Outpatient Surgical Care of Miscarriage using Manual Vacuum Aspiration (MVA)

Introduction

This leaflet aims to answer your questions about having manual vacuum aspiration. It explains the benefits, risks and alternatives, as well as what you can expect when you come to hospital.

What is MVA?

MVA is a simple and safe procedure that is being performed for more that 30 years with high success rates and good patient acceptability. It aims to empty the womb after a miscarriage without the need of a general anaesthetic. During MVA, a narrow tube is gently inserted in the womb and aspiration (gentle suction) is used to empty the womb. Local anaesthetic is used to numb any physical sensation felt, including pain.

MVA is similar to an ERPC, a surgical procedure that is done under general anaesthetic for the same indication.

What are the differences between MVA and ERPC?

1. MVA is done under local anaesthetic and pain killers. Therefore, you will feel period-like pain during the procedure, but in most cases this is not severe and wears off very quickly afterwards. On the other hand, recovery is very quick and you can be discharged from the hospital soon after the procedure is complete.

2. Both techniques are very similar and both result in 98-99% chance of removing all the tissue from the womb.

3. Both techniques result in reduced bleeding compared with medical or conservative management of miscarriage.

4. There is a reduced risk of womb perforation (accidentally making a hole in the womb) with MVA compared with ERPC.

5. There is a similar, low chance of other complications such as infection with all management options.

When is MVA offered?

MVA is appropriate if you have suffered an early miscarriage when part or all of the pregnancy tissue remains inside the womb.

What happens during an MVA?

MVA is performed by a doctor with the help of a nurse or a healthcare assistant. Your partner or a friend can be present during the procedure for support if you wish. The whole procedure takes about 20 minutes.

The doctor will perform a speculum examination in order to locate the neck of the womb. The neck of the womb will be cleaned with an antiseptic solution and will be numbed with local anaesthetic. When you feel comfortable the womb will be emptied with a small syringe and tube. While the womb is emptying, it will contract and that will be experienced as period cramps which vary in intensity between women, from almost unnoticeable to strong. If you feel pain during the procedure, we can give more local anaesthetic or provide gas and air. After the procedure is over you will be able to get dressed and walk back to your room.

What happens if I choose MVA?

The doctor will see you and discuss the procedure. You will be asked to sign a consent form and some blood tests will be taken at the same time. You will be given an appointment for the procedure.

Two to three hours prior to the procedure you will be offered a painkiller tablet and a vaginal suppository that softens the neck of the womb and makes the procedure easier and safer. The vaginal suppository is called Misoprostol. A small proportion of women can experience side effects from the suppository that include nausea, vomiting, diarrhoea or abdominal cramps or vaginal bleeding.

What happens after the MVA

We will monitor you for about one hour after the procedure. Any discomfort you feel during the procedure should settle soon after. Few women require more painkillers after the procedure. When you feel well enough and the bleeding is like a period or less, you can go home.

You can expect mild vaginal bleeding after an MVA which should get better every day and settle completely within ten days. We recommend that you use sanitary towels instead of tampons during this time and that you avoid intercourse, swimming and soaking in the bath until the bleeding settles completely. You are not expected to feel significant abdominal pain after an MVA. If you experience significant pain or heavy bleeding please contact the Early Pregnancy Unit or Ward 4C (out of hours). This is usually caused by an infection or retained pregnancy tissue.

You will be asked to take a pregnancy test at home three weeks after the procedure. If the pregnancy test is negative and the bleeding has settled completely, this means that all the pregnancy tissue has been successfully removed.

The tissue that will be removed from the womb will be sent to the lab and looked under a microscope. This is a routine procedure to exclude unusual conditions that require further follow up or can impact future pregnancies. Although we may not contact you routinely if the results are normal, you will be contacted and have a follow up appointment in the unlikely case of an abnormal result

When can I try to get pregnant?

Your next period is expected to occur about four weeks after the procedure, provided that you had a monthly cycle before getting pregnant. We recommend that you avoid getting pregnant again until you have a negative pregnancy test and one period following the procedure. After that, your body is physically prepared for a new pregnancy. However, you may choose to delay a new pregnancy for longer until you are emotionally and mentally ready. We recommend that you use a reliable form of contraception during that time.

What are the options if I don't want an MVA?

Other treatment options will be discussed with you by a nurse or doctor.

These include:

- Conservative management (waiting for the pregnancy to pass naturally).
- Medical management (using medication to encourage the pregnancy to pass).
- Surgical removal of the pregnancy under general anaesthetic (ERPC).

You are advised to discuss these options with the doctor or the nurse in the EPAU. We want to help reach the right decision for you.

What are the possible complications with an MVA?

MVA is safe but like all procedures there is a small risk of complications. The risk of complications with an MVA is similar and possibly lower compared to surgical uterine evacuation under general anaesthetic, without added complications that could be caused by a general anaesthetic.

Complications related to the procedure include:

Heavy bleeding (about 3 in 100 women), infection (the risk is small and is the same regardless of the way a miscarriage is managed), need for repeat operation due to retained pregnancy tissue (about 3 in 100 women), perforation of the womb (less than 1 in 100 women), there is also a risk of adhesions (scar tissue) forming within the womb. This risk varies greatly between published studies but it is though to be small. The implication of this in future pregnancies is uncertain but having surgical management of miscarriage does not reduce your chances for a livebirth in the future compared to other management options.

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

If you have any concerns, please:

- Contact the Gynaecology Assessment Unit (GAU) at Calderdale Royal Hospital (Telephone No: 01422 224416) if you need any advice between the hours of 8.30am –7.00pm weekdays, and 9.30am –1.00pm pm during the weekends.

- Out of hours you can contact ward 4C in Calderdale Royal Hospital (Telephone No: 014222 24415)

Alternatively you can:

- Contact or visit your GP.
- Call NHS 111 and speak to a specially trained nurse.
- go to your nearest Accident and Emergency (A&E) Department or call 999 in the event of an emergency.

Sources of further help and advice

The Miscarriage Association
website: **www.miscarriageassociation.org.uk**
Telephone No: 01924 200 799.
email: info@ miscarriageassociation.org.uk

Tommy's
website: **www.tommys.org**
Telephone No: 0800 0147 800

If you have any comments about this leaflet or the service you have received you can contact :

Ward Manager, Ward 4C/GAU
Calderdale Royal Infirmary
Telephone No: 01422 224475

www.cht.nhs.uk

If you would like this information in another format or language contact the above.

Potřebujete-li tyto informace v jiném formátu nebo jazyce, obraťte se prosím na výše uvedené oddělení

Jeżeli są Państwo zainteresowani otrzymaniem tych informacji w innym formacie lub wersji językowej, prosimy skontaktować się z nami, korzystając z ww. danych kontaktowych

ਹ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਪ੍ਰਾਰੂਪ ਜਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਲੈਣਾ ਚਾਹੁੰਦੇ ਹੋ,
ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਉਪਰੋਕਤ ਵਿਭਾਗ ਵਿੱਚ ਸਾਡੇ ਨਾਲ ਸੰਪਰਕ ਕਰੋ।

اگر آپ کو ہ معلومات کسی اور فارمٹ طرزبان میں درکار ہوں، تو
برائے مہربانی مندرجہ بالا شعبے میں ہم سے رابطہ کریں.

"إذا احتجت الحصول على هذه المعلومة بشكل مغاير أو مترجمة إلى لغة مختلفة فيرجى منك الاتصال بالقسم المذكور أعلاه"

Trust Quality Information
CHFT