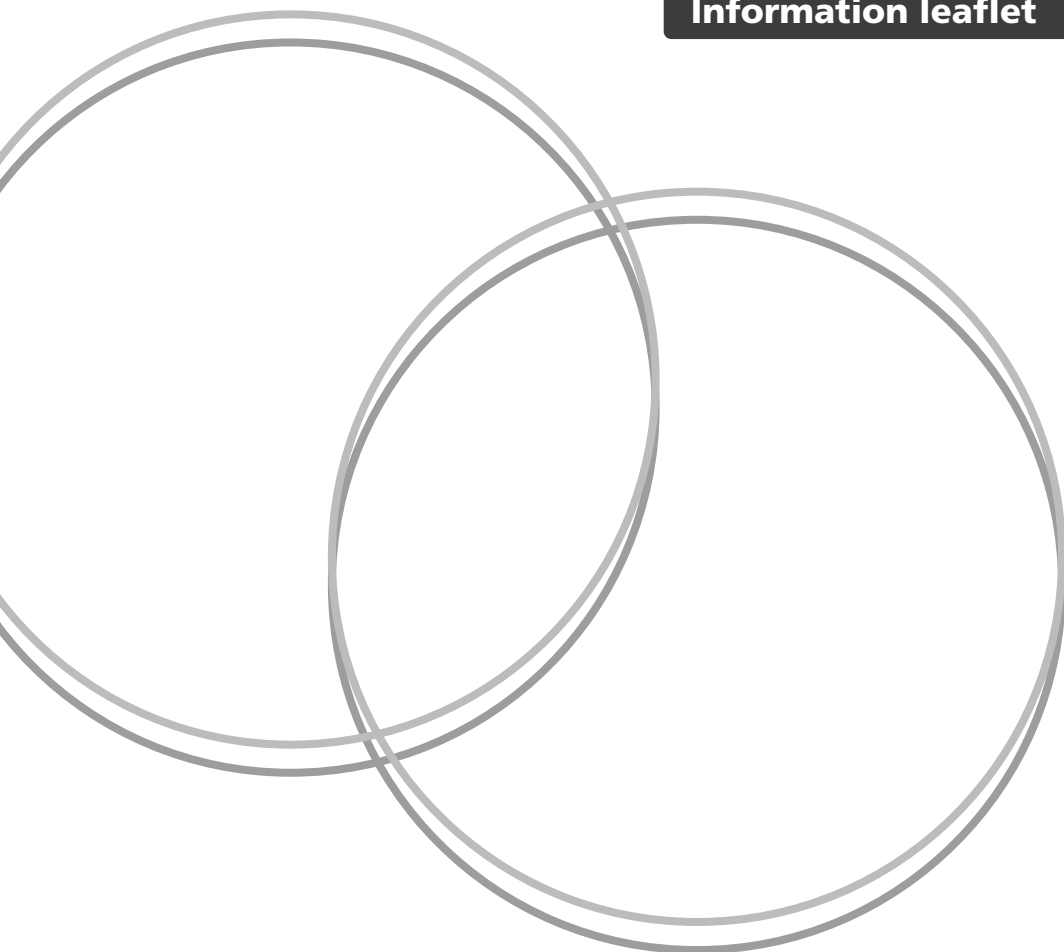


Surgical Termination of Pregnancy (STOP)

**– up to and including 13 weeks
and 6 days of pregnancy**

Information leaflet



This leaflet is about Surgical Termination of Pregnancy (STOP) at 13 weeks + 6 days of pregnancy or less.

Please take time to read this information when you feel ready. If you have someone you trust to support you, perhaps read this information with them.

Deciding to end a pregnancy can be extremely difficult.

It is also normal to experience a wide range of different emotions. We hope that, by providing clear information and individual support, we can help you prepare and think through the options available to you.

The Fetal Medicine Team and Gynaecology Team at the John Radcliffe Hospital are here to support you and answer any questions you may have.

The Gynaecology Team specialise in female reproductive health.

