

# Abortion:

## Choosing between medical or surgical abortion from 14 weeks up to 24 weeks

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Most women and girls who have an abortion can choose how it will be carried out. This decision aid can help you and your healthcare professional decide together which option is best for you. Your choice will depend on your individual circumstances and how you feel about the different options.

### What are the options?

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- **Medical abortion**

This involves taking 2 different medicines to end the pregnancy, usually 1 or 2 days apart. The pregnancy is passed through the vagina. This usually happens several hours after you take the second medicine, although most women need to take extra doses. You will not usually need to have an operation.

- **Surgical abortion**

This involves an operation. A suction tube or specialised instruments are used to remove the pregnancy from the womb. The operation does not take long to perform and most women go home the same day.

Most women have some bleeding and cramping for several days after either method, but these usually get better day by day. Having an abortion does not increase the risk of infertility, breast cancer or mental health issues.

**You can usually choose whether to have a medical or surgical abortion.** If your local service cannot provide your preferred method of abortion, they will refer you to a service that can.

**There are pros and cons to each option, which this decision aid will help your healthcare professional explain.** The tables on the following pages have more information about the options. They cover the things most women may want to know about. On page 9 you can write down how you feel about them.

**There may also be other things that are important to you.** Talk to your healthcare professional about all your concerns so that you can make an informed choice. This may include practical things, for example, if you have to travel a long distance to the clinic or hospital.

Frequently asked questions	Medical abortion	Surgical abortion
<p>What happens in this type of abortion?</p>	<p>You will take 2 different medicines, normally around 1 or 2 days apart.</p> <p>The pregnancy is passed through the vagina several hours after you take the second medicine. Most women need to take extra doses of the second medicine until the pregnancy passes.</p>	<p>You will have an operation to remove the pregnancy from the womb.</p> <p>Specialised instruments are inserted into the womb through the cervix (the opening to the womb from the vagina) to remove the pregnancy.</p> <p>The operation is done under deep sedation or general anaesthetic. Most women having deep sedation will not remember anything and will not be aware during the operation. If you have a general anaesthetic, you will be fully asleep during the operation and will not remember anything.</p> <p>Before the operation, the cervix is opened to make the operation easier. This is done in different ways, including 1 or more of the following:</p> <ul style="list-style-type: none"> <li>• having matchstick-sized rods (called absorbent dilators) put into the cervix, either several hours before the operation or the day before. The rods swell over time, gently opening the cervix</li> <li>• taking a medicine either a few hours before the operation or 1 to 2 days before, depending on the medicine used to open the cervix.</li> </ul>

Frequently asked questions	Medical abortion	Surgical abortion
<p>Where will the abortion take place?</p>	<p>It takes place in a clinic or hospital. You will need to stay in the clinic or hospital after taking the second medicine and pass the pregnancy before going home.</p> <p>You may be able to go home on the same day, but you may need to stay overnight.</p>	<p>It takes place in a clinic or hospital.</p> <p>You can normally go home on the same day, but you will normally need someone to accompany you.</p>
<p>Will I see the products of the pregnancy pass?</p>	<p>You will be awake and aware of the process. You may see the products of the pregnancy as they pass. Your healthcare professional can explain what this might involve depending on how far along your pregnancy is.</p>	<p>You will not usually see the products of the pregnancy, unless you choose to do so.</p>

Frequently asked questions	Medical abortion	Surgical abortion
<p><a href="#">Is the abortion painful?</a></p>	<p>It will probably be painful when you pass the pregnancy. The amount of pain will differ from woman to woman and will depend on how far along your pregnancy is. Your healthcare professional can explain this to you in more detail.</p> <p>You'll probably have some pain or cramping for a few days to a week after the abortion. The pain should get a little better each day. Painkillers should help, and some women find things like hot water bottles can also help.</p>	<p>If you have sedation the procedure might feel uncomfortable.</p> <p>If you have a general anaesthetic you will not be aware of what is happening and will not feel any pain until you are awake again.</p> <p>You'll probably have some pain or cramping for a few days to a week after the abortion. The pain should get a little better each day. Painkillers should help, and some women find things like hot water bottles can also help.</p>
<p><a href="#">How much bleeding will I get?</a></p>	<p>All women have vaginal bleeding during a medical abortion. This is usually heavier than your normal period.</p> <p>After passing the pregnancy, bleeding can last for about 12 days but should get lighter day by day.</p>	<p>All women have vaginal bleeding after a surgical abortion. This is usually heavier than your normal period.</p> <p>Bleeding can last for about 7 days but should get lighter day by day.</p>

