends a pregnancy by removing pregnancy tissue through the cervix.

PURPOSE
To end an intrauterine pregnancy

PROCEDURE TYPE
Therapeutic; surgical removal through the cervix

WHERE IT IS DONE
Outpatient clinic or operating theatre

ANAESTHESIA
Local anaesthetic, sedation, or general anaesthesia

HOW LONG IT TAKES
About 5 to 30 minutes

PREPARATION
Medication review; cervical preparation; fasting if sedation is planned

RECOVERY
Home same day; no driving after sedation or anaesthesia

MAIN RISKS
Bleeding, infection, retained tissue, uterine or cervical injury

RESULTS
Completion usually confirmed the same day

Overview

A procedural abortion ends a pregnancy by removing pregnancy tissue from the uterus through the cervix. It is also called a surgical abortion, although it usually involves no skin incision.

The method depends mainly on how many weeks pregnant you are. Early procedures commonly use suction or vacuum aspiration. Later procedures may combine suction with medical instruments; this is called dilation and evacuation, or D&E.

Procedural abortion differs from medication abortion, which uses tablets to empty the uterus. The procedure is usually brief, but assessment, cervical preparation, anaesthesia, and recovery make the visit longer.

Why the procedure is performed

A procedural abortion may be chosen when you decide not to continue a pregnancy. Your decision should be voluntary and free from pressure or coercion.

It may also be offered when:

Available options depend on pregnancy length, your health, local services, and applicable law.

- A pregnancy is affecting your physical or mental health
- Tests show a serious fetal condition
- Medication abortion is unsuitable, unavailable, or not preferred
- Medication abortion has not completely emptied the uterus
- You prefer a shorter, more predictable clinic procedure

Who should and should not have it

Procedural abortion may be suitable when an assessment confirms a pregnancy inside the uterus and you understand and consent to treatment. Later procedures usually require a specialist service.

It is not appropriate if you want to continue the pregnancy or have not freely agreed. It also does not treat an ectopic pregnancy, which develops outside the uterus and requires separate assessment and treatment.

The procedure may need to be delayed, modified, or performed in a hospital if you have:

These issues do not always prevent abortion, but may require extra testing or specialist care.

- A serious uncontrolled medical condition
- A bleeding disorder or take blood-thinning medicine
- An active pelvic infection requiring assessment
- An allergy or serious reaction to planned medicines
- A condition that makes sedation or anaesthesia less safe
- A pregnancy beyond the facility's treatment range

How to prepare

Follow your facility's instructions, as preparation varies by pregnancy length, procedure, and anaesthesia.

Tell the team about your medical conditions, allergies, previous pregnancies, and all medicines and supplements. This is especially important for blood thinners like warfarin or apixaban , insulin, and medicines that affect sedation. Do not stop prescribed medicine unless instructed.

You may have an ultrasound to confirm the pregnancy's location and length, and blood tests to check your blood group or for anaemia.

The cervix may be softened or opened using medicine or thin absorbent rods. Preparation may take several hours or begin the day before a later procedure.

If sedation or general anaesthesia is planned, follow fasting instructions exactly. Arrange for an adult to take you home if required.

What happens during the procedure

You will confirm that you understand the procedure and still want to continue before giving consent.

You usually lie on an examination table with your legs supported. A clinician inserts a speculum into the vagina to see the cervix.

Pain relief may include tablets, numbing medicine around the cervix, sedation, or general anaesthesia. Local anaesthetic allows you to remain awake; sedation makes you relaxed and sleepy; general anaesthesia makes you unconscious.

The cervix is gently opened. During vacuum aspiration, a narrow tube passes through the cervix and suction empties the uterus. During D&E, suction and medical instruments are used. Ultrasound may provide guidance.

Afterward, the team checks the uterus and monitors your bleeding, blood pressure, and comfort in a recovery area.

Recovery and what to expect afterward

Cramping is common and may resemble strong menstrual cramps, usually improving over several days. Use the recommended pain relief.

Bleeding or spotting may continue for days and can be irregular. Gentle activity is usually possible the same day, with activity increased as you feel able. Follow any specific restrictions from your facility.

