

# Verifying successful aspiration,

Ellen Wiebe

University of British Columbia,  
Vancouver, CANADA



# NAF 2009 surgical complications

n=235,942

|                      |      |       |
|----------------------|------|-------|
| Failure              | 242  | 0.10% |
| Retained tissue      | 1199 | 0.51% |
| Unrecognized ectopic | 19   | 0.01% |
| Infection            | 82   | 0.03% |
| Hemorrhage           | 57   | 0.02% |
| Uterine injury       | 77   | 0.03% |
| Embolism             | 1    | 0.00% |
| Anesthesia           | 33   | 0.01% |
| other                | 134  | 0.06% |

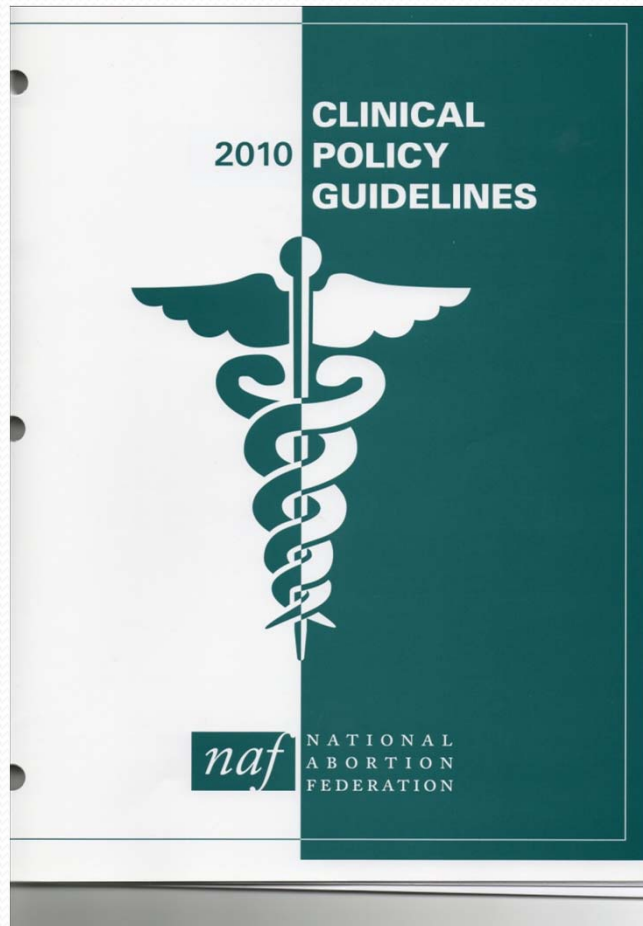
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# National Abortion Federation





# EVALUATION OF EVACUATED UTERINE CONTENTS

- **Policy Statement:** Complete removal and identification of products of conception help prevent complications of abortion.

# EVALUATION OF EVACUATED UTERINE CONTENTS

## Standard 1:

**Completion of abortion must be confirmed prior to the woman leaving the facility.**

When a fetal pole is not seen with pre-procedure ultrasound, evacuated uterine contents must be examined before the woman leaves the facility.

In other cases **either tissue exam or ultrasound** must be used to confirm evacuation.



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When a fetal pole is not seen with pre-procedure ultrasound, evacuated uterine contents must be examined before the woman leaves the facility.

In other cases either tissue exam or ultrasound must be used to confirm evacuation.

**Recommendation 1.1:** Evacuated uterine contents should be examined before the woman leaves the facility.

**Recommendation 1.2:** In first trimester terminations, floatation of tissue with backlighting should be used to identify products of conception, including gestational sac.



## EVALUATION OF EVACUATED UTERINE CONTENTS

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**Recommendation 2.1:** Follow-up pelvic ultrasonographic examination should be considered.

**Recommendation 2.2:** Resuctioning should be considered.

**Recommendation 2.3:** Serial quantitative hCG or sensitive urine pregnancy tests should be considered.



## EVALUATION OF EVACUATED UTERINE CONTENTS

**Standard 3:** If insufficient tissue is present after adequate patient evaluation, a protocol to rule out ectopic pregnancy must be followed, and the patient must be informed of symptoms and dangers of ectopic pregnancy.



