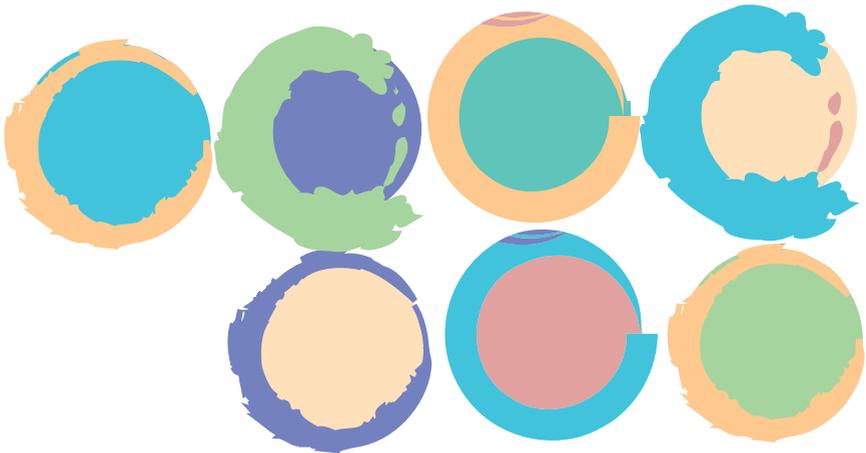


Information on  
**Abortion Services**

**SANDYFORD**

caring about sexual, reproductive and emotional health



**[www.sandyford.org](http://www.sandyford.org)**

Telephone 0141 211 8130

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## First Steps:

### **What should I do if I think I may be pregnant?**

You should take a pregnancy test. You can buy a test in any pharmacy or supermarket, and carry out your own test at home.

You can also attend your GP's surgery or any sexual health clinic (Sandyford) for a free pregnancy test. A pregnancy test involves using a urine sample, and an early morning sample is more accurate. Modern pregnancy tests can tell if you are pregnant by the time your period is one week late.

### **Who can I speak to about my pregnancy?**

Many women with an unplanned pregnancy choose to speak to friends, family or a partner about the pregnancy and what to do next. You may know straightaway that you do not wish to continue the pregnancy, but often people feel uncertain or confused initially.

It can be helpful to speak through your feelings with someone else not directly connected to your situation. You can speak to your own GP or to a member of staff at Sandyford Sexual Health Services.

You can make an appointment to talk to a nurse about options on 0141 211 8620.

### **What is the law around abortion?**

Abortion in the UK is available up to 24 weeks of pregnancy, provided certain criteria are met. Abortion is available in Greater Glasgow and Clyde up to 18 weeks of pregnancy. At 18 weeks and above, we will need to refer you to the British Pregnancy Advisory Service (BPAS) (see page 19 for details). In the UK all abortions are carried out under The Abortion Act. Two doctors must agree in writing that going ahead with abortion would cause less harm to a woman's (or her existing children's) physical or mental health than continuing with the pregnancy. Most

doctors will view the distress of continuing with an unwanted pregnancy as likely to be harmful. However, some doctors may choose not to be involved in abortion services and referrals, in which case they must refer you to another doctor or service, who will be able to help you.

## **How do I go about getting an abortion?**

If you wish to have an abortion, or to talk about your options for the pregnancy in more detail, you will need to go to an abortion assessment clinic. Your own doctor or nurse, or any member of Sandyford staff is able to refer you to these clinics and will tell you of the appointment date and time. You can also make your own appointment for the abortion assessment clinic. You can do this by telephoning the Termination of Pregnancy Assessment and Referral Service (TOPAR) appointments telephone number **0141 211 8620**. Assessment appointments should be available within 5 working days at the most. The abortion assessment clinic will handle all the paperwork to fulfil the Abortion Act.

## **Will I have to pay for the abortion?**

No, you will not have to pay for either the abortion assessment clinic or the abortion procedure, provided you are entitled to receive NHS care in the UK.

## **Section 2. The Assessment Clinic**

### **Where will I attend for the abortion assessment clinic?**

Abortion assessment clinics are in Sandyford and in some local hospital out-patient clinics.

