



Title	Medical Versus Surgical Termination of Pregnancy – A Health Technology Assessment
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Aim

To evaluate whether the introduction of medical abortion was the right decision or whether this decision should be revised.

Conclusions and results

There is strong evidence to support that the primary success rate (complete abortions with no need for later surgical intervention) is higher after surgical (98%) than after medical abortion (95%). There is moderate evidence to support a higher rate of antibiotic prescriptions based on verified or suspected infections after surgical (8–12%) compared to medical abortion (1–5%). Based on moderate evidence, side effects (abdominal pain, nausea, diarrhea, and dizziness) are more intense and last longer after medical versus surgical abortion. Moderate evidence supports that more women are satisfied with the surgical procedure (90–95%) than the medical procedure (75–80%). More women would also choose the same method of termination again after a surgical than after a medical procedure (85–94% vs 55–95%). Based on moderate evidence, more women are satisfied after choosing the medical method of termination themselves (82%) than if the method is determined by randomization (68%).

The medical regimen (mifepristone 200 mg + misoprostol 0.8 mg) with followup including a blood sample at the hospital and a clinical checkup by a general practitioner, is more cost effective than surgical abortion under general anesthesia. From the hospital's perspective, medical abortion at home is more cost effective than medical abortion in the hospital, but less cost effective from a societal perspective. Organizations that offer both medical and surgical abortion procedures are probably less efficient compared to organizations that offer only one of the procedures.

Recommendations

The higher risk of infection, or suspected infection, related to a surgical procedure is assumed to be associated

with reduced fertility in the future. However this association has not been directly investigated. If this assumption is proven, the medical procedure is recommended as the optimal abortion procedure, since most of the women undergoing termination of pregnancy wish to become pregnant later in life.

Methods

Systematic review, partly randomized study comparing medical and surgical abortion, cost analysis.

Further research/reviews required

The higher risk for infection/suspected infection related to a surgical procedure and its association with reduced fertility needs to be investigated.