



Fecha/Date.....

Nombre/Name.....

**Voluntary Interruption of Pregnancy (V.I.P.)
INFORMATION**

In Spain, the decriminalisation of abortion and the sanitary (health) regulations to carry it out legally were approved in 1985 according to the sentence of the Constitutional Court. Later on, in 1986 the regulations ruling the accreditation of the centres was modified. Before this date, numerous Spanish women interrupted their pregnancies clandestinely without any health care guarantees, or went abroad, suffering enormous difficulties. Our clinic has been the first accredited in Spain after the approval of the Law.

Legal aspects

Abortion in Spain is legal provided it is carried out in a public health care centre or in a private one with a doctor accredited for so doing or under his surveillance provided it complies with the following requisites:

1. That the pregnancy poses a serious threat to the physical or mental health of the woman and that it is ordered by a different doctor specialised in this field than the one making the V.I.P.
2. That it is supported by a report written by 2 specialist doctors other than the one making the V.I.P. saying that the foetus suffers from serious malformations.
3. That the pregnancy follows a denounced violation and that the V.I.P. is made before the foetus is 12 weeks old.

The statistics developed by the Ministry of Health and Consumption show that almost 98% of the V.I.P.s carried out correspond to the first requisite and specifically to a serious affectation of the mental health of the woman. In the absence of a Law allowing a free decision, the specialists and the women asking for a V.I.P. coincide in agreeing that an unwanted pregnancy has serious repercussions in the psychical sphere without taking account of the physical disorders (psychosomatic) related to these situations.

A V.I.P. can have psychological repercussions. The same occurs with an unwanted pregnancy. Studies carried out in various countries have noted that the psychiatric consequences are more numerous in women to which the V.I.P. has been denied, than those having gone through it. Forssman found a dramatic percentage of alteration of the behaviour in the children of women to whom the abortion had been denied.

Another aspect to take into consideration is the health regulations ruling the accreditation of the V.I.P.'s centres. They state that a V.I.P. carried out before the foetus is 12 weeks old is at low risk and does not require a general anaesthesia. It is at high risk and requires a general anaesthesia from 12 weeks onward.

Name.....

a) Low risk V.I.P.. Our professionals are Medical Specialists in Obstetrics and Gynaecology, Nurses ("A.T.S."-"D.U.E."), Clinical ancillary staff and Social Workers. In addition to this basic team, our clinic has a Medical

Staff including Specialist in Psychiatry. Each Centre has at least a Reception Room, one Office, A Consultation and V.I.P. room and one room for the clients to rest.

b) High risk V.I.P. In addition to the above mentioned professionals we have an Anaesthetist and an Haematologist. Under these circumstances the infrastructure requires a bank blood unity room facilities, an operating theatre, intensive care unit, etc.

Finally, the regulations requires that the woman has access, among other things to an **Information about Birth Control Methods**. We have doctors in our centre who will inform them.

In the event they want **contraceptive pills**, they can start the same day of the intervention. At the end of the V.I.P. a "D.I.U." (diaphragm) can also be inserted. If they wish a **tube ligature**, it can be done together with the V.I.P. or, if they prefer, later on. We also carry out **Vasectomies**.

Low Risk V.I.P.

Technique: Abrasion by Suction with Karman's canules (5-12 mm plastic or less flexible ones according to the advancement of the pregnancy under **Local Anaesthetic**. In order to be able to introduce the canule, it is necessary to dilate the neck of the womb; the local anaesthetic avoids any suffering. However there are **some discomforts similar to those experienced during the menstruation** due to the contracting of the womb during the evacuation. Compared to the classic abrasion, the suction is much more advantageous: faster, less dilation and bleeding, less danger of perforation and later consequences and above all, a general anaesthetic is unnecessary.

Complications: according to the statistics published in the developed countries and to our broad experience, complications in case of a low risk V.I.P. are extremely scarce. In expert hands, the life of the woman is not in danger. The potential complications could be perforation of the womb, haemorrhage, fever and cervical lesions.

