

Manual Vacuum Aspiration (MVA)

An information guide



Manual Vacuum Aspiration (MVA)

What is manual vacuum aspiration (MVA)?

MVA is a procedure to remove pregnancy tissue from the womb using a hand-held suction device.

It is done in an outpatient clinic under a local anaesthetic whilst you are awake.

It can be used as a treatment for miscarriage or retained products of conception (where some pregnancy tissue is left inside the womb after a miscarriage or delivery).

Is MVA a new procedure?

MVA has been performed for over 30 years worldwide.

It has been shown to be a safe and successful procedure which is well accepted by patients.

It offers an alternative option to women who want surgical treatment of miscarriage without needing to have a general anaesthetic (being put to sleep).

Why choose MVA over surgical treatment under general anaesthetic?

MVA under local anaesthetic (LA)	Surgical management under general anaesthetic (GA)
Clinic setting. Can eat and drink as normal.	Theatre setting. Nil by mouth for 6 hours before procedure
Planned appointment with less risk of cancellation	Increased risk of delays or cancellation awaiting theatre slot
No drowsiness and minimal nausea	Drowsiness and nausea due to GA
Shorter stay in hospital, usually 2 hours in total	Longer stay in hospital, minimum of 6 hours after procedure

Success rate of treatment is equal in both.

When is MVA not suitable?

MVA is not recommended in the following situations:

- If the pregnancy has progressed beyond 9 weeks due to the increased risk of bleeding and higher chance of the procedure failing.
- If you are allergic to local anaesthetic agents.
- If there is evidence of pelvic infection.
- If you have any anatomical abnormalities which may make it difficult to gain access inside the womb.
- If you have any bleeding disorders or significant anaemia.
- If your body mass index (BMI) is over 40

What happens if I choose MVA?

The doctor or specialist nurse will explain the procedure to you and ask you to sign a consent form. You will be given a date, time and place for your appointment. You will need baseline observations, blood tests and vaginal swabs performing prior to the procedure.

You will also be given a prescription for some medication to take 2 hours before your appointment – Misoprostol tablets and an anti-sickness tablet. You will need to collect this from the hospital pharmacy in advance.

You will also be advised to take painkillers such as paracetamol and ibuprofen or codeine approximately 1 hour before the procedure. Please ensure you let the doctors know about drug allergy.

Women who are less than 25 years of age or have had a previous sexually transmitted infection (STI) are at a higher risk of infection and will therefore be offered a single dose of an oral antibiotic.

What is Misoprostol?

Misoprostol tablets allow the cervix to soften. This makes the procedure safer as it is easier to insert the plastic suction tube through the cervix into the womb.

Are there any side effects with Misoprostol?

Misoprostol can cause nausea or vomiting and therefore your prescription will include an anti-sickness tablet. Other possible side effects include diarrhoea, abdominal pain, headache, hot flushes and an unpleasant taste in the mouth.

What does MVA involve?

A speculum is inserted into the vagina to visualise the cervix (neck of the womb). This is similar to during a smear test. Local anaesthetic is injected to numb the cervix and a narrow plastic tube is passed into the womb. The cavity is then emptied using gentle

suction. You may feel some discomfort similar to a crampy period pain. You can request that the procedure is stopped at any time.

With your consent, the contents of the suction tube is then sent to the laboratory and examined under a microscope to ensure that there is pregnancy tissue is present.

How long will MVA take?

The procedure itself takes approximately 15 minutes.

You will be monitored for up to 1 hour afterwards then you may go home once you feel well enough to do so. We recommend that someone escorts you home.

What happens after the MVA?

At home you may experience some crampy abdominal pain which is normally controlled with simple painkillers.

You can also expect some vaginal bleeding which normally settles within 7 days but can continue for up to 14 days. To reduce the risk of infection we recommend you use sanitary towels instead of tampons and do not have sexual intercourse until the bleeding has settled.

You can contact the Gynaecology Assessment Unit (GAU) or your GP if you are worried about worsening pain or heavy bleeding. These symptoms sometimes indicate an infection which may need treatment with antibiotics.

You may return to work after 48 hours or when you feel able to.

If your blood group is Rhesus negative, you will need an Anti-D injection.

You will be offered contact details for a counselling service and given a follow-up appointment for the Telephone Miscarriage Support Clinic to provide further advice and bereavement support.

With your consent, a discharge letter will be sent to your GP summarising the treatment you have had so that they are kept informed regarding your care.

What are the options if I do not want MVA?

- Conservative management – waiting for the pregnancy to pass naturally.
- Medical management – using medication to encourage the pregnancy to pass.
- Surgical management – a surgical procedure to empty the womb performed under general anaesthetic.

