Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

MVA – Manual Vacuum Aspiration

Patient Information

Obstetrics & Gynaecological Service

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The WWL Way

Introduction

We are sorry you have had a miscarriage. To help you get through this difficult time, you should have already received information on different treatment options and you have chosen a surgical treatment called Manual Vacuum Aspiration (MVA).

This booklet is designed to help you to understand the treatment you are about to undergo. If you have any further questions, please ask a member of staff or call the advice line number, provided at the end of this document.

What is MVA?

MVA is a way of emptying the uterus (womb) while you are awake. It is performed in the outpatient clinic, in a treatment room, and it takes about 15-20 minutes.

A speculum (similar to the instrument used during smear tests) is used to widen the vagina. Local anaesthetic is injected around the cervix (neck of the womb) to make the area numb. A narrow tube is then inserted through the cervix to empty the uterus by gentle suction using an aspirator (syringe). A vaginal scan may be performed after the procedure to make sure your womb is empty.

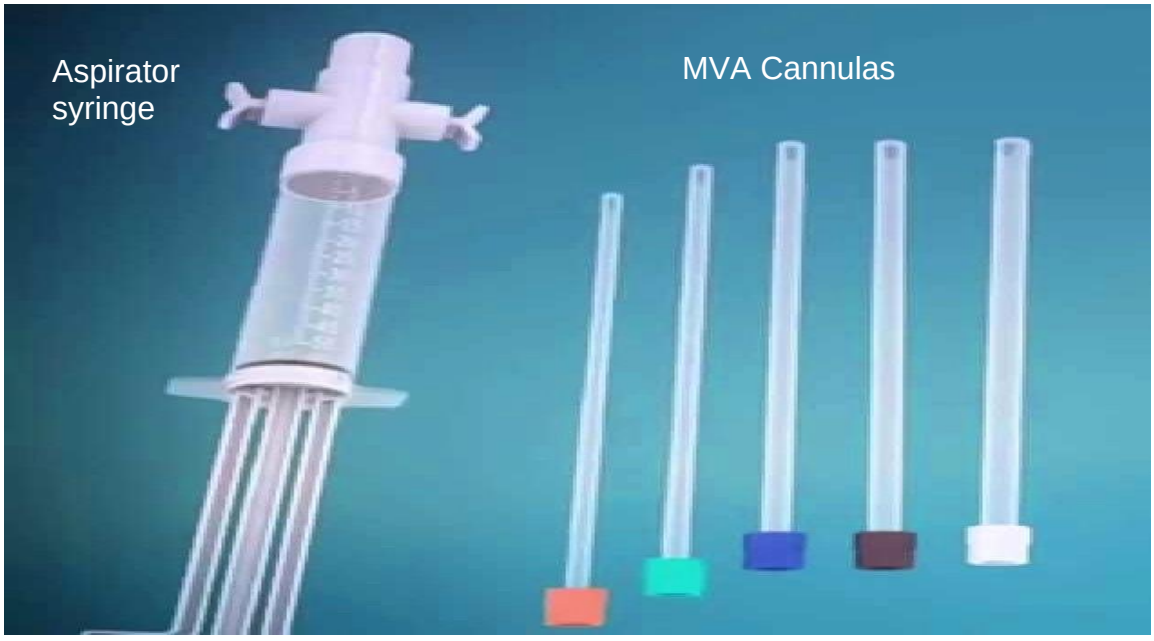

Figure 1 Aspirator syringe and MVA Cannulas

Why have an MVA?

MVA is offered to women in the following situations:

- Delayed miscarriage (where a pregnancy has failed, but the pregnancy sac is still present within uterus, or where no foetal heart beat is present, but the pregnancy is still within the uterus)
- Incomplete miscarriage (where some of the pregnancy tissue remains inside the uterus).

What are the advantages of MVA over surgical treatment using general anaesthetic?

- MVA is as effective as a surgical procedure and most women (98 out of 100) will not need any further treatment.
- There is reduced risk of uterus perforation and none of the risks associated with general anaesthesia.
- MVA has been shown to be 98-99% effective, with less blood loss and less pain.
- There is a much shorter length of stay in the hospital and shorter recovery time than after having a general anaesthetic.

Before your MVA

You will have been seen by one of the staff who will have taken details of your medical history and carried out any necessary clinical examinations and investigations. Please ask us any questions about the procedure, and feel free to discuss any concerns you might have at any time.

