Manual Vacuum Aspiration

Information for patients

This leaflet is for women who have sadly had a missed miscarriage (where the baby has died or failed to develop but is still inside your womb) or an incomplete miscarriage (where some, but not all of the pregnancy tissue is miscarried). You will have already received information on the different treatment options available to you. One of the options available is called Manual Vacuum Aspiration (MVA). This is a minor surgical procedure which can be conducted under a local anaesthetic (so you will still be awake). We hope this information will be useful in helping you understand the procedure, what your other options are and what to expect.

If after reading this leaflet, you still have questions or concerns, please ask a member of staff or phone the Early Pregnancy Unit (contact details are at the end of this leaflet).

What is Manual Vacuum Aspiration (MVA)?

MVA is a treatment for miscarriage which uses gentle suction through the cervix to empty the womb. This is an alternative to surgical management of miscarriage under a general anaesthetic and is performed using local anaesthetic (an injection to numb the cervix).

What are the benefits of MVA?

MVA is a highly successful, low risk option for management of miscarriage that has been used safely for over 30 years. Women choose it as it allows you to know when the miscarriage will happen and lets you plan accordingly. MVA has similar risks to surgical management of miscarriage under general anaesthetic (asleep), however, it benefits from avoiding the risks and side effects of a general anaesthetic. These include: no need for a cannula in your vein, no need to fast prior to the procedure, a short hospital stay, no need for someone to be with you overnight following the procedure and quicker recovery and return to normal daily activities.

What are the risks of MVA?

- Bleeding (light-moderate bleeding is common, heavy-severe bleeding is uncommon)
- Infection (4 in 100; this risk is similar for all methods of miscarriage management)
- Incomplete procedure (requiring further treatment) (3 in 100)
- Injury to the cervix or womb (1 in 1000). If an injury to the womb is suspected a period of observation in hospital maybe required and very occasionally an operation under general anaesthetic.
- Adhesions forming within the uterus that may impact on future fertility (likely less than 1 in 100). The risk of this appears to be far lower than with surgical management under general anaesthetic.

What are the alternatives?

You should have already had the opportunity to discuss all the options for management of your miscarriage with a member of staff. Alternatives to MVA include conservative management (waiting for the pregnancy to pass naturally), medical management (taking tablets to help the pregnancy to pass) or surgical management under a general anaesthetic (suction through the cervix to empty the womb with you asleep). If you wish to discuss any of these options in more detail, please ask a member of staff or get in touch with the Early Pregnancy Unit.

What to expect

1-2 days before the procedure

You will be given a tablet called mifepristone and advised to take this 24-48 hours before the procedure. This medicine makes the procedure more straightforward by softening the cervix. We also recommend you ensure you have a supply of paracetamol and ibuprofen at home. If there is any reason why you cannot take any of the above medicines, an alternative will be arranged.

On the day of procedure

The procedure will be performed in the Ambulatory Care Suite on the Gynaecology Ward at St John's Hospital, Livingston (Ward 12). We would recommend you allow 2 hours for your appointment, although the procedure itself only takes 10-15 minutes. You may wish to bring someone along for support and to drive you home afterwards.

On the day of the procedure, we ask that you take 800mg ibuprofen and 1000mg paracetamol 1 hour before the procedure.

You can eat and drink as normal on the day of the procedure and take any regular medications unless otherwise advised.

Immediately prior to the procedure you will be seen by a member of the nursing team for some routine observations. A doctor will also meet with you to go through the procedure and answer any questions. You will be asked to go to the toilet immediately prior to the procedure.

The procedure

The procedure will be conducted in a small procedure room in the Ambulatory Care Suite, not an operating theatre. A nurse, one or two doctors and a clinical support worker will be present. The support worker is there to support you through the procedure. You will be given privacy to remove your lower clothing. You will have a speculum examination, similar to one used for a cervical smear test. The doctor then injects local anaesthetic into the cervix to numb the area. The cervix is then gently stretched to allow the doctor to pass a thin plastic tube into the womb and the pregnancy tissue is removed into a syringe using gentle suction. An ultrasound scan at the time of the procedure is sometimes needed to ensure the womb is empty. The procedure takes 10-15 minutes during which most women feel cramps (like strong period pains). The pain relief we advise you take before the procedure and the local anaesthetic will help to reduce any pain.

After the procedure

You will be given privacy to redress then shown to a recovery room where you will be offered refreshments. You will be monitored until you feel well enough to go home; this is usually after 30 minutes–1 hour. If you have a rhesus negative blood group an injection of Anti-D immunoglobulin will be given. We would not recommend you drive immediately following this procedure.

Once home you may continue to feel mild cramps for a few days which can be managed with simple pain relief like paracetamol and ibuprofen. You may experience ongoing vaginal bleeding like the end of a period for a few days and up to 3 weeks after the procedure. Please avoid using tampons or having sex in this time as this can increase the risk of infection. A routine pregnancy test following this procedure is not required.

Your GP will receive a letter to notify them that you have had this procedure.

What happens to the pregnancy tissue?

In most cases respectful shared cremation is arranged by the hospital for any pregnancies ending in loss. If you wish to make private arrangements, the pregnancy tissue can be returned to you. We will ask you to sign a form to ensure that we are dealing the pregnancy in the way in which you wish.

When can I start trying for another pregnancy?

You can plan for your next pregnancy when you are physically and emotionally ready. We suggest waiting until after your next normal period. If you wish to use contraception, please let the doctor know as we can supply this for you.

Concerns following the procedure?

Please contact the gynaecology team on the numbers below if you experience:

- Bleeding that is heavy (changing pads every 2 hours)
- Bleeding that increases rather than lessens over the days or weeks after the procedure
- Offensive smelling discharge
- A high temperature
- Increasing pain.

These symptoms may suggest infection and you may require antibiotic treatment.

Contact details

St John's Hospital Early Pregnancy Unit (EPU): **01506 524 015** (Monday-Friday 08:30-16:30)

Gynaecology Ward 12, St John's Hospital: **01506 524 112** (Out of Hours when EPU is closed)

(For patients referred through the Pregnancy Support Centre at the Royal Infirmary of Edinburgh, they can also be contacted for advice on **0131 242 2438**; Monday-Friday 09:00-16:30; Saturday & Sunday 0900-15:30)

Further information and support

The Miscarriage Association:

www.miscarriageassociation.org.uk/story/mva/

SCAN ME

Pregnancy loss helpline:

01924 200799

Monday, Tuesday and Thursday 9am-4pm; Wednesday and Friday 9am-8pm.