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- **Standard 3:** If insufficient tissue is present after adequate patient evaluation, a protocol to rule out ectopic pregnancy must be followed, and the patient must be informed of symptoms and dangers of ectopic pregnancy.
- **Recommendation 3.1:** If the uterine cavity is determined to be empty, serial quantitative hCG tests should be measured.

## EVALUATION OF EVACUATED UTERINE CONTENTS

**Standard 4:** The patient must not be released from follow-up until the diagnosis of ectopic of ectopic pregnancy has been excluded or an appropriated referral has been documented.



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**Standard 4:** The patient must not be released from follow-up until the diagnosis of ectopic pregnancy has been excluded or an appropriated referral has been documented.

**Recommendation 4.1:** A 48-hour post-procedure serum quantitative hCG test should be done. If there is a decrease of 50% or more, no further ectopic follow up is necessary.

**Recommendation 4.2:** If 48-hour post –procedure serum quantitative hCG testing shows no change, or a subnormal increase in value, ectopic pregnancy evaluation and definitive treatment should be instituted and documented, or a referral made and documented.



## EVALUATION OF EVACUATED UTERINE CONTENTS

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**Recommendation 5.1:** If the above are not identified, ultrasonographic evaluation and repeat uterine exploration under ultrasound guidance should be considered.

**Recommendation 5.2:** The clinician should continue care of the patient until completion of the abortion has been determined.