### **Who will I see at the clinic?**

When you attend the abortion assessment clinic a member of the clerical staff will check you in and you will then have a discussion with either a doctor or a nurse, or both. Our staff are specially trained to work in the abortion service, and will be understanding

of your situation and needs. You will be able to discuss your own situation and how you feel about the pregnancy.

We will explain the pregnancy choices and give you detailed information about abortion. If you decide to proceed to an abortion, we will arrange the date of the abortion for you. If you feel uncertain how to proceed, you will be able to take time to consider your decision, and we will offer you a return appointment. You can also have an appointment to speak with a specialised counsellor if you wish.

## **What will happen at the clinic?**

### **Ultrasound:**

Everyone attending the abortion assessment clinic will have an ultrasound scan. This will confirm how many weeks pregnant you are, and will check that the pregnancy is not going to be a miscarriage (pregnancy failure) or a tubal (ectopic) pregnancy. We will ask you to attend with a comfortably full bladder to help with the scan. Most scans are abdominal (tummy) scans, but if you are very early in the pregnancy you will require a transvaginal (internal) scan. The person carrying out the scan will not routinely show you the scan image. If you wish to see the scan, please tell the staff member.

### **Sexual health screen:**

We will offer everyone attending the abortion assessment clinic a sexual health screen. This is to check that there are no infections which may lead to complications after the abortion. We will ask you to take a cotton bud sample from the lower vagina which we will test for Chlamydia and Gonorrhoea. A full sexual health screen also includes a blood test for HIV and syphilis, and you will be offered this test along with your other blood tests.

### **Blood test:**

You will have a blood test taken when you attend the clinic. This is to check your blood count to make sure that you are not anaemic, and a check of your blood group. If you are a Rhesus

negative blood type you will need to have an injection called anti-D on the day of your abortion. This is to prevent you having any blood group complications in future pregnancies. If you decide to have a full sexual health screen, your HIV and syphilis test can be taken from the same blood sample.

**Consent:**

If you decide you wish to proceed to an abortion, we will ask you to sign a consent form, giving your written permission for the abortion. This form confirms that you wish to have the abortion, and states that you have been given information about your options and about risks of the procedure. It is important that you ask us if you are unclear about any of the information you have been given.

**Abortion choices:**

In Greater Glasgow and Clyde, you can have an abortion up to 18 weeks of pregnancy. The type of abortion will depend on how many weeks pregnant you are.

## **Section 3. Medical Abortion**

**Medical abortion (tablets) - up to 18 weeks pregnant.**

Medical abortion involves 2 sets of tablets, which are designed to cause you to start bleeding and pass the pregnancy, similar to someone having a miscarriage of a pregnancy. The medical abortion involves 2 further appointments, 2 days apart. This treatment may not be suitable if any of the following apply to you:

- High Blood Pressure
- High Cholesterol
- On long term cortico-steroid treatment
- On anti-coagulant treatment

We will give you the 1st medication (Mifepristone) on the 1st abortion treatment appointment. This is a tablet that you swallow. This blocks the hormones going to the pregnancy. We will give

you the 2nd medication (Misoprostol) at the 2nd appointment. This is a set of 4 tablets which you put into the vagina. These tablets will cause you to start bleeding and pass the pregnancy.

Make sure you have breakfast before you attend for your appointments. You are welcome to bring 1 person of your choice with you. You cannot bring children to your treatment appointments, so if you have children you will need to make childcare arrangements.

### **What will happen on my 1st abortion appointment?**

- The doctor or nurse will check your medical details.
- We will give you 1 Mifepristone tablet to swallow with some water. You may feel a little sick.
- If you vomit within 1 hour of taking the tablet, you will need to return to the ward or clinic to take another tablet.
- Please do not drink any alcohol or smoke. If you cannot stop smoking try and smoke less on these days.

