



MEDIGUIDE FAMILY PLANNING

245 Pacific Highway, North Sydney NSW 2060
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www.abortion-help.com

Appointments ►►►►► 9959 5099

Mediguide specialises in the provision of surgical terminations of pregnancy by suction aspiration.

A termination of pregnancy in the first 12 weeks is one of the commonest and safest operations.

Mediguide operates from a large modern facility in North Sydney CBD, positioned close to shopping arcades, parks and library, with easy access from North Sydney railway station and buses travelling along the Pacific Hwy. The services are provided by a team of registered and qualified medical professionals, in a confidential, supportive and non-judgemental atmosphere. The clinic has an outstanding 27-year track record of a low rate of complications and a high degree of patient satisfaction.

REFERRAL LETTER for TERMINATION OF PREGNANCY

To
Mediguide Doctor,

Ms. _____

requests a termination of her unplanned pregnancy.

LMP _____, she is _____ weeks pregnant.

Her pregnancy was confirmed by _____

(An ultrasound is required if she is unsure of her LMP or is 10 weeks or over from her last normal period)

Additional information:

Doctor _____ Date _____

Surgery Address / Stamp ►

(Please attach pathology and radiology reports on any tests arranged)

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BOOKING AN APPOINTMENT

- ❖ You need to have had a positive pregnancy test.
- ❖ Your pregnancy has to be less than 12 weeks.
- ❖ Book your appointment soon after confirming your pregnancy and deciding not to continue with it. The sooner you book the safer is the operation.
- ❖ You need to provide the date of your last normal period or details of an ultrasound, if one was done. (See requirements below).
- ❖ The anaesthesia options are discussed during the interview. The clinic does not provide general anaesthesia but local and gas sedation anaesthesia.
- ❖ You need to inform us if you suffer from any chronic conditions or regularly take prescription medications. Do not stop the treatment, but ask us for instructions. (See requirements below).
- ❖ Light bleeding in pregnancy is common and often transient. It does not mean that you have miscarried or that you are not pregnant. Due to a risk of haemorrhage and infection from a miscarriage, you should not cancel your appointment, but rather ask to be seen earlier.
- ❖ If you need to change or cancel your appointment, let us know in advance, so that we can allocate it to another patient.

REQUIREMENTS

A prior ultrasound confirmation of the pregnancy is required in any of the following circumstances:

- ❖ If you are unsure of your last normal period
- ❖ If the pregnancy may be 10 weeks or over
- ❖ If you need to know the date you became pregnant
- ❖ If you suspect you may be pregnant with twins
- ❖ If you previously had an ectopic (tubal) pregnancy
- ❖ If you have uterine fibroids or uterine anomalies
- ❖ If you suffer from Endometriosis
- ❖ If you are bleeding and may be miscarrying
- ❖ If you are pregnant with an IUD in place
- ❖ If you have had a tubal ligation or its reversal
- ❖ If your partner has had a vasectomy
- ❖ If you are overweight
- ❖ If you tense up or know you cannot be examined
- ❖ If you prefer not to have an internal examination
- ❖ If you are under 16 years of age

Ask your doctor to arrange the ultrasound and bring it with you. Having to arrange it on the day you attend may delay your treatment.

You need to start oral antibiotics 48 hours before the operation in any of the following circumstances:

- ❖ If you have a heart murmur, had Rheumatic Fever or heart surgery
- ❖ If you usually take antibiotics prior to dental treatment
- ❖ If you have previously had a pelvic infection
- ❖ If you have or are being treated for a vaginal infection
- ❖ If you have a threatened miscarriage

Ask your doctor to prescribe the antibiotics for you.

WHEN YOU ATTEND

- ❖ Please be on time. Being late may delay your treatment.
- ❖ Plan to stay at the clinic for about 4 hours.
- ❖ If you do not speak English, you need to be accompanied by an interpreter or an English-speaking friend or relative.
- ❖ You need to fast from midnight the day before, or for at least four hours before the operation. Fasting means "nil by mouth" no food, no drink, no water and no chewing gum. Please do not smoke.
- ❖ You cannot drive a car or return to work for the rest of the day. Ask your partner or a friend to accompany you home.
- ❖ If you are under 16 years of age, you must have proof of age and be accompanied by a parent or guardian, who will be asked to co-sign the consent for your operation.
- ❖ A blood test by finger prick is done to check part of your blood group, unless you provide official written proof (a blood donor card or a pathology report).
- ❖ Please do not bring children to the clinic as this upsets other patients attending for an abortion.
- ❖ A referral letter from your doctor is not necessary, but if you have one, please bring it with you.
- ❖ Please bring the results of all tests performed by your doctor to confirm and assess your pregnancy, to avoid their duplication.