What the procedure involves

Surgical Termination of Pregnancy (STOP) up to 13 weeks + 6 days of pregnancy is a two-stage process.

First, there is a **pre-operative assessment** (an assessment prior to an operation), followed by a **procedure in theatre**.

We will book both of these appointments for you. Please wait for us to call you to confirm the dates and times of your pre-operative assessment and day surgery procedure.

We will also send follow-up emails to confirm the dates in writing.

You can then enter the dates on the space provided on page 9 of this leaflet if you would find this helpful to remember the date of the appointment.

Please follow the instructions in this leaflet for what to bring in, and when to stop eating and drinking before your procedure.

Pre-operative assessment

We will need to take a blood sample, usually within the 7 days before the date of the procedure. This is to check your blood group. We will let you know where to come to have this done.

Please ask your midwife or doctor about this if you have any questions.

Day surgery

Please come to **Level 1 of the John Radcliffe Hospital Gynaecology Ward for 7am.**

We will offer you a side room if there is one available. If you have someone with you for support, they can stay in the room with you. Up to 2 people can stay with you.

Our nursing staff will introduce themselves, carry out the necessary clinical observations and give you a gown and stockings to change into.

The **day surgery procedure** involves removing the pregnancy vaginally by suction in theatre. This procedure is performed by a gynaecologist while you are under general anaesthetic.

The procedure involves stretching (dilating) the cervix (neck of the womb) while under a general anaesthetic. If this is your first pregnancy, we may give you preparatory tablets called Misoprostol to insert into your vagina to soften your cervix before you are taken to theatre.

You can insert these tablets yourself, or you can give consent for a health professional to perform a vaginal examination and insert them.

Once we have your consent for the procedure and for the anaesthetic, we will take you to theatre.

If you have a support person with you, they will not be able to accompany you in theatre. They are free to wait for you in the side room if you have been allocated one, or they can leave and return once you are back on the ward.

We expect the procedure to last around **one hour** in theatre, and afterwards we will take you to the recovery area, and then on to a side room.

There is not a specific time allocated for this procedure, so it is likely you will be an inpatient for most of the day.

However, we expect you will be well enough to go home the same day.

Before you go home, we will make sure you are:

- clinically well
- mobile (able to move around by yourself)
- able to pass urine
- eating and drinking normally

If we have any concerns about your wellbeing, we may advise you to stay in hospital overnight. You might like to bring a small overnight bag with you, just in case this happens.

Your support person will be able to stay with you during visiting hours (8am to 8pm) but not overnight unless discussed and agreed with the nurse in charge.

Possible complications

As with any surgical procedure, there is a chance of complications. Your doctor will discuss these with you.

Possible complications include:

- Infection following the procedure (2 to 3 people in 100)
- A tear in the uterus (womb) (less than 1 in 200 people). Damage to other organs is even rarer than this.
- Extremely heavy bleeding (haemorrhage) and adhesions (scarring) on the lining of the uterus (less than 1 in 200 people).
- Very occasionally some tissue is left in the uterus following the procedure - a second operation is then needed to remove it.
- Risks associated with having a general anaesthetic.

Things to consider after a termination of pregnancy

Testing

Occasionally, we may advise testing on the tissue that has been removed during the procedure. It is your decision whether to accept or decline the offer of testing.

If you are under the care of the Fetal Medicine Unit (FMU) and qualify for testing, the FMU midwives will discuss this with you and gain formal consent from you if you decide to have the testing. The FMU midwives will contact you with results within about 4 weeks.

If you are under the Gynaecology Team and offered testing, the Gynaecology Team will discuss this with you and gain formal consent from you if you decide to have the testing. The Gynaecology Team will contact you with the results within about 4 to 6 weeks.

Disposal of tissue

We would like to assure you that all remains of an early pregnancy loss are treated with care and respect. Please do ask if you have any further questions or would like more information.

Following your pregnancy loss, there are several options available to you:

- Hospital Burial, carried out on your behalf
- Private and individual arrangements

There are a range of responses to pregnancy loss. It is important that you are aware that there is no right or wrong way to respond and we are here to support you in whatever you choose.