# Intra-operative scanning (abd)





# Post-operative scanning (vag)

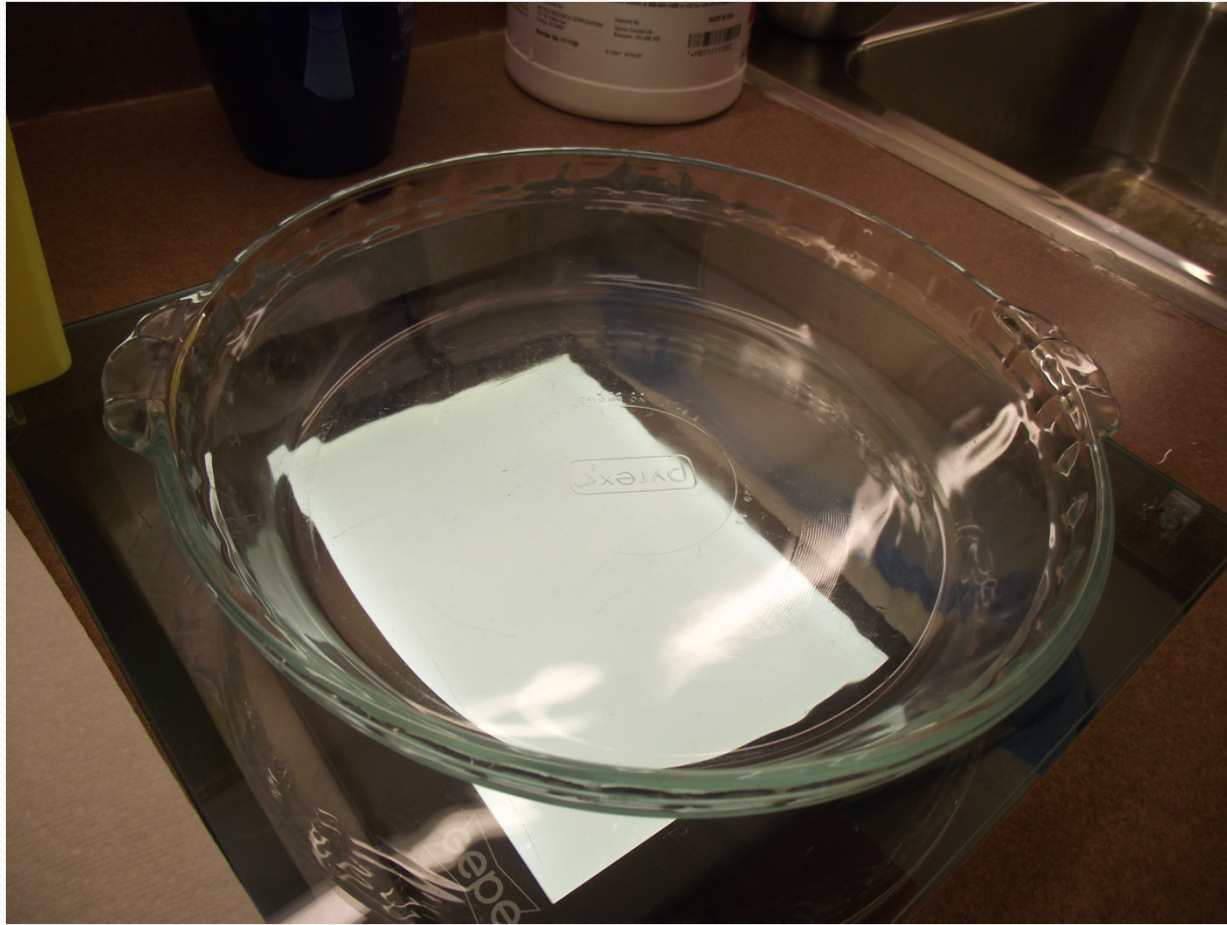


