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)

<table>
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<th>Year</th>
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<th>GA complications</th>
<th>LA cases</th>
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Mortality and morbidity LA/GA

- Morbidity : specific complications of surgical procedure increase under GA /LA (Grimes and al, 1979).
  - uterine hemorrhage (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 length
- 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

- Heavy dysmenorrhea, young age
- Pregnancy under 7 weeks
- 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 chosen 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 punction 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 hemorrhages 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 their studies.
- LA is very often chosen by women when explained.
- LA is a hospitalization’s time saving.
- LA is a cost saving technique.