The hospital chaplain is available on request, and there are other options available to anyone who would like to receive support or create memories of their baby – please ask our team for details.

What to expect when at home

Rest and avoid doing anything strenuous for the rest of the day. A hot water bottle may help relieve some discomfort.

Vaginal bleeding will continue for between 2 to 6 weeks after the procedure. Everyone is different, and bleeding can also be affected by other factors.

Seek help urgently if you experience:

- pain in your abdomen (tummy)
- an offensive smelling vaginal discharge
- a high temperature
- feeling unwell.

Please contact the services below and explain that you have had a Surgical Termination of Pregnancy (STOP).

- Your GP (including out of hours)
- Gynaecology Triage: **01865 222 011** (24 hours)
- Fetal Medicine Unit Midwives: **01865 221 716**
Monday to Friday 8.30 am - 5.30pm

We recommend that you take a pregnancy test 3 weeks after the procedure and contact the Early Pregnancy Assessment Unit (EPAU) if the result is positive. Please see the contact details for the EPAU below:

Early Pregnancy Assessment Unit (EPAU)

01865 221142

Opening hours: Monday to Friday 8am to 6pm

Saturday 9am to 2pm

Outside of these hours call **01865 222001/2**

Pain relief

We recommend taking paracetamol or ibuprofen (oral pain relief) at home after the procedure.

Mental health

It is important to look after your mental health.

You may want to consider time off work or contacting some of the services listed under 'Further support' in this leaflet.

Fetal Medicine patients

The Fetal Medicine Midwives will call you around 4 to 6 weeks after your procedure to check on your wellbeing, discuss your follow up care and discuss any results (if relevant).

We will inform your GP about your procedure and advise that you speak to your GP after around 6 weeks to discuss any ongoing issues or concerns, such as contraception or future pregnancy.

Date and location of pre-operative assessment

We have booked you an appointment for a **pre-operative assessment** on:

We will call you to confirm this and will also send a follow-up email.

Please come to:

Women's Centre

John Radcliffe Hospital

Headley Way

Headington

Oxford OX3 9DU

Date and location of procedure

We have booked you an appointment for **Surgical Termination of Pregnancy (STOP)** on:

We will call you to confirm this and will send a follow-up email.

Please come to:

Gynaecology Ward

Level 1, Women's Centre

John Radcliffe Hospital

Headley Way

Headington

Oxford OX3 9DU

How to prepare for your procedure

- Please come to the Gynaecology Ward at 7am on the date above.
- Do not eat, or chew gum or mints, from midnight the night before.
- You may drink only clear fluids (water/black tea) until 6.00am.
- Bring an overnight bag with you, including water, a dressing gown and slippers, comfortable clothing, toiletries and a phone charger.
- We expect you to go home in the early evening of the same day of the procedure, if we have no concerns about your wellbeing.

Questions and concerns

Gynaecology Ward: **01865 222 001** (open 24 hours a day)

Further support

Please ask staff for details of available support, for example our Gynaecology Counsellor.

You may also like to contact the following organisations.

Antenatal Results and Choices (ARC)

www.arc-uk.org

Helpline: **020 7713 7486**

Monday to Friday 10.00am - 5.30pm

Text: **07908 683004**

Email: info@arc-uk.org

www.arc-uk.org/for-parents/ending-a-pregnancy

Petals

www.petalscharity.org

Free specialist counselling service following stillbirth, neonatal death, late miscarriage and termination of pregnancy following fetal abnormalities.

Tel: **0300 688 0068**

Email: counselling@petalscharity.org

Miscarriage Association

www.miscarriageassociation.org.uk

Online chat option

Support line: **01924 200 799** Monday to Friday 9.00am - 4.00pm

Email: info@miscarriageassociation.org.uk

For more information please visit:

www.ouh.nhs.uk/patient-guide/bereavement-service/#neonatal

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

We would like to thank the Oxfordshire Maternity and Neonatal Partnership for their contribution to the development of this leaflet.

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