### **What will happen between my visits?**

- Before attending for your 2nd appointment you may have light bleeding and experience period type pains. In most cases these symptoms are only slight and nothing to worry about.
- Please do **not** use tampons.
- There is a small chance that your bleeding may become heavier and you may have more severe pain. It is possible that you could pass the pregnancy at this stage but this is very unlikely. If you are worried at any time, please contact the ward or clinic for support and advice. We will give you a direct contact number for the gynaecology or clinic nurse. If you or the staff are concerned, you will be able to return for assessment.
- You can use simple pain killers such as paracetamol if you experience cramps or pain.

Following your 1st medication appointment we will ask you to return to the ward 2 days later. It is very important that you

keep this appointment, even if you think that you are no longer pregnant.

## **What will happen at my 2nd appointment?**

- To make your stay more comfortable, please feel free to bring something to read, something to eat and drink, and music to listen to. You should also bring pyjamas or nightdress to change into.
- We will admit you to the ward. You should expect to stay between 6 and 8 hours. Occasionally you may require to stay in longer (rarely overnight), especially if you are over 9 weeks pregnant, or have complications.
- The nurse will ask you about any pain or bleeding that you may have had over the last 2 days. If you have had other symptoms, please mention these.
- We will give you 4 small tablets to put in into the vagina (if you prefer, a member of staff can do this for you). These tablets will help your body pass the pregnancy. You will start to bleed and experience period type pains. Women vary in their reaction to this treatment. Some women have significant bleeding and pain, while others have minimal bleeding and pain. Most women are somewhere in between. The pregnancy is likely to be passed with clots of blood, and the pregnancy is likely to be identifiable, especially if you are over 7 weeks pregnant. If you do not want to see this it is important not to look at what you pass.
- You may also have diarrhoea, sickness, headache, dizziness, and hot flushes or chills. There is usually no need to worry about these, but please mention them to the nurse caring for you who will assist in relieving your symptoms.
- We will ask you to use a bedpan every time you use the toilet so that the nurses can check to see if you have passed the pregnancy whilst using the toilet. If you are uncomfortable going to the toilet on your own, please ask a nurse who will support you.

- Please use sanitary pads. The nurse will check these for signs of the pregnancy, before they are disposed of.
- Before you go home, you will usually have a vaginal examination to check that the abortion is complete. Occasionally it may be necessary to arrange an ultrasound scan to check this.
- We will prescribe you a choice of painkillers for the day of the abortion. Most women find tablet painkillers adequate, but occasionally stronger painkillers are needed. We will give you 2 antibiotics on the day of abortion to reduce the chance of you having any infection problems afterwards.

There are different types of medical abortion and this will depend on how many weeks pregnant you are at the time of abortion.

## **a. Early medical abortion**

This is for women who are under 9 weeks pregnant. We will usually offer you the choice of day case medical abortion or early medical abortion at home (EMAH).

### **(i) Daycase medical abortion**

On the 2nd day of treatment, we will admit you to the ward for 6 – 8 hours. One of the nurses will look after you and you will usually pass the pregnancy whilst you are in the ward.

### **(ii) Early medical abortion at home (EMAH)**

You will be given the first medication tablet (Mifepristone) in the clinic. You will be given a medication pack to take home. This will contain the vaginal tablets which you will insert at home 2 days later. You will also be given antibiotics and painkillers to take at home. You will have heavy bleeding and pass the pregnancy at home, usually a few hours after the vaginal tablets. To be suitable for early medical abortion at home, you will need to meet certain criteria:

- Be 16 years or over
- Be in good general health, with no significant previous pregnancy problems
- Have someone at home with you for the whole day
- Have a telephone
- Have access to transport so that you can go back to hospital if you are concerned
- Be able to speak and read English well
- To be within 30 minutes travel time of a hospital with an A + E department
- Be able to give a follow-up contact number
- Agree to do a follow-up test after 3 weeks

If you choose an early medical abortion at home, we will give you a direct telephone number so that you can call for advice if you wish. You will use sanitary pads for the bleeding, and you can dispose of these exactly as you would for a period. We will advise you about how to confirm that the abortion has worked. Usually this will be a special type of pregnancy test, which you use at home after 3 weeks. Occasionally we will ask you to return for an ultrasound scan.

## **b. Later medical abortion**

We offer this to women who are between 9-18 weeks pregnant.