# Wash products





# Back light





6 weeks 4 days pre-op

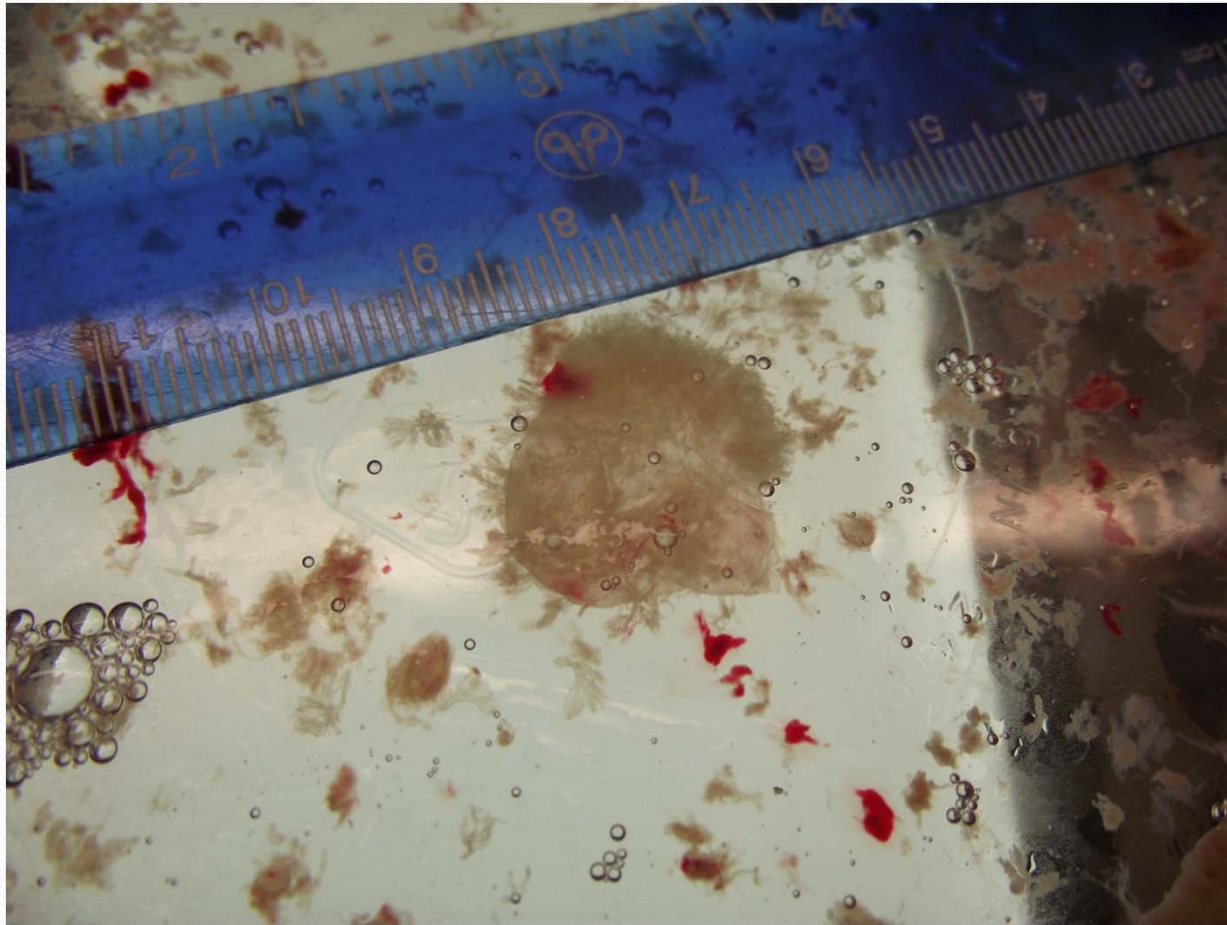