Frequently asked questions	Medical abortion	Surgical abortion
<p>What other problems could I have during or shortly after the abortion?</p> <p>(The diagrams on page 10 might help make sense of the numbers.)</p>	<p>The medicines used for medical abortion can cause nausea, vomiting and diarrhoea. On average, 10 or more women in every 100 may get one or more of these (but not every woman does).</p> <p>Some women get other problems with the medicines, but these problems are less common. The medicines come with an information leaflet that lists all the known side effects they can cause.</p>	<p>Inserting the rods (absorbent dilators) requires a vaginal examination, like having a smear test. This can be uncomfortable. As the rods swell they can cause cramps like having a period.</p> <p>The medicines that can be used to open the cervix often cause nausea, vomiting and diarrhoea. On average, 10 or more women in every 100 may get one or more of these (but not every woman does).</p> <p>Some women get other problems with the medicines, but these problems are less common. The medicines come with an information leaflet that lists all the known problems they can cause.</p> <p>General anaesthetics can sometimes cause other problems. These are unlikely to happen unless you have particular medical problems, for example problems with your heart or breathing. Your healthcare professional will discuss these risks with you separately.</p> <p style="text-align: right;">Continued over page...</p>

Frequently asked questions	Medical abortion	Surgical abortion
<p data-bbox="98 180 636 308">What other problems could I have during or shortly after the abortion? (Continued)</p> <p data-bbox="98 323 636 411">(The diagrams on page 10 might help make sense of the numbers.)</p>	<p data-bbox="636 180 1391 268">On average, for every 100 women having a medical abortion:</p> <ul data-bbox="636 292 1391 930" style="list-style-type: none"> <li data-bbox="636 292 1391 547">• Between 1 and 10 women will have a severe bleed (so 90 to 99 will not). These numbers are not certain, and it is not possible to say for sure whether women are more likely to have a severe bleed with either medical or surgical abortion.</li> <li data-bbox="636 547 1391 722">• A small number of women will have an infection within a month of the abortion, although it's not possible to say for sure how many women get this.</li> <li data-bbox="636 722 1391 930">• A small number of women will have an injury to their womb, but it's not possible to say for sure how many women get this. This usually only occurs in women who have had a caesarean birth in the past.</li> </ul>	<p data-bbox="1391 180 2143 268">On average, for every 100 women having a surgical abortion:</p> <ul data-bbox="1391 292 2143 850" style="list-style-type: none"> <li data-bbox="1391 292 2143 547">• Between 1 and 10 women will have a severe bleed (so 90 to 99 will not). These numbers are not certain, and it is not possible to say for sure whether women are more likely to have a severe bleed with either medical or surgical abortion.</li> <li data-bbox="1391 547 2143 722">• A small number of women will have an infection within a month of the abortion, although it's not possible to say for sure how many women get this.</li> <li data-bbox="1391 722 2143 850">• A small number of women will have an injury to their cervix or womb, but it's not possible to say for sure how many women get this.</li> </ul>