We cannot offer home treatment and you will need to stay in hospital for the day. Most women require to stay for up to 8 hours, but sometimes you will need to stay until the evening or, rarely, overnight.

When you are over 9 weeks pregnant, the abortion is likely to be more painful, and you will have more bleeding. The nurse looking after you will assess how you are getting on after 3 hours. At this point, some women will need to have more medication in the form of tablets. We will give you these tablets every 3 hours until you

pass the pregnancy. Once the pregnancy has been passed, we will give you an injection to make the womb contract and reduce the risk of heavy bleeding.

### **How long will I bleed for after the procedure?**

Most women bleed for 7 – 10 days after the abortion, with the first few days being quite heavy, and getting lighter after that.

Some women do bleed for longer, with bleeding lasting until the first period after the abortion.

You should not use tampons after the abortion. This helps prevent infection. You can use tampons again when your next period comes.

### **Placenta (Afterbirth)**

The placental (afterbirth) tissue usually passes at the same time as the pregnancy, or shortly afterwards. Sometimes (less than 1 woman in 20) the afterbirth does not come away, and you will need to go to theatre for a small operation to remove the afterbirth.

## **Section 4. Surgical Abortion**

### **Surgical abortion (operation) - 7 to 12 weeks pregnant**

You may decide to have a surgical abortion. This is a short operation you have under a general anaesthetic. This means that you will be asleep during the operation.

#### **Pre-assessment visit**

If you choose a surgical abortion, you will need to have a pre-assessment appointment. This is a routine check-up to make sure that you are fit enough to have your operation in day surgery.

At this appointment staff will check your general health, height, weight and blood pressure. Occasionally you will need other tests such as an x-ray or ECG (heart trace). The pre-assessment check-up may take place on the same day as your abortion clinic

appointment, or you may need a separate visit. We will also tell you what time you will need to fast from, on the day of your operation. **This means that you will have nothing to eat or drink from this time until your operation.**

### **Day Surgery admission**

We will tell you about the date, time and location of your day surgery when you are at the abortion assessment clinic. It is important that you arrive at the day surgery ward at the correct time. If you are late, your operation may be cancelled. When you arrive at the day surgery ward we will check your details.

We will admit you a few hours before your operation.

Once you are admitted, a doctor or nurse will check that you still wish to have the abortion. We will give you 2 small tablets to pop into your mouth. These tablets are to soften the neck of the womb, and to reduce the risk of any damage to the womb or cervix during your operation. We usually give you these tablets 2-3 hours before your operation. You may experience some cramps after taking the tablets.

Someone will be able to take you to the day surgery unit, but will not be able to stay with you after admission.

### **What happens during the operation?**

You will have a general anaesthetic. This means that you will be given an injection so that you are asleep and do not feel anything during the operation. During the operation the neck of the womb (cervix) is opened using dilators and the pregnancy is removed from the womb using gentle suction through a thin plastic tube. The operation usually takes 10-15 minutes. The operation is normally through the vagina, so you will not need any cuts or stitches.

### **What will happen after my operation?**

Once the operation is complete you will wake up in the recovery room and a member of the nursing team will take you back to the ward.

## Will I have any pain?

Most women have some period type pain for a few hours following the operation. In a few women, the pain may last for a few days.

You may use painkillers such as paracetamol or ibuprofen to relieve pain.

## When will I be able to eat and drink after the operation?

After about 30-45 minutes we will give you something to eat and drink. If you feel nauseous or if you vomit the nurse caring for you may give you an injection to help stop this.

## How long will I bleed for after the operation?

Most women bleed for 7-10 days after the abortion, with the first few days being quite heavy, and getting lighter after that. Some women do bleed for longer, with bleeding lasting until the first period afterwards.

You should **not** use tampons after the abortion.

This helps prevent infection. You can use tampons again when your next period comes.

## When will I be able to go home?

You will usually go home by the end of the morning or afternoon depending on what time of day you attend for the operation. Occasionally some women need to stay in hospital overnight following this operation. Please be prepared for this and make any necessary arrangements (such as childcare) before your admission.

As you have had an operation under a general anaesthetic, a responsible adult will need to accompany you home and stay with you overnight.

