

WEBVTT

1

00:00:03.800 --> 00:00:06.300

In this video, we will review

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00:00:06.300 --> 00:00:09.600

the clinical aspects of providing procedural abortion

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00:00:09.600 --> 00:00:12.500

after the first trimester information about

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00:00:12.500 --> 00:00:15.200

pre procedure evaluation and methods to

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00:00:15.200 --> 00:00:18.400

prevent abortion complications are available in other videos.

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00:00:19.300 --> 00:00:22.400

The most common technique for procedural abortion after the

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00:00:22.400 --> 00:00:25.000

first trimester is a dilation and evacuation.

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00:00:26.100 --> 00:00:29.700

D&E can be done in various settings including outpatient

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00:00:29.700 --> 00:00:32.500

clinics Hospital based clinics and surgical

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00:00:32.500 --> 00:00:34.000

centers or operating rooms.

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00:00:34.700 --> 00:00:37.700

Availability of different methods of analgesia and

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00:00:37.700 --> 00:00:40.400

anesthesia, very based on Clinic site

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00:00:40.400 --> 00:00:43.800

and choice of pain control should reflect patient preference

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00:00:43.800 --> 00:00:46.400

and medical or obstetric comorbidities.

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00:00:47.400 --> 00:00:51.000

Prophylactic antibiotics such as azithromycin can

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00:00:50.300 --> 00:00:53.600

be given either at the time of dilator placement

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00:00:53.600 --> 00:00:56.900

or prior to DNE for infection prophylaxis.

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00:00:57.400 --> 00:01:00.300

For a review on specific procedural steps of

19

00:01:00.300 --> 00:01:04.200

performing a D&E, please refer to the video dilation

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00:01:03.200 --> 00:01:05.700

and evacuation animation.

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00:01:06.600 --> 00:01:09.400

An important principle in providing DNA after

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00:01:09.400 --> 00:01:12.400

the first trimester is to ensure adequate cervical

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00:01:12.400 --> 00:01:15.800

dilation to safely remove fetal parts and pregnancy

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00:01:15.800 --> 00:01:18.600

tissue while minimizing any Associated

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00:01:18.600 --> 00:01:21.400

complications such as injury to the cervix or

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00:01:21.400 --> 00:01:22.000

uterus.

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00:01:22.800 --> 00:01:25.300

Cervical dilation can begin on the same

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00:01:25.300 --> 00:01:28.200

day as the DNA or one to two days before.

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00:01:29.300 --> 00:01:32.800

Generally speaking both same-day or two days

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00:01:32.800 --> 00:01:35.800

cervical preparation Protocols are suitable

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00:01:35.800 --> 00:01:38.400

for gestational ages less than 18 weeks

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00:01:38.400 --> 00:01:41.600

and two-day Protocols are preferable for

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00:01:41.600 --> 00:01:44.400

gestation's greater than 18 weeks or for

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00:01:44.400 --> 00:01:47.300

those who have anatomical considerations such as

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00:01:47.300 --> 00:01:50.200

uterine anomalies or prior cervical surgery.

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00:01:51.200 --> 00:01:54.700

Cervical dilation can be achieved through use of medications

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00:01:54.700 --> 00:01:57.300

or mechanical methods or a combination

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00:01:57.300 --> 00:01:58.000
of the two.

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00:01:58.700 --> 00:02:01.100
Osmotic dilators are small rods that

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00:02:01.100 --> 00:02:05.400
can be placed into the cervix to achieve cervical dilation. Once

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00:02:04.400 --> 00:02:07.600
in the cervix osmotic dilators

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00:02:07.600 --> 00:02:10.500
gradually swell by absorbing surrounding moisture

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00:02:10.500 --> 00:02:13.500
and mechanically dilate the cervix and also

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00:02:13.500 --> 00:02:17.100
stimulate the release of endogenous prostaglandins, which

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00:02:16.100 --> 00:02:18.600
help to ripen the cervix.

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00:02:19.500 --> 00:02:22.500
Generally, these are placed starting at 14 weeks

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00:02:22.500 --> 00:02:23.100
gestation.

