

COMPARISON OF MEDICAL AND SURGICAL ABORTION

Medical Abortion with Mifepristone - Misoprostol

Surgical Vacuum Aspiration Abortion

How far along in the pregnancy can I be?	Up to 10 weeks for best success (97%). Success rates decrease as the pregnancy advances.	First trimester is through 12 weeks. A pregnancy less than 6 weeks may increase the chance of failed abortion.
How long does it take?	<ul style="list-style-type: none"> -Usually 2 or more visits to the provider. -Take mifepristone on day 1. -Take misoprostol buccally on day 2, 3, or 4. -It usually takes several hours for the abortion to occur. -Follow-up appointment scheduled one week from first appointment. 	<ul style="list-style-type: none"> -One 3-4 hour visit to the clinic. -The abortion procedure takes 3 to 5 minutes. -Follow-up visit at your personal doctor or clinic, or here, in 3-4 weeks.
How painful is it?	From mild to very strong cramping off and on throughout the abortion (commonly a 1 to 3 hour period). Pain pills are provided for use as needed.	From mild to very strong cramping during the abortion (commonly a 5 to 10 minute period). Pain medication is available during and afterwards.
How much will I bleed?	Heavy bleeding and passing clots is common during the abortion. Afterwards, lighter bleeding or spotting is common for 4 weeks or longer.	Usually light to moderate bleeding which may continue for up to 3-4 weeks.
How much does it cost?	\$600 at Cedar River Clinics, at the bottom of our sliding fee scale, if you qualify. Most insurance, including DSHS, can be used.	\$600 (up to 12.0 weeks) at the bottom of our sliding fee scale, if you qualify. Most insurance, including DSHS, can be used.
Can the abortion fail?	97% successful. When it fails, a surgical abortion is necessary.	Over 99% successful. Less than 1% of the time it fails and needs to be repeated.
Is it safe, and can I still have children afterwards?	<ul style="list-style-type: none"> -Both medications have been formally studied and used safely. Possible complications are rare. -Childbearing ability is not affected, barring rare serious complications. 	<ul style="list-style-type: none"> -Surgical abortion has been formally studied for over 25 years. First trimester abortion has less than 1% complication rate, and is at least 10 times safer than childbirth. -Childbearing ability is not affected, barring rare serious complications.
What are the advantages?	<ul style="list-style-type: none"> -It may seem more natural, like a miscarriage. -No shots, anesthesia, instruments, or vacuum aspirator machine, unless it fails. -The pregnancy can be ended earlier than a Surgical Abortion can be performed. -Being at home instead of a clinic may seem more comforting and private. -Any support person can be there during the abortion process. 	<ul style="list-style-type: none"> -It's quick, over in a few minutes. -It's highly successful. -There's less bleeding than with Medical Abortion. -There's less time spent cramping than with Medical Abortion. -Medical staff is present. -It can be done farther along in the pregnancy than Medical Abortion.
What are the disadvantages?	<ul style="list-style-type: none"> -It takes several days. -It is not completely predictable. -Bleeding can be very heavy and lasts longer than with a surgical. -Cramping can be severe and usually lasts longer than with a surgical. -Two visits to the provider are necessary, and possibly more. -Although incomplete abortion is rare, it occurs slightly more frequently with Medical than with Surgical Abortion. 	<ul style="list-style-type: none"> -A clinician must insert instruments inside the uterus. -Anesthetics and drugs to manage pain during the procedure may cause side effects. -There are possible complications, although in less than 1% of cases. -The woman has less control over the abortion process and who is with her. -The vacuum aspirator may seem noisy. -It can't be done as early in the pregnancy as with Medical Abortion.