

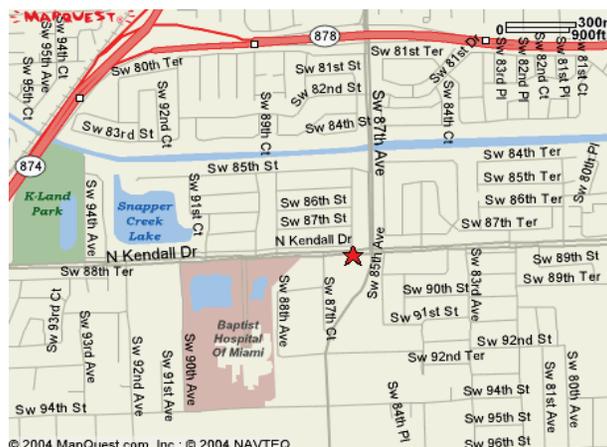
The Association is dedicated to safe, state-of-the-art, innovative surgeries and healthy lifestyles for women of all ages. In a nurturing environment, the physicians and staff strive to promote a partnership in your healthcare and make every effort to bridge the sterile science of diseases with your emotional, physical, and spiritual needs. Everyone is confronted with difficult healthcare decisions at one time or another. You'll want your physician and staff to have the knowledge, experience, and sensitivity to guide you safely through the decision-making process.

The Association of Minimally Invasive Gynecologic Surgeons provides comprehensive gynecologic office and surgical healthcare. The physicians are certified in laparoscopy and hysteroscopy and are experts in advanced gynecologic surgery. Doctors Whitted and Pietro are national speakers, trainers, and researchers in advanced surgical techniques. In addition, Doctors Pietro and Whitted are Certified Menopause Clinicians who educate, train, and research the science of menopause. Finally, they are certified in advanced colposcopy.

Doctors Whitted and Pietro offer expert education and care in the following areas:

- | | |
|---|-------------------------|
| Abnormal Paps (HPV) | Loss of Urine |
| Abnormal Menstrual Cycles | Menopause |
| Bladder Prolapse | Ovarian cysts |
| Chronic Pelvic Pain | Osteoporosis |
| Endometriosis | Rectocele |
| Ectopic Pregnancy | Uterine Prolapse |
| Family Planning/contraception | Vaginal Prolapse |
| Fibroids (Leiomyoma) | Well-Woman visit |
| ***Evaluation and Diagnosis of Gynecologic Cancers | |

If you need surgery, The Doctors in the Association perform most gynecologic surgeries with minimally invasive techniques to reduce hospitalization, recovery, scarring, discomfort and absence from work in most cases.



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...dedicated to healthy lifestyles and safe, state-of-the-art surgery for women of all ages.

Non-Surgical Termination of Pregnancy

What is the Abortion Pill?

Non-Surgical Termination of Pregnancy a form of early abortion caused by the combination of two medications, mifepristone and misoprostol. Also known as RU486, mifepristone has been used safely in Europe for many years. It is an early abortion option for women who are 8 weeks pregnant or less. During your first appointment you receive the mifepristone pills to take orally. Then 24 to 72 hours later, in the privacy of your own home, you insert 4 small tablets of misoprostol into your vagina, which causes cramping and bleeding resulting in a miscarriage. When used in combination, mifepristone and misoprostol are 95-97% effective within two weeks. Mifepristone and misoprostol are FDA approved.

How Does It Work?

Mifepristone blocks the hormone progesterone needed to maintain the pregnancy. Because this hormone is blocked, the uterine lining begins to shed, the cervix begins to soften and bleeding may occur. When the misoprostol is later inserted into the vagina, the uterus contracts and the pregnancy is usually expelled within 6-8 hours.

Because the woman decides when to take the second medication within the time frame of 24-72 hours after the first medication, she has some control over when she experiences the miscarriage and its side effects. Some women choose this approach because of the privacy it offers. Some women feel empowered by taking an active role in the process.



How is this done?

At your first appointment, an ultrasound is performed to confirm you are less than 8 weeks pregnant. You then speak with your doctor who explains how mifepristone and misoprostol work and makes sure you get your questions answered. Your health history is carefully reviewed and if you meet the criteria, the doctor will give you the mifepristone to take orally. You are also given 4 tablets of misoprostol (800 micrograms). At your first visit you will take the mifepristone (600 mg) orally. Between 24-72 hours later insert the 4 tablets of misoprostol deep into the vagina.

What to Expect?

Upon taking mifepristone at the clinic you may begin to bleed. As each woman's body is different, bleeding varies from woman to woman. Some may experience light bleeding much like spotting towards the end of a menstrual period. Others have heavier bleeding like their regular menstrual period, or like a heavy period. Some women do not experience any bleeding until taking the misoprostol.

Upon inserting the misoprostol tablets into your vagina, cramping, bleeding, and clotting may begin as soon as 20 minutes. Within the next 6-8 hours, most women will miscarry. Cramping may come in waves with increasing and decreasing intensity. You can expect bleeding heavier than a menstrual period with large clots. During this time, you will pass the embryo although you may not see it since it is very small. The amount of bleeding when using this approach is greater than with surgical termination of pregnancy.

Aftercare

A follow-up exam is scheduled for 2 weeks later to make sure the process is complete. If you have not yet miscarried, we will perform a surgical abortion. A very small percentage (5%) of women do not pass the pregnancy tissue and need a suction procedure to complete the process.

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Side Effects

Most of the side effects when using this protocol are caused by the second medication, misoprostol. Side-effects may include heavy bleeding, headache, nausea, vomiting, diarrhea, and heavy cramping.

Risks

Vaginal bleeding during the induced miscarriage could be extremely heavy. In rare situations it could require a surgical abortion and very rarely, a blood transfusion. You will be given our 24-hour call service to call if you have any problems. We are on call at all times to answer your medical questions and concerns.

If pregnancy is continued after taking these medications, there is a high risk of fetal deformities.

Criteria

This protocol may be an option for you if you:

- Are less than 8 weeks since the first day of your last menstrual period.
- Are willing and able to give informed consent
- Have the support you need such as access to reliable transportation and ability to communicate by telephone
- Live no more than 2 hours away from emergency medical care (a hospital)
- Are able to come back to the office for 2 follow-up appointments.
- Agree to have a surgical abortion if the Misoprostol does not induce termination.
- Are willing to insert medications into your vagina

Your Health

Due to the risk of serious health problems, mifepristone and misoprostol may not be recommended if you:

- Have had blood clotting problems or are taking anti-coagulants

- Have severe anemia
- Have adrenal failure
- Are taking long-term systemic corticosteroids
- May have an ectopic pregnancy
- Have a mass in the tubes or ovaries
- Have inherited porphyria
- Have an allergy to mifepristone, misoprostol or other prostaglandin medicine
- Have severe diarrhea

Future Fertility

According to studies of the FDA (Food and drug Administration) and the National Abortion Federation, there are no known long term risks associated with using mifepristone and misoprostol. Therefore, women may pursue another pregnancy whenever they feel the time is right after using

Other Options for Early Abortion

If you are at least 6 weeks by ultrasound, you can choose to have a surgical abortion, in which the cervix is dilated and suction aspiration is used to remove the pregnancy.

Another option may be a chemical or medical abortion using Methotrexate. Ask at the clinic about your particular circumstances.

Confusion

This treatment protocol should not be confused with Emergency Contraception Pills. They are completely different medications taken for different purposes.

Emergency Contraception ("morning after pill") is used to prevent pregnancy after unprotected sex when taken within 72 hours of the event. Emergency contraception does not cause abortion and it will not harm an existing pregnancy.