# Post-op



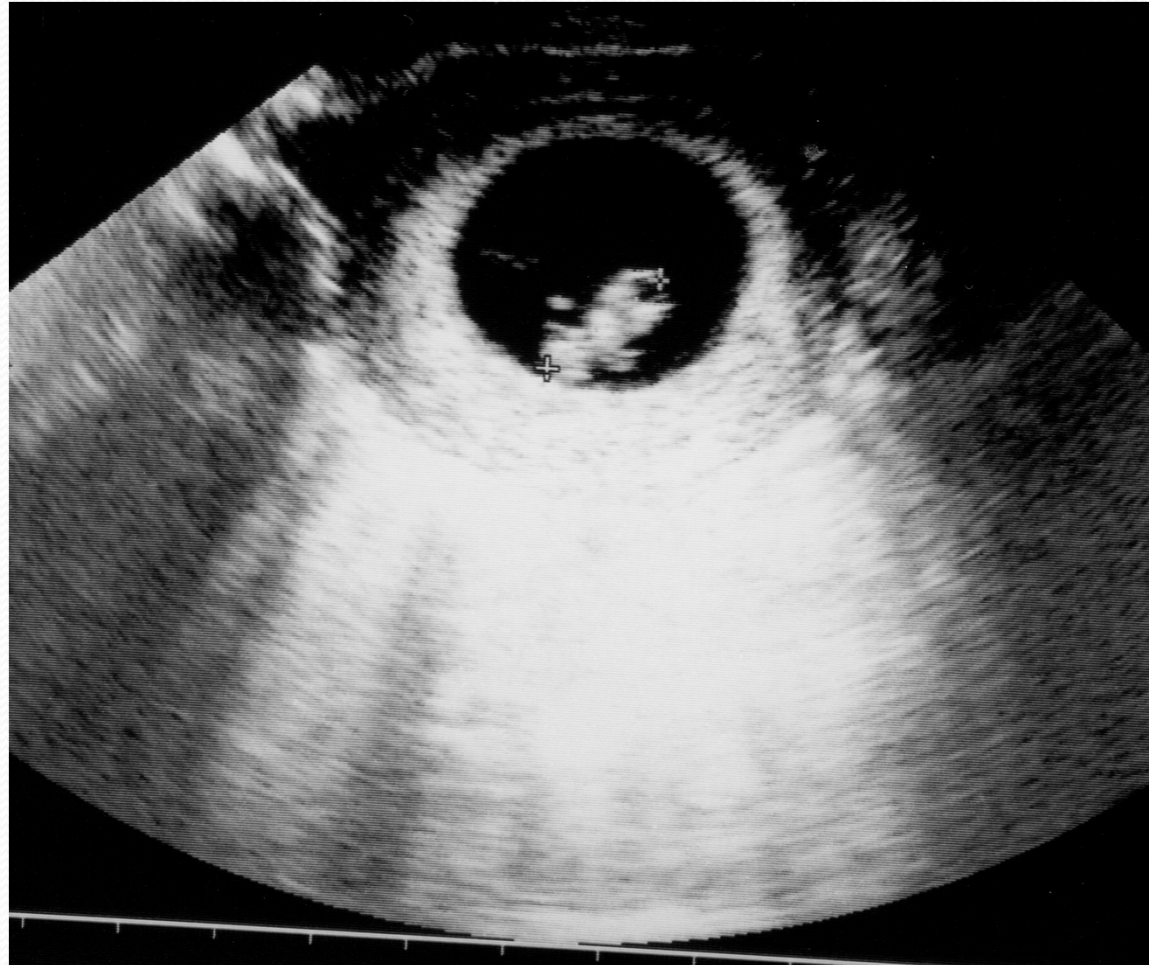


# Sac with villi





8 weeks 1 day pre-op

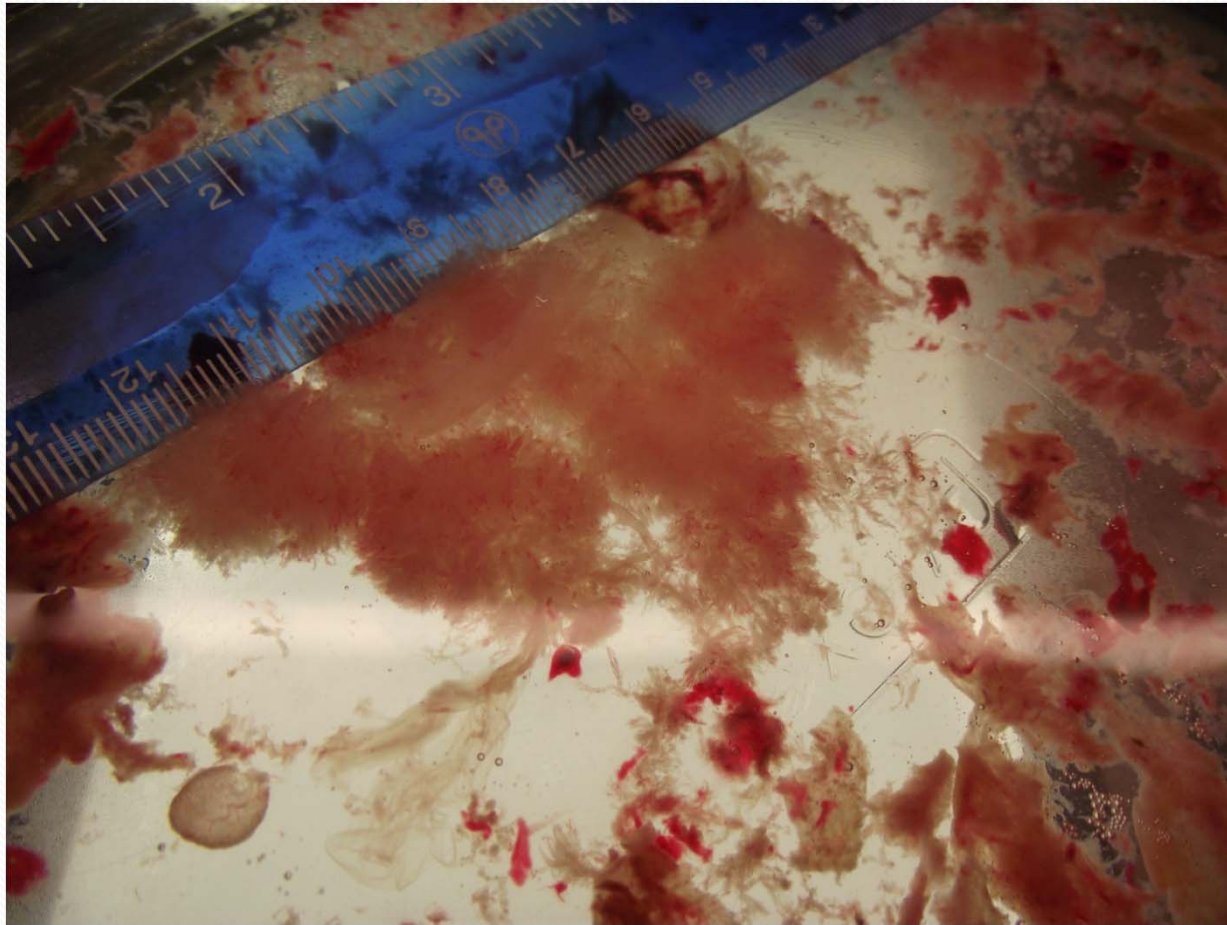