**You must not:**

- drive a car,
- operate machinery
- drink alcohol
- sign any important documents for the next 24 hours.

## **Section 5. What are the risks of Abortion?**

Abortion at any time in pregnancy is a safe procedure for which serious complications are uncommon. The earlier in the pregnancy you have an abortion, the safer it is. Your doctor or nurse should tell you about risks and complications that relate to the specific abortion procedure being offered to you. If you have concerns about the risks, tell your doctor or nurse know so that they can tell you more.

**Risks at the time of abortion include:**

- Excessive vaginal bleeding, so that you may need a blood transfusion. This only happens in around 1 in every 1000 abortions under 20 weeks of pregnancy but increases to 4 in 1000 abortions performed after 20 weeks of pregnancy.
- Damage to the cervix happens in no more than 1 in every 100 surgical abortions.
- Damage to the uterus happens in between 1 and 4 in every 1000 surgical abortions.
- Damage to the uterus happens in fewer than 1 in every 1000 medical abortions done between 12 and 24 weeks of pregnancy.

Should complications occur, treatment, including surgery, may be required.

**Risks after the abortion include:**

You are more likely to get problems in the 2 weeks after the abortion than at the time of the procedure itself:

- Up to 1 in 10 women will get an infection after an abortion. You will have a sexual health screen before the abortion, to make sure there is no pre-existing infection likely to cause complications. Taking antibiotics at the time of the abortion helps to reduce the risk of infection. You will be given two antibiotics on the day of abortion.
- The uterus may not be completely emptied of its contents and further treatment may be needed. This happens in fewer than 6 in 100 women having a medical abortion and 1-2 in 100 women having a surgical abortion. This can be managed with further antibiotics, but sometimes an operation may be needed to remove the pregnancy tissue from the uterus (womb).

## **Section 6. What happens after the Abortion?**

You may bleed for 2 to 3 weeks following the termination. However, some women bleed less than this, while others may bleed up until their next period. You should **not** use tampons after the abortion, to reduce the introduction of infection. You should use sanitary pads. You can use tampons again when your next period comes.

### **Will abortion affect my fertility in the future?**

If there were no problems with your abortion, it will not affect your future chances of becoming pregnant again in future.

Abortion does not increase the risk of a miscarriage, ectopic pregnancy or a low placenta, if you do have another pregnancy. However, you may have a slightly higher risk of premature birth.

### **Contraception after abortion**

It is very important that you make a plan for contraception after your abortion, so that you reduce the chance of having another unplanned pregnancy. Your fertility will return very quickly after the abortion, so it is vital that you start contraception right away. Your doctor or nurse will discuss your contraceptive choices,

and help you to make the right choice of method for you. Longer acting methods of contraception, like the implant and the intrauterine methods help to reduce the chance of another abortion, so it would be worth thinking about these options carefully. You will usually be provided with your chosen method on the day of abortion.

## **Do I need a follow-up appointment?**

You will have been given a contact number for the unit you attended for your abortion. If you develop excessive bleeding or pain within 48 hours of leaving the unit, you should contact the nurses there for advice. After that, if you are concerned, you should attend a Sandyford clinic, or your GP. Symptoms to be concerned about include:

- Ongoing pain, which is not responding to simple pain killers.
- Bleeding which becomes much heavier again
- Ongoing bleeding beyond 3 weeks
- A high temperature or fever
- A bad smelling vaginal discharge
- Ongoing symptoms of pregnancy, such as nausea or sore breasts.

We should have given you a supply of your chosen method of contraception on the day of abortion. However, if you do not have a contraceptive method, it is essential that you attend a Sandyford clinic or your GP to discuss your options, before you start having sex again.

A few women may have an ultrasound scan 2 weeks after the abortion. This is to confirm that all the pregnancy tissue was passed, and to check that you are no longer pregnant.

If you are advised that you need to have a scan, **it is very important you attend.**

Women who have chosen the early medical abortion at home will need to do a special type of pregnancy test, 3 weeks after the abortion.

