

Chapter 16 Summary: Pain during and after abortion

There is general agreement among medical experts that abortion can cause pain in women, and that the methods used to treat this pain are not always sufficient. Between 78 and 97 per cent of women say they experience at least moderate pain during a surgical abortion.¹ Pain may vary by procedure, with suction evacuation apparently the most painful.²

Many common techniques for pain reduction may not actually work. While most studies find that conscious sedation effectively reduces pain, some disagree.³ Another common method of pain reduction is paracervical block, but one review found that there is surprisingly insufficient evidence of its effectiveness.⁴

The physical causes of pain during abortion are fairly well known and vary by method. Suction evacuation involves pain due to cervical dilatation and uterine contractions.⁵ Pain during dilation and curettage occurs during injection of the cervical block, cervical dilation, and suction aspiration.⁶ Pain is also associated with pre-operative anxiety.⁷

Pain during abortion may be linked to psychological problems after abortion. One study found that patients receiving local anaesthesia reported more pain and more depression, anxiety, and post-traumatic stress symptoms than patients receiving intravenous sedation.

Despite this evidence, women are often uninformed about abortion pain. Many women are mistakenly told that the pain will be similar to menstrual

¹ Renner RM, Jensen JT, Nichols MD, Edelman AB. Pain control in first-trimester surgical abortion: a systematic review of randomized controlled trials. *Contraception* 2010 May; 81(5): 372-88, p. 372.

² Singh RH, Ghanem KG, Burke AE, Nichols MD, Rogers K, Blumenthal PD. Predictors and perception of pain in women undergoing first trimester surgical abortion. *Contraception* 2008 August; 78(2): pp. 155-61.

³ Wong CYG, Ng EHY, Ngai SW, Ho PC. A randomized, double blind, placebo-controlled study to investigate the use of conscious sedation in conjunction with paracervical block for reducing pain in termination of first trimester pregnancy by suction evacuation. *Human Reproduction* 2002 May; 17(5): pp. 1222-5.

⁴ Renner et al., p. 372.

⁵ SikYauKan A, Caves N, Yuen Wai Wong S, Hung Yu Ng E, Chung Ho P. A double-blind, randomized controlled trial on the use of a 50:50 mixture of nitrous oxide/oxygen in pain relief during suction evacuation for the first trimester pregnancy termination. *Human Reproduction* 2006 October; 21(10): pp. 2606-11.

⁶ Meckstroth KR, Mishra K. Analgesia/Pain Management in First Trimester Surgical Abortion. *Clinical Obstetrics and Gynecology* 2009 June; 52(2): 160-70, p. 160.

⁷ Pud, D, Amit A. Anxiety as a Predictor of Pain Magnitude Following Termination of First-Trimester Pregnancy. *Pain Medicine* 2005 March; 6(2): 143-8, p. 146.

cramps.⁸ In addition, physicians often underestimate the amount of pain experienced.⁹

⁸ Hamoda H, Flett GMM, Ashok PW, Templeton A. Surgical abortion using manual vacuum aspiration under local anaesthesia: a pilot study of feasibility and women's acceptability. *Journal of Family Planning and Reproductive Health Care* 2005 July; 31(3): pp.185-8.

⁹ Dean G, Cardenas L, Darney P, Goldberg A. Acceptability of manual versus electric aspiration for first trimester abortion: a randomized trial. *Contraception* 2003 March; 67(3): pp.201-6.