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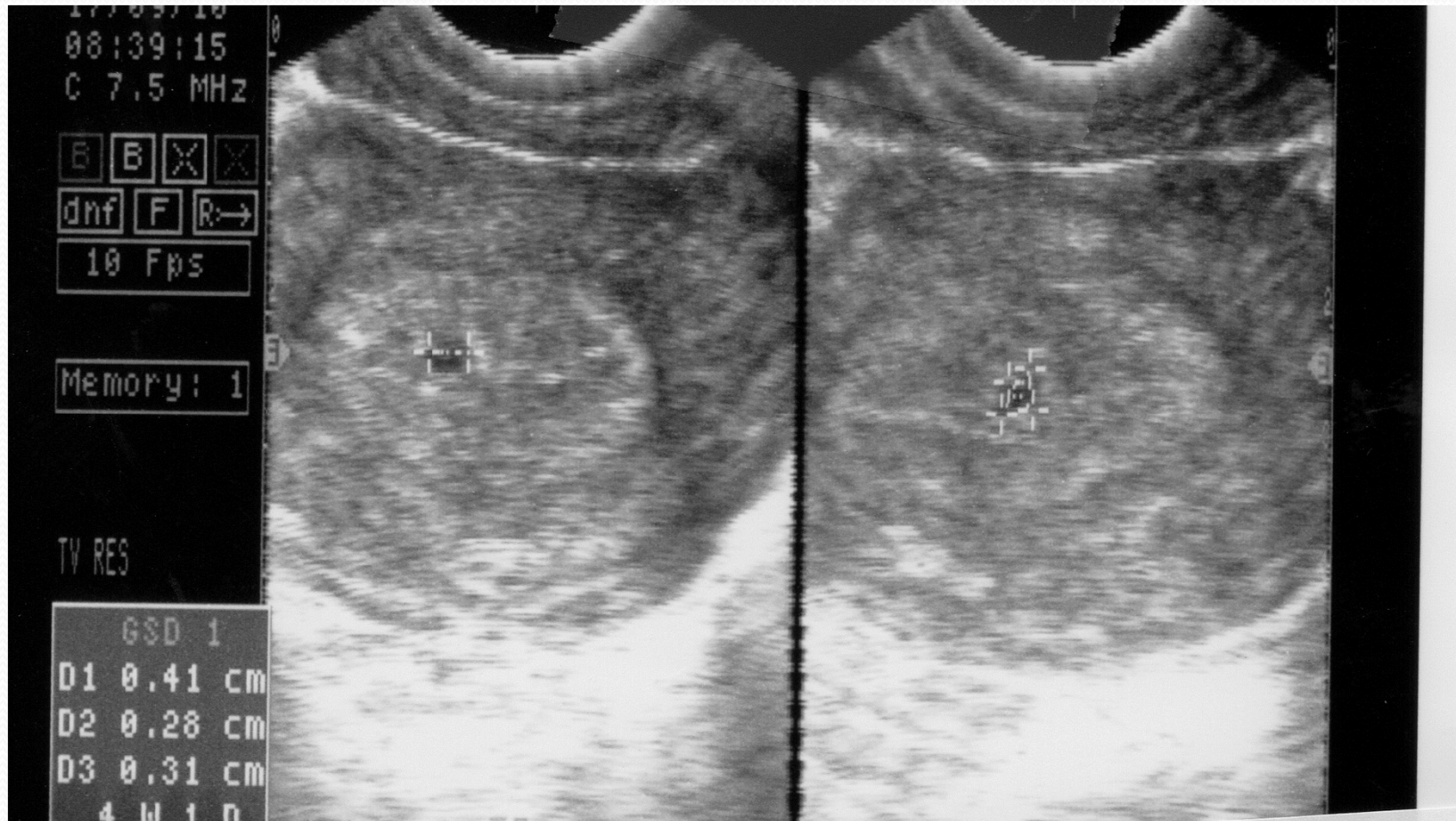


