



A Guide to Manual Vacuum Aspiration (MVA)

Information for patients from Women's Health

We are sorry that you have had a pregnancy loss. To help you at this difficult time, you should have already received information on your different treatment options. This leaflet gives you information about a surgical option called **Manual Vacuum Aspiration (MVA)**. It explains what the procedure is, what happens during the procedure, and what the risks and benefits are. It also gives you advice on what will happen when you are discharged home.

If after reading this leaflet, you still have questions or concerns, please phone the hospital's Early Pregnancy Assessment Unit (contact details are at the end of this leaflet).

What is MVA?

MVA is a small handheld device that is used to empty the womb:

- after a delayed miscarriage (this is where a pregnancy has failed but the pregnancy sac is still in the uterus, or where no foetal heart beat is present but the pregnancy is still in the uterus)
- after an incomplete miscarriage (where some of the pregnancy tissue remains inside the uterus); or
- if management of the miscarriage using medication, to help empty the womb, has not been successful.

MVA is a safe procedure which has been used for more than 30 years.



Will I have a general anaesthetic?

Approximately two in 100 women may need a general anaesthetic for this procedure. A general anaesthetic means that you will be asleep for the procedure.

However, MVA does allow women to have this treatment without a general anaesthetic. If you do not have a general anaesthetic, it means you do not have to stop eating and drinking for your procedure, and your recovery will be much quicker.

What happens before my procedure?

- You will have an appointment in the Early Pregnancy Assessment Unit/Gynaecology Assessment Unit (EPAU/GAU), where your options following your miscarriage will be discussed with you.
- You will have blood tests to check your blood group and blood count.
- We will also ask you what you wish to happen to your pregnancy tissue after the procedure, as there are several options. This will be discussed with you and you will be asked to sign a consent form. Remember that you can withdraw your consent for treatment at any time.
- You will be asked whether you have any allergies and we will discuss your medical history with you. It would be helpful if you could bring to the hospital a list of any medications you are taking.
- You will be advised to take two pain relief medications before your procedure (this will help to reduce any pain you may feel). This will include: 1mg of paracetamol (2 tablets) and 400 mgs of Ibuprofen (2 tablets) to be taken one hour before your procedure's appointment time.
- If you are unable to take paracetamol or ibuprofen because of medical problems, please let the healthcare professional know as another medication can be prescribed.

If you have any questions or concerns please ask them at this appointment.

How long will I have to stay in hospital?

An MVA is done as a day procedure, you will be able to return home after your procedure.

What happens on the day of my procedure?

You can eat and drink as normal before your appointment. Please take all of your usual medications at the normal times.

Please refer to your appointment letter for where to come to when you arrive at the hospital. You will meet a specially trained healthcare professional who will explain the procedure to you and answer any questions that you may have. You will then be asked to sign a consent form. Remember you can withdraw your consent for treatment at any time.

You will be given two tablets of misoprostol to take (place it under your tongue or swallow) or these will be inserted into your vagina one hour before your procedure, which will help to soften your cervix (neck of your womb). Misoprostol can give you minor side effects such as mild abdominal (tummy) pain, nausea (feeling sick), vomiting, and diarrhoea.

What happens during my procedure?

You will be taken to the procedure room and given privacy to remove your lower clothing. Your partner or a close family member can be with you while you have your procedure. You will then be taken to the examination room where your healthcare professional will give you an internal examination using a speculum similar to the one used during a smear test.

You will be given a local anaesthetic injection into your cervix and some local anaesthetic gel into your womb; this will numb any pain. When you feel comfortable, your cervix will be stretched gently in order to pass the narrow hollow plastic tube of the MVA in to your womb. This will be followed by gentle suction to empty the contents of your womb.

You may have an ultrasound scan at the end of your procedure to check that it is complete. The whole procedure including preparation, local anaesthetic, and the treatment will take about 15 minutes.

Will I feel pain during the procedure?

You may have some cramps, like a period cramp, during this procedure. The pain relief we advise you to take before your procedure, along with the local anaesthetic gel inserted into your womb and the local anaesthetic injection given to your cervix will help reduce any pain. You will also be offered Entonox® (gas and air) that you can inhale during treatment. This will give further pain relief.