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00:02:24.100 --> 00:02:27.500
Cervical dilators can be safely placed for patients with conditions

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00:02:27.500 --> 00:02:30.600
like placenta. Previa low-lying placenta

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00:02:30.600 --> 00:02:34.000

premature rupture of membranes and prior cesarean

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00:02:33.000 --> 00:02:34.500

sections.

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00:02:35.200 --> 00:02:38.500

The two most common types of osmotic dilators in the United States

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00:02:38.500 --> 00:02:41.400

are laminaria, which are sterilized seaweed

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00:02:41.400 --> 00:02:44.400

tents and dilapan S which is a synthetic

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00:02:44.400 --> 00:02:45.200

hydrogel.

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00:02:45.900 --> 00:02:48.800

Dilapan ass expands more quickly usually

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00:02:48.800 --> 00:02:51.600

within four to six hours which makes it suitable

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00:02:51.600 --> 00:02:54.600

to use for same-day cervical preparation protocols.

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00:02:55.500 --> 00:02:58.300

Laminaria are usually placed and left in

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00:02:58.300 --> 00:03:00.600

overnight as they take longer to expand.

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00:03:01.500 --> 00:03:05.000

Both types of osmotic dilators are similarly effective

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00:03:04.100 --> 00:03:08.200

at providing adequate cervical dilation. The

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00:03:07.200 --> 00:03:11.100

number of osmotic dilators placed varies

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00:03:10.100 --> 00:03:14.200

by providers clinics and institutions with

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00:03:13.200 --> 00:03:16.700

no evidence to support specific numbers.

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00:03:17.600 --> 00:03:20.600

Here's an example of the number of osmotic dilators

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00:03:20.600 --> 00:03:23.200

that are placed at one individual Institution.

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00:03:24.600 --> 00:03:27.700

Generally more dilators are placed with increasing

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00:03:27.700 --> 00:03:28.700

gestational age.

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00:03:29.600 --> 00:03:32.400

fewer dilators need to be placed compared to

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00:03:32.400 --> 00:03:35.800

laminaria given the larger expansion achieved

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00:03:35.800 --> 00:03:37.000

with dilators

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00:03:37.800 --> 00:03:40.700

the use of a fully inflated balloon for same-day mechanical

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00:03:40.700 --> 00:03:43.400

cervical preparation has also been described in

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00:03:43.400 --> 00:03:44.100

the literature.

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00:03:45.100 --> 00:03:48.600

For a review on specific procedural aspects of placing

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00:03:48.600 --> 00:03:51.400

cervical dilators, please refer to the video

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00:03:51.400 --> 00:03:54.500

cervical preparation with osmotic dilators.

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00:03:55.600 --> 00:03:59.100

Pharmacologic methods specifically mifopristone and

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00:03:58.100 --> 00:04:01.300

misoprostol can also be used

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00:04:01.300 --> 00:04:04.600

to achieve cervical dilation either alone or

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00:04:04.600 --> 00:04:06.800

in combination with osmotic dilators.

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00:04:07.500 --> 00:04:10.300

Various different regimens have been evaluated in

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00:04:10.300 --> 00:04:12.200

the literature with varying results.

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00:04:13.100 --> 00:04:16.700

Misoprostol can be safe and effective alone at

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00:04:16.700 --> 00:04:19.400

earlier gestational ages when administered three

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00:04:19.400 --> 00:04:21.500

to four hours before the procedure.

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00:04:22.200 --> 00:04:25.900

But it has not been shown to achieve as much cervical dilation

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00:04:25.900 --> 00:04:27.600

as osmotic dilators.

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00:04:28.500 --> 00:04:31.900

Misoprostol does not appear to be as beneficial when

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00:04:31.900 --> 00:04:34.900

used as an adjunct to overnight osmotic dilators

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00:04:34.900 --> 00:04:37.500

at less than 19 weeks, but it

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00:04:37.500 --> 00:04:40.400

can be helpful as an adjunct in later gestations.

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00:04:41.400 --> 00:04:44.700

If a prystone has been evaluated as an adjunct

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00:04:44.700 --> 00:04:47.900

to osmotic dilators and while there's limited evidence

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00:04:47.900 --> 00:04:50.700

to support its benefit some providers

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00:04:50.700 --> 00:04:53.200

may prefer to administer this at the time of

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00:04:53.200 --> 00:04:56.800

osmotic dilator placement in cases of advanced

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00:04:56.800 --> 00:04:59.900

gestational ages adolescents prior

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00:04:59.900 --> 00:05:02.600

cervical surgery or any other clinical

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00:05:02.600 --> 00:05:05.600

scenarios where cervical dilation may be

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00:05:05.600 --> 00:05:05.900

challenging.

