



Западно-Казахстанский государственный медицинский
университет имени Марата Оспанова



Другие виды аборта (криминальный аборт), аборт неуточненный

Выполнила: Шонмуринова А.

Проверила: Назарбаева Р.

Актобе, Казахстан
2019 год

- **Клинический протокол** от «27» августа 2015 года
Протокол №7
- <https://diseases.medelement.com/disease/>

**Список разработчиков протокола с указанием
квалификационных данных:**

- 1) Васьковская Ольга Владимировна – акушер-гинеколог, главный специалист гинекологического отделения АО «Национальный научный центр онкологии и трансплантологии».
- 2) Мустафин Рамиль Табрисович – кандидат медицинских наук, акушер-гинеколог РГП «Больница Медицинского центра Управления делами Президента Республики Казахстан» г.Астана.
- 3) Гурцкая Гульнара Марсовна – кандидат медицинских наук, доцент кафедры общей фармакологии АО «Медицинский университет Астаны», клинический фармаколог.

Рецензенты: Кобзарь Надежда Николаевна – кандидат медицинских наук, Негосударственного учреждения образования «Казахстанско-Российский медицинский университет» доцент, заведующая кафедрой акушерства и гинекологии.

Недостатки протокола

- В данном протоколе при проведении диф. диагностики можно было бы добавить следующие заболевания: сальпингоофорит, пиосальпинкс, пельвиоперитонит.

- **Р** – женщины с самопроизвольным выкидышем на ранних сроках
- **I** – мед. аборт
- **С** – вакуум аспирация
- **О** – полный выкидыш/задержка частей плодного яйца

Исследовательский вопрос:

- Приведет ли к полному выкидышу применение мед. аборта по сравнению с вакуум аспирацией у женщин с самопроизвольным выкидышем на ранних сроках?

Ключевые слова в Pubmed: spontaneous abortion, vacuum aspiration



US National Library of Medicine
National Institutes of Health

PubMed

Create RSS Create alert Advanced

Help

Article types

clear

Format: Abstract

Send to

✓ Clinical Trial

Review

Customize ...

Text availability

clear

Abstract

✓ Free full text

Full text

Publication dates

clear

5 years

10 years

Custom range...

Species

clear

✓ Humans

Other Animals

Clear all

Show additional filters

Best matches for spontaneous abortion, vacuum aspiration:

Operative hysteroscopy versus vacuum aspiration for incomplete spontaneous abortion (HY-PER): study protocol for a randomized controlled trial.

Huchon C et al. Trials. (2015)

Manual compared with electric vacuum aspiration for abortion at less than 6 weeks of gestation: a randomized controlled trial.

Dean G et al. Obstet Gynecol. (2015)

Expanding the use of manual vacuum aspiration for incomplete abortion in selected health institutions in Yaoundé, Cameroon.

Tumasang F et al. Int J Gynaecol Obstet. (2014)

Switch to our new best match sort order

Filters activated: Clinical Trial, Free full text, published in the last 5 years, Humans. Clear all to show 271 items.

Trials. 2015 Aug 19;16:363. doi: 10.1186/s13063-015-0900-1.

Operative hysteroscopy versus vacuum aspiration for incomplete spontaneous abortion (HY-PER): study protocol for a randomized controlled trial.

Full text links

Read free full text at BMC

PMC FREE Full text

Save items

Similar articles

Manual compared with electric vacuum aspiration for abor [Obstet Gynecol. 2015]

Complications of first-trimester abortion by vacuum aspiration after [Lancet. 2012]

Manual versus electric vacuum aspiration for early first-trime [Obstet Gynecol. 2004]

Review Surgical methods for first trim. [Cochrane Database Syst Rev. 2001]

Review Impact of vacuum aspiration abortion on ft [Fam Plann Perspect. 1983]

See reviews...

Format: Abstract ▾

Send to ▾

Obstet Gynecol. 2015 May;125(5):1121-9. doi: 10.1097/AOG.0000000000000787.

Manual compared with electric vacuum aspiration for abortion at less than 6 weeks of gestation: a randomized controlled trial.

Dean G¹, Colarossi L, Porsch L, Betancourt G, Jacobs A, Paul ME.

Author information

Abstract

OBJECTIVE: To evaluate whether manual or electric vacuum aspiration results in greater immediate confirmation of completed abortion at less than 6 weeks of gestation.

METHODS: Five hundred pregnant women presenting for surgical abortion with mean gestational sac diameter of less than 12 mm or no visible sac on ultrasonography were randomized to manual or electric vacuum aspiration. Tissue examination was performed by operating physicians, not blinded to group assignment, and by trained medical assistants, blinded to group assignment. Patients with no products of conception on gross inspection underwent repeat aspiration as necessary and serial human chorionic gonadotropin monitoring. All patients were scheduled for follow-up visits. The primary outcome was detection of products of conception in patients with subsequently confirmed completed abortion.

RESULTS: From April 2010 to October 2011, 252 patients were randomized to manual vacuum aspiration and 248 to electric vacuum aspiration. One hundred eighty-two (82%) patients in the manual vacuum aspiration group had products of conception identified and subsequently confirmed completed abortion compared with 164 (76%) patients undergoing electric vacuum patients ($P=.13$, relative risk 0.83, 95% confidence interval [CI] 0.64-1.07). In pregnancies of sac size 3 mm or less, including no visible sac, five of 29 (17%) patients undergoing manual vacuum aspiration had accurate identification of products of conception compared with four of 31 (13%) patients undergoing electric vacuum aspiration ($P=.64$, relative risk 0.85, 95% CI 0.44-1.63). Tissue reports of physicians and medical assistants had 90% concordance. Seventy-nine (16%) patients required human chorionic gonadotropin monitoring to confirm completed abortion. There were seven (1.4%) ongoing pregnancies, including four false-positive products of conception results and, among the latter, one presumed ectopic pregnancy.

CONCLUSION: Our study supports providing abortions to women who request them before 6 weeks of gestation using either manual or electric vacuum aspiration. Early aspiration is highly effective, although human chorionic gonadotropin monitoring may be necessary to confirm complete abortion.

LEVEL OF EVIDENCE: 1

Full text links



Save items

Similar articles

Manual versus electric vacuum aspiration for early first-trimester abortion [Obstet Gynecol.

Acceptability of manual versus electric vacuum aspiration for first trimester abortion [Contraception.

Manual vacuum aspiration for second trimester preterm labor [Int J Gynaecol Obstet.

Review First-trimester surgical abortion: a review of the literature [Obstet Gynecol Clin North A

Review Paracervical block in incomplete abortion using manual vacuum aspiration [Obstet Gynecol.

See rev

See

Recent Activity

Turn Off

Manual compared with electric vacuum aspiration for abortion

Operative hysteroscopy versus vacuum aspiration for incomplete

spontaneous abortion, vacuum aspiration AND (Clinical Trials