These will be discussed with you in more detail by a doctor or specialist nurse.

What are the possible complications of MVA?

All procedures carry a small risk of complications. Complications with MVA are similar to those that can be encountered with surgical treatment under general anaesthetic (GA). The risks of having a GA are obviously not applicable with MVA. Other risks may include:

- Infection – up to 40 in 1000 women (*common*)
- Heavy bleeding requiring blood transfusion – 0 to 3 in 1000 cases (*uncommon*)
- Perforation (a tear in the womb) – 1 in 1000 (*uncommon*)
- Injury to the cervix – less than 1 in 1000 (*uncommon*)
- Retained pregnancy tissue – up to 40 in 1000 women (*common*)
- Need for repeat procedure – 3 to 18 in 1000 (*uncommon*)
- An operation to repair any damage – this may be either keyhole or open surgery done under GA
- Scar tissue forming inside the womb – 160-180 in 1000 (*common*) – this can also occur following expectant or medical management and the significance remains uncertain

Future pregnancies

There is no time limit on how long you must wait before trying for a baby again but the following advice is generally recommended:

- That you wait until you have had at least one period as it allows time for your body to recover from the miscarriage and it makes calculating the dates of the next pregnancy more accurate.
- You and your partner should avoid smoking, drinking alcohol or taking recreational drugs.
- Aim to achieve a healthy weight and eat a balanced diet prior to falling pregnant.
- Ideally take folic acid for 3 months before trying to become pregnant and continue until you are 12 weeks pregnant

What shall I do if I have a problem or concerns?

- Contact your GP or ring GAU (0161 627 8855) if you notice any of the following symptoms – fever, dizziness, offensive vaginal discharge, prolonged heavy bleeding or severe abdominal pain.
- In the event of an emergency – go to your nearest A&E or call 999.

Sources of further help and advice:

The Miscarriage Association – www.miscarriageassociation.org.uk

Babyloss - <http://www.babyloss.com>

NHS Choices – www.nhs.uk

Patient Advice and Liaison Service (PALS) - To make comments or raise concerns about the Trust's services. A member of staff will be able to direct you to the PALS office

If English is not your first language and you need help, please contact the Interpretation and Translation Service

Jeśli angielski nie jest twoim pierwszym językiem i potrzebujesz pomocy, skontaktuj się z działem tłumaczeń ustnych i pisemnych

اگر انگریزی آپ کی پہلی زبان نہیں ہے اور آپ کو مدد کی ضرورت ہے تو ، براہ کرم ترجمانی اور ترجمہ خدمت سے رابطہ کریں

Dacă engleza nu este prima ta limbă și ai nevoie de ajutor, te rugăm să contactezi Serviciul de interpretare și traducere

ইংরাজী যদি আপনার প্রথম ভাষা না হয় এবং আপনার সাহায্যের প্রয়োজন হয় তবে অনুগ্রহ করে দোভাষী এবং অনুবাদ পরিষেবাটিতে যোগাযোগ করুন

إذا لم تكن الإنجليزية هي لغتك الأولى وتحتاج إلى مساعدة ، فيرجى الاتصال بخدمة الترجمة الشفوية والتحريرية

☎ : 0161 627 8770

@ : interpretation@pat.nhs.uk

To improve our care environment for Patients, Visitors and Staff, **Northern Care Alliance NHS Group** is Smoke Free including buildings, grounds & car parks.

For advice on stopping smoking contact the Specialist Stop Smoking Service on 01706 517 522

For general enquiries please contact the Patient Advice and Liaison Service (PALS) on 0161 604 5897

For enquiries regarding clinic appointments, clinical care and treatment please contact 0161 624 0420 and the Switchboard Operator will put you through to the correct department / service

The Northern Care Alliance NHS Group (NCA) is one of the largest NHS organisations in the country, employing 17,000 staff and providing a range of hospital and community healthcare services to around 1 million people across Salford, Oldham, Bury, Rochdale and surrounding areas. Our Care Organisations are responsible for providing our services, delivering safe, high quality and reliable care to the local communities they serve.

The NCA brings together Salford Royal NHS Foundation Trust and the hospitals and community services of The Royal Oldham Hospital, Fairfield General Hospital in Bury, and Rochdale Infirmary (currently part of The Pennine Acute Hospitals NHS Trust).

 www.facebook.com/NorthernCareAllianceNHSGroup

 www.linkedin.com/company/northern-care-alliance-nhs-group

 Northern Care Alliance NHS Group (NCA) @NCAlliance_NHS

Date of publication: June 2020

Date of review: June 2020

Date of next review: June 2022

Ref: PI(WC)314

© The Northern Care Alliance NHS Group

www.pat.nhs.uk

www.northerncarealliance.nhs.uk

