# SURGICAL ABORTION UNDER LOCAL ANESTHESIA IN FRANCE



# ABORTIONS in FRANCE numbers

- 200,000/year. Every woman has along her life an undesired pregnancy, and once/twice, she may choose to interrupt it (Leridon H. 1992).
- For the majority of women, abortion is a one time occurrence.
- The rate is 14/1000 women in their reproductive years.



# Recommendations and established fact in France

- Medical method is recommended up to 7 wa.
- Surgical aspiration, from 7 to 14 wa (LA or GA).
- Unlike other «developed » countries, in France, GA is most frequently used and is increasing.



# Management of surgical abortions in France

- Important variations depend on the type of hospital : in private clinics 66 % are aspirations (34% MA), 100% GA ; in public hospital the rate of LA varies from one unit to the other.
- Huge geographic differences - the use of GA ranges from 15 to 95 %.

# Evolution of the instrumental abortions : GA / LA (SAE)

| année | total IVG instrumentales | Nb total d'IVG | dont nb d'IVG avec anesthésie générale | dont nb d'IVG avec anesthésie locale |
|---|---|---|---|---|
| 2004 | 129 253 | 219 703 | 86 581 | 42 672 |
| | 59% | | 67% | 33% |
| 2003 | 131 951 | 213 352 | 85 770 | 46 181 |
| | 62% | | 65% | 35% |
| 2002 | 142 010 | 217 968 | 89 312 | 52 698 |
| | 65% | | 63% | 37% |
| 2001 | 147 629 | 210 368 | 86 053 | 61 576 |
| | 70% | | 59% | 41% |
| 2000 | 146 143 | 201 398 | 69 262 | 77 881 |
| | 72% | | 47% | 53% |



# Mortality and morbidity LA/GA

- Mortality depends on the method of anesthesia (Peterson and al, 1981, EMC, 1998): GA : 0,58/100000, LA : 0,15/100000.
- Morbidity : specific complications of surgical procedure increase under GA /LA (Grimes and al, 1979).

✓ uterine hemorraghe (0,08 to 1,5%)

✓ uterine perforation (0,4 to 0,9%)

✓ cervical injury (<1%).

- These data need to be reevaluated ( ANAES 2001).



# Optimal conditions for abortion under LA

- Generally, a well informed woman chooses LA.
- A well trained operator is paramount
- a listening operator allows the woman to express herself
- A member of the team is near the woman during the procedure
- Consistency of client contact is important. If possible, the same doctor should be present at the first consultation,perform the surgery and conduct the control consultation
- The operation room ambience should be reassuring.
- No need of IV fluid or fast.



# Why local anesthesia ? The pre abortion consultation

- The doctor helps the woman in her choice of anesthesia's mode.
- He/she gives clear informations about the method, the procedure's lenght
- He/she explains what to expect during the procedure (i.e the difference between pain and sensations)

# When propose a general anesthesia

- Impossible or difficult gynaecologic examination
- Great anxiety
- Impossible communication
- Sexual abuse history
- 12 to 14 wa pregnancies are not an indication for systematic GA



# Preparation prior aspiration Medical dilators

- Recommended (Who2003) after 9 wa, for nulliparous women, women under 18, pregnancy>12 wa
- Most of the teams use them systematically because they make the procedure easier, quicker,painless, more comfortable for the woman and the operator.



# Medical dilators

- Misoprostol, 400 microg orally or sublingual 2 or 3 hours before procedure.
- Mifepristone, 200mg orally 36 or 48 hours before procedure.
- Mifepristone and misoprostol for pregnancies >12 wa.
- Compare to misoprostol,the side effects with mifepristone are rare, the dilation is more efficient, but the cost higher.



# Preparation prior aspiration Prevention of the pain

- NSAI(Who, 2003) : efficient against pain due to the contraction after suction. Ibuprofen 400mg is systematically used 1 or 2 hours before suction by many teams.
- NITROUS OXIDE ( Kalinox*), in auto inhalation. It is already used in emergency room, pediatrics or hematology for painful procedures. Drowsiness and dizziness are the most common side effects.

# Factors which increase Perceived Pain

(Anaes 2001, Who 2003)

- Heavy dysmenorrhea, young age
- Pregnancy under 7 wa
- Woman's distress
- Interval less than 2 minutes between LA and dilation
- Lack of choice between LA and GA
- These factors are not contra indications for LA



# Factors decreasing the pain

(WHO 2003)

- Natural childbirth
- Empathetic attitude from the staff toward the woman
- Friend or choosen person present



# Pain in abortion under lA

- The pain expressed by the woman doesn't necessarily mean physical pain but often psychic pain which may be good to express
- The doctor doing the procedure has to accept that expression
- Actually, perceived pain is moderate is or well tolerated for 60% (ANAES march 2001)



# WHY LA ?
# The technique is simple

- A 20cc seringe
- A needle for lumbar ponction or for paracervical block
- 1% lignocaïne +/- adrenalin (3ml/kg,20cc)
- Intra cervical injections or paracervical block or both.

# Local anesthesia side effects

- Tachycardia
- Paleness
- Shaking
- Inform the woman about the transitory aspect of these side effects
- Reassuring support speeds reversibility



# Is ambulatory abortion possible?

- Vital risks are insignificant and linked to GA.
- Severe hemorrages range from 0,07 to 0,12% according to recent studies.
- 2 recent french studies on abortion under LA <14wa made by well trained operators, show no severe complications or transfusion necessity (Thonneau P. and al,1998, Bacle F.and al, 2005).



# IN CONCLUSION

- In France, LA should always be proposed to women even above 12 wa
- Medical students should be trained to the technique during there studies.
- LA is very often choosen by women when explained.
- LA is a hospitalization's time saving.
- LA is a cost saving technique.