**It is very important to remember to do this test, to confirm that the abortion has worked.**

## **Support after abortion**

For most women the decision to have an abortion is not easy.

How you react will depend on the circumstances of your abortion, the reasons for having it and how comfortable you feel about your decision. You may feel relieved or sad, or a mixture of both. Most women will experience a range of emotions around the time of the decision and the abortion procedure.

The majority of women who have abortions do not have long-term emotional problems.

An abortion will not cause you to suffer emotional or mental health problems in itself, but if you have had mental health problems in the past you may experience further problems after an unplanned pregnancy. These problems are likely to be a continuation of problems experienced before and can recur whether you choose to have an abortion or to continue with the pregnancy.

Specialist post abortion counselling is available through Sandyford.

You can make an appointment at reception, or by telephoning the counselling and support service on 0141 211 6700 and asking for a POTC appointment.

If you are worried how you will cope with this abortion, your doctor or nurse can arrange for you to see the counsellor soon after the abortion.

If you feel you have ongoing issues from a past abortion, you can make an appointment to speak to a counsellor, however long ago you had the abortion.

## **What happens to the pregnancy tissue after abortion?**

NHS Greater Glasgow and Clyde will deal respectfully with your pregnancy tissue, in keeping with national guidelines for sensitive disposal of pregnancy tissue. Pregnancy tissue will be placed in an individual box, and will be sent to the hospital mortuary. It will then be sent to a local crematorium for cremation. There will be no cremated remains (ashes) from the pregnancy. We will ask you to sign a consent form, giving your permission for cremation of the pregnancy tissue. If you wish to make your own arrangements for disposal of the pregnancy, speak to the doctor or nurse at the clinic about options.

## **Section 7. Additional Information**

### **Confidentiality and information sharing**

We will treat your information confidentially at all times, and only staff who are involved in your care are allowed to access your records. Your attendance at the abortion assessment clinic and any subsequent attendance for treatment and tests will be recorded in your records. The records used are Sandyford and hospital records.

We will write a letter to your GP, providing information about your attendance for abortion. It is important that your GP knows about your treatment, in case you had any problems afterwards.

### **Data protection and privacy assurance**

Information regarding your treatment is used to prepare statistics on patients undergoing abortions in Scotland. These statistics are necessary to monitor service delivery and ensure this can help to improve services available to patients in the future. To do this, data is provided in strictest confidence to the Information Services Division of NHS National Services Scotland (also known as Common Services Agency); this is sent securely via the office of the Chief Medical Officer, but is never seen by the Chief Medical

Officer or her staff. This information is shared in accordance with the requirements of the Abortion Act 1967 and the Abortion (Scotland) Regulations 1991. All personal data is processed and stored securely in accordance with the General Data Protection Regulation and all other relevant data protection laws. Personal data regarding your abortion treatment is never shared with any other organisation.

## **What if I am under 16 years old?**

Any young person, regardless of age, can give valid consent to medical treatment providing they are considered to be legally competent; that is, able to understand a health professional's advice and the risks and benefits of what is being offered. Your doctor or nurse will work with you to assess your understanding of the situation. All women under 16 years of age are encouraged to involve their parent or guardians or another supportive adult. If you choose not to do this, doctors can still offer you an abortion if they are confident that you can give valid consent and this is in your best interests.

You have a right to confidentiality like everyone else. However, if your doctor or nurse suspects that you are at risk of abuse or harm, they are obliged to involve social services. They would always try to discuss their concerns with you, before involving other services.

## **Gender Based Violence**

Between 1 in 3 and 1 in 5 women will experience emotional, physical and/or sexual abuse from a current or ex partner. Research suggests that 1 in 3 women seeking an abortion may have experienced abuse from a current or ex partner.

If you are currently in an abusive relationship, or you have experienced abuse in the past contact the National Domestic Abuse Helpline on **0800 027 1234** (24 hours) for information on support services in your area. Calls to this number are free and are not traceable on your telephone bill.

## **Abortion at 18-24 weeks**

Abortion is not available in NHS Greater Glasgow and Clyde at 18 weeks and above. If you are 18 weeks pregnant or more you will need to be referred to British Pregnancy Advisory Service (BPAS). You will usually have a consultation with an adviser in Glasgow, who will then arrange for you to attend a specialist abortion service in England. This may mean being away from home for up to 2 days.

