

Kensington Clinic

Booking and confirming your appointment.

All appointments must be booked by phone by the woman requesting the procedure. Bookings will only be accepted by third parties if there is a language barrier. If this is the case, the woman requesting the procedure must be present when the call is made.

Please have your health care insurance number and the date of the first day of your last normal menstrual period available when you call. It is very important that you tell us about any medical conditions, communicable diseases and drug allergies that you have, so that we may give you proper care.

You will be required to get a blood test done before you come to the clinic. The clinic will arrange this for you.

If you do not know when your last period was, or you are over 12 weeks pregnant, or you live outside the Calgary area, you will be required to have an ultrasound before your appointment. This can be arranged at this clinic or through your own doctor.

Confirming the appointment

You will be given a date on which to call us to confirm your appointment. You must call on this date before noon or your appointment will be automatically cancelled. Below is information and instructions you need to follow before the procedure.

- You cannot have any food or drink 5 hours prior to your appointment. If you are here for a two-day procedure, you do not have to fast the first day, but you do have to fast on the second day. **If you do not follow these fasting instructions your appointment will be cancelled.**
- The procedure is done under local anaesthetic with intravenous sedation. You will be drowsy but may not be completely asleep.
- Medications may cause mental impairment, therefore you cannot drive for 24 hours after the procedure and you cannot use public transportation or walk unless you have an escort.
- Make sure you have a ride home. Your escort must be at the clinic to get you no later than 4:00 p.m.
- You may bring one person to the clinic. No children are allowed.
- If you are less than 15 weeks pregnant you will be in the clinic for 2 to 3 hours. If you are 15 weeks pregnant or more you may be in the clinic for 4-5 hours or may need to be seen over two appointments, and be at the clinic for 2 hours each day. When you book your appointment the receptionist will know how long you will be at the clinic.
- Have a bath or shower the night before or in the morning.
- Do not wear any perfume or cologne.
- Wear loose clothing including a short sleeved T-shirt and a pair of socks.
- Continue taking any medications you are on and bring your medication with you.
- Do not take any aspirin (ASA), alcohol, or street drugs 24 hours before your appointment.
- If we do not receive your blood tests by the day of your procedure, your appointment will be cancelled.
- Bring your health care insurance card and photo identification. You will not be admitted to the clinic without these.
- If you do not have health care insurance and are paying for the procedure, payment must be made in full before the procedure. The clinic accepts cash, debit card, major credit cards, money orders.
- Intrauterine devices , EVRA patches, Nuva Ring, Emergency Contraception are available for a fee.

RISKS OF THE ABORTION PROCEDURE

- 1. Infection**

Infection in the uterus (endometritis) occurs in about 0.1% of cases in the first trimester and 0.4% in the second trimester. Symptoms of infection can include pelvic pain, fever and foul odor. This is treated with antibiotics and sometimes a repeat aspiration. There is a small chance that hospitalization for IV antibiotics, a D&C, or other surgery may be necessary.
- 2. Incomplete abortion**

An incomplete abortion means that the pregnancy has ended but pregnancy tissue remains in the uterus. Symptoms of an incomplete abortion include increased bleeding and passing of clots, increased cramps and possibly infection. If this complication occurs, it could require a repeat aspiration or a D&C in a clinic or hospital.
- 3. Continued pregnancy or failed abortion**

Failed abortion is rare and usually due to a bicornuate (divided or heart-shaped) uterus, very early pregnancy, or ectopic pregnancy. Sometimes the physician is unable to remove the pregnancy. It is important for the patient to return to the clinic or her doctor if she still feels pregnant or fails to get her period within 8 weeks after the abortion. If this happens an appointment may be made for another attempt, or the patient may be referred to the hospital. A tubal (ectopic) pregnancy is not ended by abortion and may require an abdominal operation to remove it.
- 4. Perforation of the uterus.**

Perforation of the uterus occurs when an instrument goes through the wall of the uterus during the procedure. It is uncommon but potentially serious as it could damage internal organs such as intestines, bladder, or blood vessels. Treatment may consist of observation, laparoscopy, or abdominal surgery. In rare cases hysterectomy (removal of the uterus) may result.
- 5. Cervical tear**

Cervical tears are caused by instruments used during the procedure. A tear may be treated with topical medications or stitches in the cervix, or may require transfer to hospital for repair if severe.
- 6. Allergic reactions**

Allergic reactions can be due to the local anesthetic, sedation, latex or other materials that the patient comes in contact with. If a reaction occurs, the medical staff treat the patient utilizing standard medical protocols. A severe reaction may result in transfer to the hospital.
- 7. Blood clots accumulating in uterus (Hematometra)**

This occurs when blood clots are produced faster than the uterus can expel them, resulting in blood filling up the uterus. The patient will feel bloated and have severe cramps. The treatment is a repeat aspiration to remove the blood and clots from the uterus.
- 8. Hemorrhage**

Hemorrhage or excessive bleeding can result from cervical laceration, perforation, retained tissue, uterine atony or rupture, coagulopathy and other abnormalities of the uterus or placenta. Hemorrhage may require treatment by medications, repeat aspiration in the clinic. Transfer to hospital may be necessary for a D&C or other surgery and may require blood transfusions.
- 9. Death**

The risk of death from induced abortion is negligible. This should be compared with the risk of death from a full-term pregnancy and childbirth, which is twelve times greater than that from early abortion. Gestational age is the most important risk factor with fewer abortion-related deaths occurring in the first trimester than the second trimester. These deaths are due to hemorrhage, infection, and to a lesser extent anaesthesia as general anaesthesia has become safer and less widely used.