Do not drive home after sedation or general anaesthesia. You may also need to avoid alcohol, machinery, driving, and important decisions for the period specified by the facility.

Many people return to work or school within one or two days, although later procedures, physical work, pain, or fatigue may require more time.

Pregnancy symptoms may take time to settle as hormone levels fall. Fertility can return quickly, so discuss contraception if you want to avoid another pregnancy.

Risks and possible complications

Procedural abortion is generally safe when performed by trained professionals, but possible complications include:

Risk varies with pregnancy length, the method used, and your health. An uncomplicated abortion does not usually reduce future fertility.

People may experience relief, sadness, or mixed emotions afterward. Support is available if wanted.

- Heavy bleeding
- Infection of the uterus or pelvis
- Pregnancy tissue remaining in the uterus
- Continuing pregnancy
- Injury to the cervix
- Perforation, or a small hole in the uterus
- A reaction to medicine, sedation, or anaesthesia
- The need for another procedure or, rarely, abdominal surgery

Results and follow up

The team can usually confirm completion the same day by examining the removed tissue, assessing the uterus, or using ultrasound. Laboratory results, if needed, may take several days.

Routine follow-up may not be necessary after an uncomplicated procedure, although your facility may arrange a phone call, pregnancy test, or appointment.

A home pregnancy test can remain positive while hormone levels fall. Follow the timing and test instructions provided. Contact the team if pregnancy symptoms do not improve, a test

remains positive when expected to be negative, or you have recovery concerns.

Alternatives

Medication abortion uses prescribed medicines rather than instruments. It may offer more privacy and sometimes occurs at home, but takes longer and causes cramping and bleeding outside the clinic. A procedure may still be needed if the uterus does not empty completely.

You may be able to choose another procedural method or type of anaesthesia. Local anaesthetic allows faster recovery but keeps you awake. Sedation or general anaesthesia reduces awareness but requires additional monitoring and restrictions.

Other options are continuing the pregnancy to parent, or considering adoption or kinship care. These options involve continuing pregnancy and childbirth.

If you are unsure, request non-directive counselling. Waiting may affect available methods or services, so ask about applicable time limits.

When to call your healthcare team

Contact your abortion provider promptly if you have bleeding that is becoming heavier, pain that does not improve with recommended medicine, fever, chills, unpleasant-smelling discharge, ongoing pregnancy symptoms, or a recovery that does not match your instructions.

Seek emergency care now if you:

Follow your facility's specific emergency thresholds because they know the details of your procedure.

- Are soaking pads rapidly or passing repeated large clots
- Faint, feel severely weak, or cannot stand safely
- Have severe or rapidly worsening abdominal pain
- Have trouble breathing, chest pain, confusion, or a severe allergic reaction

Common questions

Will I be asleep?

Not always. The procedure may use local anaesthetic while you are awake, sedation, or general anaesthesia. Options depend on the procedure, your health, and the facility.

Can I drive myself home?

Not after sedation or general anaesthesia. Arrange transport and, if instructed, an adult to stay with you. Ask whether driving is allowed after local anaesthetic alone.

How painful is it?

Cramping may range from pressure to strong menstrual-like pain. Cervical preparation can also cause cramps. Discuss pain relief and anaesthesia before consenting.

When will I know it worked?

The team can usually confirm completion immediately. Pregnancy symptoms and hormone levels take longer to disappear.

How long will I bleed?

Bleeding or spotting commonly continues for several days and may stop and restart. Contact your provider if it becomes heavy, increases, or occurs with worsening pain or fever.

Can I get pregnant again afterward?

Yes. Ovulation can return before your next period. Many contraceptive methods can be started around the time of the procedure.

Sources

- World Health Organization. Abortion care guideline . 2022
- National Institute for Health and Care Excellence. Abortion care: NICE guideline NG140 . 2019
- Royal College of Obstetricians and Gynaecologists. Best practice in abortion care . 2022
- American College of Obstetricians and Gynecologists. Induced Abortion
- NHS. Recovery after an abortion