Provided you are eligible for NHS care, NHS Greater Glasgow and Clyde will meet the cost of your treatment, travel and necessary accommodation.

## **What will happen if I can't speak English well?**

It is very important that you are able to understand all the information you receive. It is equally important that you are able to clearly explain to the doctor or nurse your situation and feelings about your decision. If you cannot speak English well enough, we will arrange for you to have a trained interpreter for your consultation and treatment. This interpreter will treat all your information confidentially. It is not acceptable for you to use a friend or family member to translate for you. However, you can bring someone with you for support if you wish.

## **What if I am not happy with the service I have received?**

If you feel unhappy about any aspect of your care, please tell the staff member looking after you.

This means we can try and resolve any concerns directly and quickly for you. If you do not feel able or comfortable to do this, you can ask to speak to another member of staff. If you feel your concerns are not being dealt with, you may wish to make a formal complaint.

## What if I wish to make a complaint?

If we have been unable to resolve your concerns, or you wish to make a formal complaint, you can get further information from NHSGGC complaints department. They will usually ask you to put your complaint in writing, and we will respond within an agreed timescale.

Telephone: **0141 201 4500** (for complaints only)

Email: **complaints@ggc.scot.nhs.uk**

## Useful Contact Details and Further Information

**TOPAR Appointments and Advice** **0141 211 8620**

**Sandyford Counselling and Support Services** **0141 211 6700**

**Sandyford Sexual Health Services  
and Information** **0141 211 8130**

If you wish to cancel your abortion appointment please call

**TOPAR, Monday-Friday, 8.30am – 4.30pm, 0141 211 8620**

**[www.sandyford.org](http://www.sandyford.org)**

For information and appointments for abortion over 18 weeks call  
**03457 30 40 30.**

**[www.bpas.org](http://www.bpas.org)**



## Abortion admission and contact details:

### Medical abortion:

#### First appointment:

Hospital or Clinic:

Ward:

Telephone:

Date:

Time:

### Second appointment:

Hospital or Clinic:

Ward:

Telephone:

Date:

Time:

**Surgical abortion:**

**Pre-assessment appointment:**

Hospital:

Clinic:

Telephone:

Date:

Time:

**Day surgery appointment:**

Hospital:

Ward:

Telephone:

Date:

Time:



If you would like this document in large print, Braille or audio format, please contact Sandyford on:

If you would like this document in another language, please contact:

如果您需要该信息的其它语言版本，请联系：

اگر این اطلاعات را به زبانی دیگر میخواهید لطفاً با این ادرس تماس بگیرید:

إذا رغبت في الحصول على هذه المعلومات بلغة أخرى، الرجاء الاتصال بـ:

ਜੇਕਰ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਦੂਜੀ ਭਾਸ਼ਾ ਵਿੱਚ ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸੰਪਰਕ ਕਰੋ:

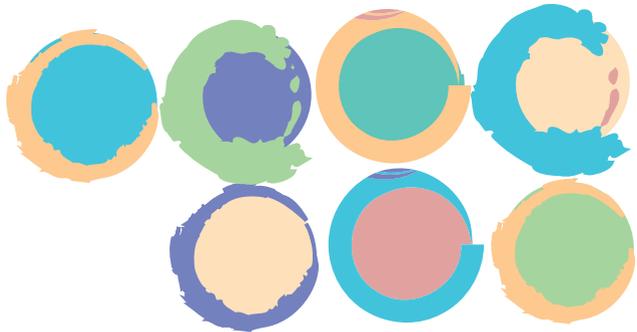
اگر آپ یہ معلومات کسی اور زبان میں حاصل کرنا چاہتے ہیں تو براہ مہربانی رابطہ کریں:

Eğer bu bilgilyi bir başka dilde istiyorsanız lütfen bağlantı kurunuz:

Jeśli chcesz uzyskać te informacje w innym języku skontaktuj się z:



**0141 211 8130**



September 2018

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