Frequently asked questions	Medical abortion	Surgical abortion
Do I need to have a test to know if the abortion has been successful?	No further tests or appointments are usually needed.	No further tests or appointments are usually needed.
What do I need to do after the abortion?	<p>You should contact the clinic or hospital:</p> <ul style="list-style-type: none"> <li>• if the pain or bleeding is not getting better within a few days</li> <li>• if you still feel pregnant after about a week</li> <li>• if you have any signs of infection (including a temperature, flu-like feelings or unusual vaginal discharge)</li> <li>• if you have any other concerns.</li> </ul> <p>Women can usually return to normal activities as soon as they feel comfortable doing so, including taking a bath or shower, using tampons, exercising (including swimming), heavy lifting and resuming sexual intercourse.</p>	<p>You should contact the clinic or hospital:</p> <ul style="list-style-type: none"> <li>• if the pain or bleeding is not getting better within a few days</li> <li>• if you still feel pregnant after about a week</li> <li>• if you have any signs of infection (including a temperature, flu-like feelings or unusual vaginal discharge)</li> <li>• if you have any other concerns.</li> </ul> <p>Women can usually return to normal activities as soon as they feel comfortable doing so, including taking a bath or shower, using tampons, exercising (including swimming), heavy lifting and resuming sexual intercourse.</p>
<p>How likely am I to need another procedure to complete the abortion?</p> <p>(The diagrams on page 11 might help make sense of the numbers.)</p>	<p>Although medical abortion works well for most women, you are more likely to need another procedure to complete the abortion if you choose a medical abortion than if you have a surgical abortion.</p> <p>For every 100 women having a medical abortion, about 13 will need surgery to complete the abortion (so 87 women will not need surgery at all). These numbers are the best estimate, but we cannot be certain of the exact numbers.</p>	<p>You are less likely to need another procedure to complete the abortion if you choose a surgical abortion than if you have a medical abortion.</p> <p>For every 100 women having a surgical abortion, about 3 will need further surgery to complete the abortion (so 97 will not need further surgery). These numbers are the best estimate, but we cannot be certain of the exact numbers.</p>

# Other things to think about

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## Contraception after abortion

You can start contraception straight away after an abortion. You can choose whichever type of contraception is best for you, and your healthcare professional can help you decide.

There are long-acting reversible methods available, such as contraceptive injections or implants, and intrauterine contraceptives (an IUD [intrauterine device] or an IUS [intrauterine system]).

Other methods of contraception include oral contraceptives, contraceptive patches, vaginal rings or barrier contraception (for example, condoms).

If you would like the abortion service to provide you with contraception, ask them about your options and how your preferred choice can be organised. Choices include:

### After a medical abortion

- A contraceptive injection or a contraceptive implant can be given when you take the first medicine.
- An intrauterine contraceptive can be fitted after you have passed the pregnancy; it is recommended that this is done soon afterwards.
- A contraceptive pill started the same day that you pass the pregnancy.

### After a surgical abortion

- A contraceptive injection, contraceptive implant or an intrauterine contraceptive can be given or fitted at the same time as the procedure.
- A contraceptive pill started the same day as the procedure.

For a full list of contraception choices, see the [contraception section on the NHS website](#).



# How do you feel about the options?

The questions below can help you think about the issues covered by this decision aid and what matters most to you. You can use your answers when talking about the options with your healthcare professional.

What is the issue?	How important is this to me?			
	Very important	Important	Not that important	Not at all important
Where will the abortion take place?				
Will I see the pregnancy?				
Is the abortion painful?				
How much bleeding will I get?				
What other problems could I have?				
How likely am I to need another procedure to complete the abortion?				
What contraception options are available at the same time as or shortly after the abortion?				
Other things I want to talk to my healthcare professional about:				

# Chance of having a severe bleed

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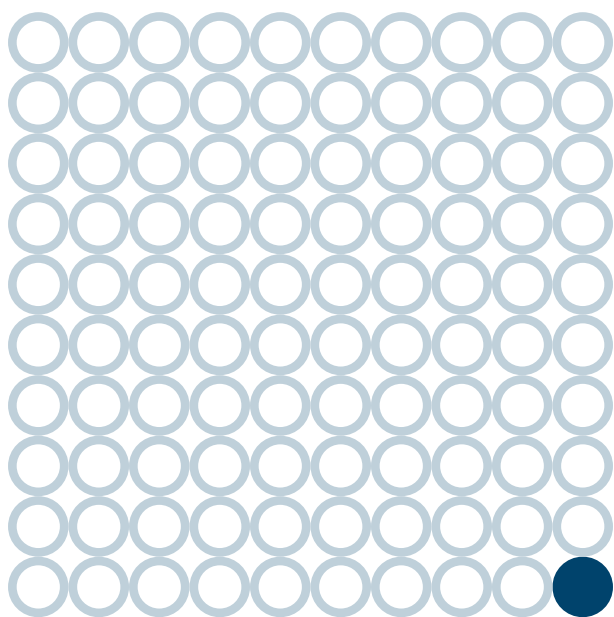
It is not possible to give very precise figures for the chances of you having a severe bleed, so this decision aid gives a general idea.

