Comparing 200 µg and 400 µg sublingual misoprostol for cervical priming prior to first trimester surgical abortion; a Dutch single center clinical pilot
30,000 abortions
91% in clinics
14 clinics
5 first trimester clinics
2nd trimester AM: 22 weeks
Pilot 1st trimester clinic
FIAPAC 2016
Consider priming with misoprostol in all first trimester surgical abortions. Involve parity, age and the patient wish.

Prime always with misoprostol in surgical abortions $\geq$ 9 weeks of gestation.
200 µg misoprostol sublingual is as effective as 400 µg misoprostol sublingual. No difference in cervical dilatation.

200 µg misoprostol sublingual shows fewer side effects comparison to 400 µg misoprostol sublingual.
Population

- Women requesting a surgical abortion between 5 - 13 weeks of gestation
- Allocated dose of misoprostol (200 µg or 400 µg) sublingual was self-administered 1 hour prior to treatment
- Vacuum aspiration performed under local or intravenous (general or Ultiva) anaesthesia
- Exclusion: breastfeeding and any contraindication for misoprostol
Primary outcome: efficacy parameter

- Cervical dilatation:
  - The complexity of the procedure
  - on a scale from 1 to 5.

  1 very stiff / 2 stiff / 3 normal / 4 flexible / 5 very flexible
Secondary outcome: Side effects

- Spontaneously reported
- Pain registration by VAS; before, during and after treatment
Registration Form

Case Report Form MISO Trial

Client number: _____________________________

Q: __________ P: APLA: __________ Sect(s): __________

Anesthesia: Lokaal / Intraweenus

Leeftijd: _______ AM: __________

Missproef: 1 / 2

Meetablet 1 - vóór de behandeling:

Heeft u momenteel regelmatig last van 1 klacht en waarvan?

________________________________________________________________________

Hoe scoort u de eventuele belasting die u momenteel mogelijk ervaart?

________________________________________________________________________

Meetablet 2 - verwachtje al in opruim behandelings: 

Niet voor cliënten met intraweenus anesthesie

________________________________________________________________________

Meetablet 3 - de behandeling: 

Niet voor cliënten met intraweenus anesthesie

0 1 2 3 4 5 6 7 8 9 10
De pijnscorekaart.

Naar behandeld arts:

Meetablet 4 - direct na de behandeling:

0 1 2 3 4 5 6 7 8 9 10
De pijnscorekaart.

Meetablet 5 - vóór het ontbijt

0 1 2 3 4 5 6 7 8 9 10
De pijnscorekaart.

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# Main results

## October 2014 - June 2015

<table>
<thead>
<tr>
<th></th>
<th>Local (1)</th>
<th>Local (2)</th>
<th>Ultiva (1)</th>
<th>Ultiva (2)</th>
<th>Total (1)</th>
<th>Total (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Included</strong></td>
<td>45</td>
<td>46</td>
<td>16</td>
<td>18</td>
<td>99</td>
<td>90</td>
</tr>
<tr>
<td><strong>Average age</strong></td>
<td>32.7</td>
<td>31.5</td>
<td>31.6</td>
<td>29.7</td>
<td>25.6</td>
<td>26.3</td>
</tr>
<tr>
<td><strong>Average gestation</strong></td>
<td>46.8</td>
<td>49.0</td>
<td>54.9</td>
<td>52.4</td>
<td>59.0</td>
<td>58.2</td>
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<tr>
<td><strong>Average G</strong></td>
<td>3.4</td>
<td>2.8</td>
<td>2.8</td>
<td>2.3</td>
<td>2.5</td>
<td>2.3</td>
</tr>
<tr>
<td><strong>Average P</strong></td>
<td>1.7</td>
<td>1.3</td>
<td>1.3</td>
<td>0.9</td>
<td>0.9</td>
<td>0.9</td>
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<tr>
<td><strong>Average APLA</strong></td>
<td>0.5</td>
<td>0.3</td>
<td>0.3</td>
<td>0.3</td>
<td>0.4</td>
<td>0.3</td>
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<tr>
<td><strong>Average Sectio</strong></td>
<td>0.2</td>
<td>0.2</td>
<td>0.3</td>
<td>0.2</td>
<td>0.1</td>
<td>0.1</td>
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</tbody>
</table>
Miso Pilot Dilatatie

Behandeling Miso 1 vs Miso 2
## Side effects

<table>
<thead>
<tr>
<th></th>
<th>MISO 1</th>
<th>MISO 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total side effects</td>
<td>145</td>
<td>162</td>
</tr>
<tr>
<td>Abdominal pain</td>
<td>91</td>
<td>92</td>
</tr>
<tr>
<td>Shivering</td>
<td>13</td>
<td>19</td>
</tr>
<tr>
<td>Throat / mouth</td>
<td>15</td>
<td>17</td>
</tr>
<tr>
<td>Nausea</td>
<td>7</td>
<td>16</td>
</tr>
<tr>
<td>Dizzy</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Remaining</td>
<td>14</td>
<td>14</td>
</tr>
<tr>
<td>No side effects</td>
<td>46</td>
<td>29</td>
</tr>
</tbody>
</table>
Conclusion

This pilot indicates 200 µg misoprostol can be used for cervical priming prior to first trimester surgical abortion as the results showed fewer side effects but no difference in cervical dilatation in comparison to 400 µg misoprostol
Limitations

- Efficacy measurement
- Double blind
- Complication follow up

- Randomized, doubleblind, multicentre trial