# 8 week sac

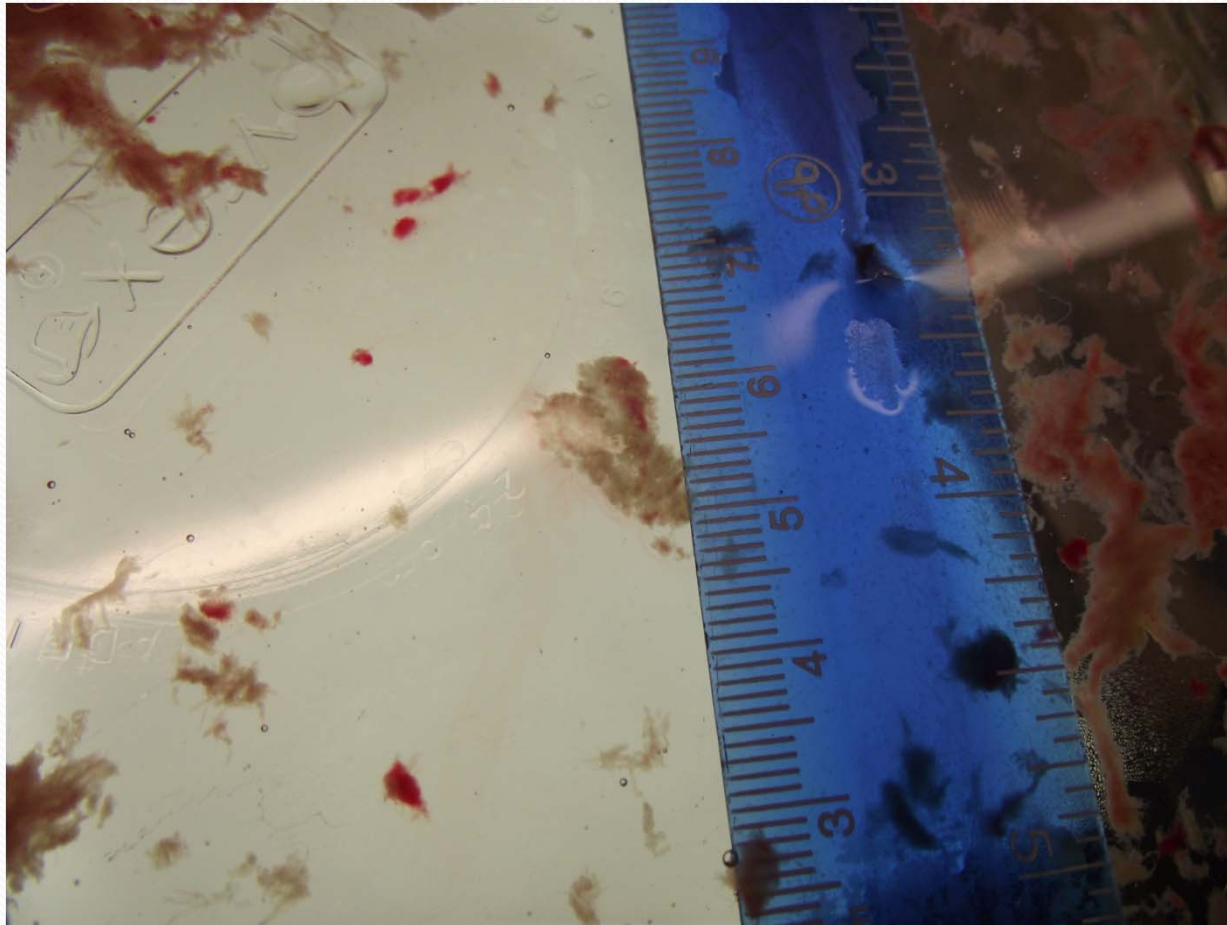




# 4 weeks 5 days pre-op



# Inadequate tissue





# $\beta$ - HCG Rate of Decline

- $\beta$  -HCG - positive for up to 4 weeks
- $\beta$  -HCG decreases by at least 48% every 24 hours following expulsion

*AJOG 174(2):776-778, February 1996. Creinin, Mitchell D. MD*

# Summary

- Most complications can be avoided if the uterus is verified to be empty AND that the pregnancy is removed
- Post-op ultrasound, examination of products and serial beta HCG are all methods of verifying completion