FEES AND CHARGES

The fee for the operation is finalised after your assessment consultation and includes the following:

- ❖ Consultation and Operation billed by the Doctor (on Medicare)
- ❖ Facility Fee billed by the clinic
- ❖ Pathology tests billed by the pathology laboratory (on Medicare)
- ❖ Ultrasound, if required, billed by the radiology facility (on Medicare)
- ❖ Antibiotics, Thermometer (by the clinic or chemist)

When using your Medicare card, the card has to be:

- ❖ Presented. The number alone is not accepted.
- ❖ In your name. Photo ID may be required.
- ❖ Current with a valid expiry date.
- ❖ RHCA or restricted cards are not accepted.

The Facility Fee is not covered by Medicare and is to be paid by cash, credit card or EFTPOS. Cheques or phone payments are not accepted.

The Facility Fee may be discounted, at the clinic's absolute discretion, to holders of a Pension card, a Health Care card or a full time university Student card, and only when:

- ❖ Prior arrangements have been made
- ❖ In conjunction with a valid Medicare card
- ❖ The concession card is current and presented

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THE ABORTION PROCEDURE

The complete abortion procedure usually requires one visit to the clinic and takes about four hours.

The treatment includes a number of stages necessary to assess the pregnancy, your general health and your suitability to have the operation performed in an outpatient setting.

❖ Admission

The Receptionist will ask you to complete an admission form. All information you provide will be kept confidential as per the Privacy Protection Acts. Please give the receptionist all documents relevant to your treatment, such as a referral letter from your doctor, blood test results and ultrasound reports. You will be asked to rest in the waiting room until your consultation with a doctor. Our booking system allows a smooth flow of patients resulting in greater privacy and minimal delays.

❖ Pregnancy Assessment

You will see a staff Gynaecologist for a consultation to review your medical history and assess your general health and wellbeing. A gynaecological examination will confirm how far pregnant you are. If the pregnancy's age cannot be determined, you will be referred to a local radiology centre for a pelvic ultrasound. Your blood group is checked by finger prick, unless you have official written proof such as a Blood Bank or Pathology card. A pregnancy test is not repeated routinely, but if you prefer, a blood pregnancy test will be collected with result received the next day. Your suitability to have the operation performed under local and gas sedation anaesthesia will be assessed. If you are too anxious and upset you may be advised to return to your referring doctor to be referred to another facility or hospital to have the operation under general anaesthesia.

❖ Interview

A Registered Nurse will take you into an interview room and give you a detailed explanation of the procedure, its risks and possible complications. Your partner may attend with you. Certain legal requirements need to be met to constitute a lawful abortion. Your options, reasons and alternatives will be discussed in a relaxed non-judgemental atmosphere. General information will be offered on available contraception for future use. You will be asked to sign a Consent Form and summary notes of the Interview. You will be offered a sedative tablet. If you are unsure about the abortion, you will be advised to see your doctor or a counsellor for Decision Counselling.

❖ Operation

A Registered Nurse will take you into the Operating Room and stay with you during the operation. Your blood pressure, pulse and oxygen levels will be monitored. You will be given a local anaesthetic and Nitrous Oxide and Oxygen mixture anaesthetic gas by mask for light sedation and to reduce the discomfort. The actual operative procedure takes 10 to 15 minutes, during which you may feel some discomfort similar to period type cramps. The sensations last for only a short time after the operation. You will walk, assisted, into the Recovery Room and be given a pain killer tablet.

❖ Recovery

You will rest on a comfortable recliner in a private cubicle for one hour. Light refreshments will be offered. Your partner may join you to keep you company. You may feel slight nausea and some cramping. Pain relief will be given as necessary. The Nurse will check your blood pressure and pulse and instruct you on the post-operative care and on the use of your chosen contraception. On discharge, you will be given a letter to take back to your doctor and a Post-Operative Information Sheet with detailed instructions for the next two weeks.

❖ Post Operative Check

The check-up is an integral part of your treatment. It is carried out approximately two weeks after the operation, usually by the referring doctor, by a local GP or back at Mediguide. Its purpose is to ensure that you have fully recovered from the operation and that you did not develop any complications. If your doctor has any concerns about your recovery, he may arrange additional tests and refer you back to Mediguide for evaluation.

YOUR APPOINTMENT

Date _____

Time _____

Fasting _____

Cost _____

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