Between 1 and 10 women out of every 100 will have a severe bleed (so 90 to 99 will not) after either a medical or a surgical abortion. These numbers are not certain and it's not possible to say for sure whether women are more likely to have a severe bleed with either medical or surgical abortion.

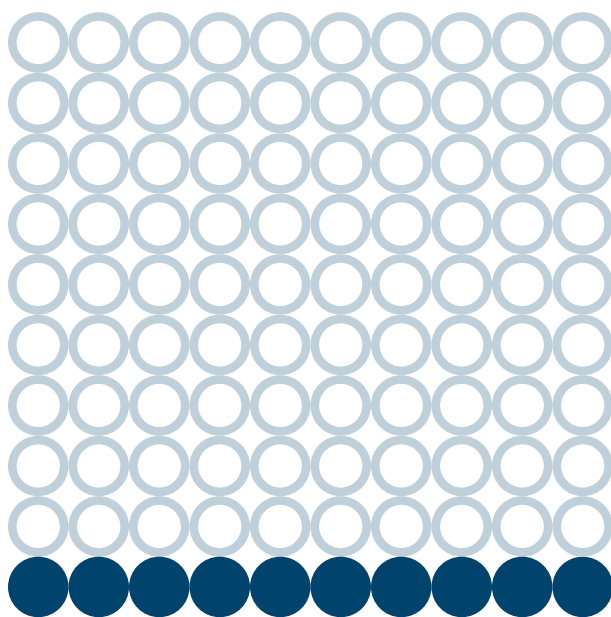
In the diagrams below, the women who have a severe bleed are shown as filled circles.

**It is not possible to know in advance what will happen to any individual woman**

**1 in 100**



**10 in 100**



# Needing another procedure to complete the abortion

It is not possible to know in advance what will happen to any individual woman

## Medical abortion before 14 weeks

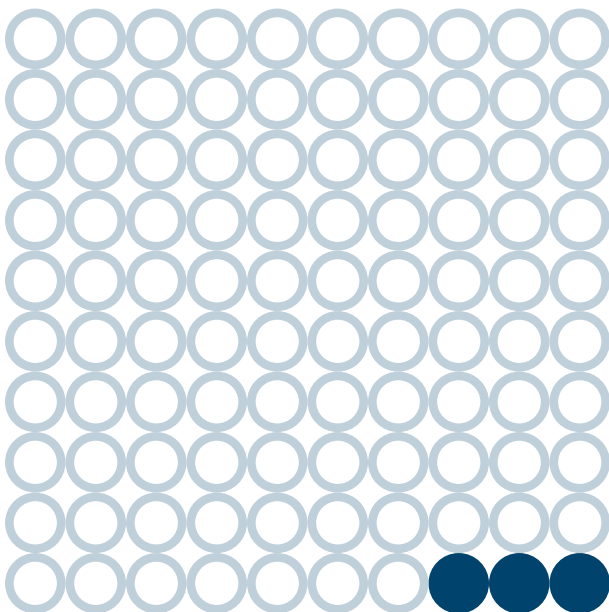


**On average**, for every 100 women who have medical abortion from 14 weeks up to 24 weeks:

● about 13 women need surgery to complete the abortion

○ about 87 women do not need surgery at all

## Surgical abortion before 14 weeks



**On average**, for every 100 women who have medical abortion from 14 weeks up to 24 weeks:

● about 3 women need further surgery to complete the abortion

○ about 97 women do not need further surgery

# About this patient decision aid

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This decision aid was developed in line with the [NICE process guide for decision aids](#), with an oversight group that included clinical and patient experts. A wide range of stakeholders, including patient and professional groups, was invited to comment on an earlier draft. The content is based on the best available evidence and the oversight group's experience and expertise.

More information about how this decision aid was produced and the evidence on which it is based is available on the [NICE website](#).

NICE has also produced a [decision aid on abortion before 14 weeks](#), available on the NICE website.