103

00:05:07.600 --> 00:05:10.500

In summary choosing a cervical preparation method is up

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00:05:10.500 --> 00:05:13.500

to the clinical Judgment of individual providers and

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00:05:13.500 --> 00:05:16.300

institutions given no single best

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00:05:16.300 --> 00:05:18.000

protocol has been identified.

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00:05:18.800 --> 00:05:21.900

In general overnight osmotic dilators

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00:05:21.900 --> 00:05:24.300

are recommended for procedures occurring at

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00:05:24.300 --> 00:05:26.200

20 weeks gestation and above.

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00:05:27.100 --> 00:05:30.400

While use of osmotic dilators at these gestational ages

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00:05:30.400 --> 00:05:34.100

are generally sufficient alone using adjunctive

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00:05:33.100 --> 00:05:36.400

me for pristone may be beneficial and

113

00:05:36.400 --> 00:05:38.400

is up to the discretion of the clinician.

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00:05:39.300 --> 00:05:43.200

For gestations, 18 weeks and less osmotic dilators

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00:05:42.200 --> 00:05:46.200

including same-day dilators or pharmacologic

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00:05:45.200 --> 00:05:48.300

methods alone are reasonable for

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00:05:48.300 --> 00:05:49.400

cervical preparation.

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00:05:50.600 --> 00:05:53.300

Upon completion of a DNA patient should

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00:05:53.300 --> 00:05:56.500

be given anticipatory guidance for warning signs and

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00:05:56.500 --> 00:06:00.200

symptoms that may indicate evolving complications such

121

00:05:59.200 --> 00:06:02.600

as infection hemorage or

122

00:06:02.600 --> 00:06:04.300

retained products of conception.

123

00:06:05.300 --> 00:06:09.600

While routine in-person follow-up is not necessary particularly

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00:06:08.600 --> 00:06:11.600

when considering some patients travel

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00:06:11.600 --> 00:06:15.200

long distances to obtain their abortion some patients

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00:06:14.200 --> 00:06:17.200

may desire to have follow-up in the

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00:06:17.200 --> 00:06:18.800

weeks following their procedure.

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00:06:19.900 --> 00:06:23.000

Patients can be given options for in-person follow-up

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00:06:22.300 --> 00:06:25.500

either with the same clinician or a

130

00:06:25.500 --> 00:06:28.700

different clinician Telehealth follow-up or to

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00:06:28.700 --> 00:06:30.600

schedule a return visit as needed.

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00:06:31.500 --> 00:06:34.700

Both medication and procedural abortion methods are

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00:06:34.700 --> 00:06:37.600

safe after the first trimester with very

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00:06:37.600 --> 00:06:40.700

low rates of major complications particularly when

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00:06:40.700 --> 00:06:42.000

compared with childbirth.

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00:06:42.700 --> 00:06:45.700

patients preferences should primarily guide method

137

00:06:45.700 --> 00:06:46.100

choice

138

00:06:46.900 --> 00:06:49.600

overall patients from all different backgrounds

139

00:06:49.600 --> 00:06:52.200

and circumstances have abortions after the

140

00:06:52.200 --> 00:06:55.300

first trimester and deserve Compassionate Care

141

00:06:55.300 --> 00:06:56.800

from well-trained providers.

142

00:06:57.700 --> 00:07:00.900

Please see other videos in this course for information

143

00:07:00.900 --> 00:07:03.400

on pre-procedural evaluation for

144

00:07:03.400 --> 00:07:07.000

providing both medication abortion and procedural abortion

145

00:07:06.300 --> 00:07:08.400

after the first trimester.

146

00:07:09.100 --> 00:07:13.000

Preventing and managing abortion complications in supporting

147

00:07:12.400 --> 00:07:15.500

patient decision-making as they determine. What

148

00:07:15.500 --> 00:07:16.600

method is right for them.

149

00:07:17.800 --> 00:07:21.800

For more information, please. Visit [innovating education.org](http://innovatingeducation.org)