What happens after my procedure?

After your procedure you will be taken to a room to recover and you will be given some refreshments such as tea, coffee, or squash.

If you are Rhesus negative blood group you will be given an injection of Anti D before being discharged home. This will stop anti-body production in your body.

You will probably be ready to go home about an hour after your procedure.

Can I drive myself home?

We advise that you arrange for someone to drive you home.

What should I expect when I get home?

- You will have some period like cramping for the first 48 hours. You will be advised about what pain relief to take before leaving the hospital.
- You will also experience light to moderately heavy vaginal bleeding for up to two weeks following your procedure, this is normal. During this time, we recommend that you use sanitary towels and not tampons. We also advise you not to have sex until the bleeding has stopped. Both of these measures will help to reduce the risk of infection.
- You can return to your normal daily activities, including driving, the day after your procedure.
- If you have severe pain and very heavy bleeding in the first 48 hours, please go to your nearest Emergency (A&E) Department.

Why have I been asked to take a pregnancy test?

You will be advised to take a pregnancy test three weeks after your procedure. If the test is positive it could mean that your womb is not empty. If your test is positive, please contact the EPAU team at the hospital that performed your procedure.

What are the risks?

- During the procedure a small amount of **bleeding** is common (around one in 10 women will experience this); this will be controlled using medication.
- **Uterine perforation** (a small tear in the uterus). This happens in less than 5 in 1000 women and usually heals naturally. Sometimes we may need to have a look inside your tummy and control the bleeding or repair the tear. If this is necessary you will need to be admitted to hospital to have this done under general anaesthetic. This procedure can be done by laparoscopy (key hole) or laparotomy (cut on your tummy).
- **Infection** is common, affecting three in 100 women, although every precaution is taken during the procedure to reduce this risk. Should you develop an infection after your procedure you may have a high temperature, lower abdominal (tummy) pain, a bad smelling vaginal discharge, or continual and heavy vaginal bleeding. Please contact the EPAU/GAU team using the numbers listed at the end of this leaflet, as we may need to prescribe a course of antibiotics.
- **Retained pregnancy tissue** (some tissue is left behind). This may need further surgery and happens in approximately five in 100 women. Alternative options will be discussed with you by the healthcare professional. The Early Pregnancy Team will be able to advise you on this.

When can I start trying for another baby?

You can plan for your next pregnancy when you are physically and emotionally ready. However, we would suggest waiting until after your next period. During this time, you may wish to use some form of short term contraception such as condoms.

Contact details

Monday to Friday 8am to 4pm, contact the EPAU or GAU for advice.

- **Early Pregnancy Assessment Unit**
Queen Elizabeth the Queen Mother (QEQM) Hospital, Margate
Telephone: 01843 23 35 91
- **Gynaecology Assessment Unit**
Queen Elizabeth the Queen Mother (QEQM) Hospital, Margate
Telephone: 01843 23 50 09
- **Women's Health Suite**
William Harvey Hospital, Ashford
Telephone: 01233 63 89 31

Outside of these times please call the gynaecology ward/suite at the hospital you had your procedure if:

- you have heavy vaginal bleeding before your appointment
- you have any questions after your procedure; or
- you need urgent advice out of hours.

Further information

- **Miscarriage Association**
Telephone: 01924 29 88 34
Website: www.miscarriageassociation.org.uk

This leaflet has been produced with and for patients

If you would like this information in **another language, audio, Braille, Easy Read, or large print** please ask a member of staff. You can ask someone to contact us on your behalf.

Any complaints, comments, concerns, or compliments please speak to your doctor or nurse, or contact the Patient Advice and Liaison Service (PALS) on 01227 78 31 45, or email ekh-tr.pals@nhs.net

Patients should not bring in large sums of money or valuables into hospital. Please note that East Kent Hospitals accepts no responsibility for the loss or damage to personal property, unless the property had been handed in to Trust staff for safe-keeping.

Further patient leaflets are available via the East Kent Hospitals web site www.ekhuft.nhs.uk/patientinformation