After the intervention, the woman can carry out her normal activities, following a brief rest.

...a/Date.....
...ombre/Name.....

A TEAM IS ALWAYS THERE IN CASE OF EMERGENCIES. BEFORE USING THIS SERVICE, PLEASE CALL THE CLINIC WHERE YOU HAVE BEEN TREATED FIRST.

High Risk V.I.P.

Technique: Abrasion by Suction with Karman's canules (the biggest one is 16 mm) under **General Anaesthetic**. Intravaginal Miprosol is administered to facilitate the dilatation of the cervix. There is also an ecography control during the intervention.

Analyses are needed before the intervention and the patient is hospitalised for a period in the majority of cases for no longer than 12 hours.

Complications: the possibility of complications is increased (the longer the gestation, the more probabilities), despite the fact the risk is still less than with

childbirth. They include perforation of the womb, haemorrhage, fever (but due to the ecographic control during the intervention their incidence is diminished) and cervical lesions (the incidences are diminished due to the induction). In addition despite the fact it is a small risk, one should add the risk of the anaesthetic.

In any case we try to eliminate any and all potential risks thanks to the preliminary analysis, the induction, the improvement of the surgical intervention, the echographic control during the intervention and the post intervention follow-up.

After the intervention, the woman can be discharged (leave the clinic) after a recuperation period of 2-4 hours.

Our clinic has the necessary professional and infrastructures required by the health regulations to carry out both the low and high risk's V.I.T. with the required operating theatre, Intensive Care Unit - Recuperation with the most modern means necessary to face any eventuality.

However the equipment is not everything, you must also take into consideration the professional and human values of the team we offer you with many years of experience in helping the woman to solve the problem of an unwanted pregnancy.

/Date.....
mbre/Name.....

POST SURGICAL INSTRUCTIONS

YOU CAN HAVE A NORMAL LIFE taking the following PRECAUTIONS:

- Avoid exertion in the first days.
- Do not have sexual intercourse nor use tampons in the first week.

IT IS RECOMMENDED TO MAKE A CHECK-UP AFTER 10-15 DAYS. We recommend you to do so in one of our clinics.

IT IS NORMAL with slight differences that you:

- Bleed like when you have your periods for a few days, or to bleed very little but with a dark fluid or even to expel a few blood clots.
- Experience some discomforts. You may take some pain killers. We recommend *Buscapina Compositum* 1 to 2 pills each 6-8 hours.
- Have a slight fever you can alleviate with antithermic pills. If you do not bleed a lot, we recommend 1 *Aspirina* each 6 hours. You can also take *Gelocatil*, etc. You should not worry up to 38.5°C.
- Acute discomforts and fever between the 2nd and the 10th day following the intervention, after a few days spent without bleeding. It is not due to an infection but to an hormonal deprivation because the uterus is sensitive to the hormones of the pregnancy for a few days and some residual elements and blood can be produced, kept and blood clots can be suddenly expelled in one or two days, then the symptoms disappear suddenly. For the pain we recommend *Buscapina Compositum* 1-2 pills every 6-8 hours and *Aspirina* for the fever 1 pill each 6 hours. Do not hesitate in consulting us whenever you feel concerned.

/Date.....
.abre/Name.....

EMERGENCY

Please call at 636 006 652. In case there is no reply, call 636 006 650 or 636 006 651.

POST SURGICAL REPORT

Please present this report in the event you contact another doctor, centre or hospital whenever the cause is related to the V.I.P.

Mrs. —

Attended our clinic to have a V.I.P. according to the requisite ___ of the legislation in force.

Summary – Data of the Intervention

Ecography before the intervention: _____ weeks.

Pre administered drugs: Diazepam Atropina Other: _____

Drug during the intervention: No Yes _____

Drug after the intervention: Buscapina Other _____

Anaesthesia Local General

Technique: Suction Suction + Finks

Ecographic control during the intervention: YES _____

Ecography immediately after the intervention: YES _____

Dear colleagues,

If you wish additional data please contact the management of our clinic.

Cordially yours,

Fdo _____