We will ask if you take any tablets or use any other types of medication, either prescribed by a doctor or bought over the counter in a pharmacy. Please bring all your medications and any packaging (if available) with you.

You will not have to stop eating and drinking prior to the MVA.

You will be admitted to Ward 2 at Leigh Infirmary. You will be attended by a member of the reception and/or nursing staff, who will allocate you to a bed and explain the procedure to you and show you the ward facilities such as the toilets and refreshments.

You will then be prepared for the procedure: This involves your being given vaginal tablets of a drug called Misoprostol. This softens the cervix and makes the procedure easier. Occasionally, you may also experience some contractions of the womb (cramps) as this medication works. Once the tablet is inserted, you will have to stay on the bed, as it is placed as close to the cervix (neck of the womb) as possible and if you walk around, gravity may cause this to dislodge and be less effective. The main side effects of Misoprostol are pain and bleeding. Other side effects may include diarrhoea (10-30%), vomiting (10-45%) and nausea (40-70%). Dizziness, chills, shivering and fever are also reported.

You will also be given some oral and/or rectal analgesia (pain relief) to lessen any pain; you will have a rectal antibiotic (Metronidazole) to attempt to prevent infection. You are given the medication rectally as Metronidazole can make you vomit if given orally, and the rectal analgesia is given to prevent irritation of the stomach, which can happen with oral doses.

During the MVA

You will be awake during the procedure. You will be asked to lie on a specially designed couch in the procedure room; the nursing staff will assist you into the correct position.

The doctor, doing the procedure will then place a speculum into the vagina, so that they will be able to see the cervix. They will then inject some local anaesthetic into the cervix to numb the area.

The cervix will then be gently dilated (stretched slightly open) and a small cannula (thin tubing) will be inserted into the uterus. A small aspirator (syringe) will then be attached to the cannula and then the tissue aspirated by hand. This may cause some discomfort. The contents are examined to ensure tissue has been removed and then the cannula is withdrawn.

You will then be taken back to your bed and allowed to rest and recover for up to an hour.

After the MVA

Eating and drinking – you are allowed to eat and drink normally both before and after the MVA.

Getting about immediately after the procedure – you will be allowed to mobilise straight after the procedure. However, the nursing staff will regularly take your pulse, blood pressure, temperature and monitor any vaginal bleeding.

Leaving hospital – generally, most people who have had this procedure will be able to leave hospital after an hour. However, the actual time that you stay in hospital will depend on your general health, how quickly you recover from the procedure and your nursing staff's opinion. We prefer that you have been able to pass urine before you go home and that someone will be with you for up to six hours.

Resuming normal activities including work – most women prefer to take the following day off work, both for the emotional and physical recovery. If you feel that you need longer, you are able to self-certificate for up to five days. If you have another child at home, we suggest you have another adult around to assist you.

Emotional impact – women react in different ways to a miscarriage: some women come to terms with what has happened within a few weeks, others can take much longer. It is normal to feel tearful and sad, angry or even guilty. Losing a baby can be a very painful experience for partners too, and sometimes their grief is unacknowledged.

Special measures after the procedure – women whose blood group is rhesus negative will be given an injection of Rhophylac (formally known as Anti-D) before leaving, to protect future pregnancies from being affected by Rhesus incompatibility.

Pain – you may have period-like pains for a few days; this is normal. Simple painkillers that you can buy over the counter, such as Ibuprofen and Paracetamol, should help this. If your pain is not relieved by this medication, then please contact us on the numbers below:

Ward 2 at Leigh Infirmary 01942 264252 or 01942 264857 between 8am and 4pm.

Out of Hours and Bank Holidays please contact Swinley Ward, Royal Albert Edward Infirmary on 01942 822072.

Vaginal bleeding – you may have some vaginal bleeding for up to three weeks following the procedure and we advise you to use sanitary towels and not tampons. Avoid sexual intercourse or swimming until the bleeding has stopped; this is to help prevent any infection. The bleeding is like a period for the first day or so, but this will lessen over time and you may even have a brown discharge before it stops completely. Should you have concerns that your bleeding is not settling, or you have a fever and flu-like symptoms, then contact your GP (General Practitioner) or contact us on the numbers above.

Next period and future pregnancies – your next period may happen in four to six weeks after the procedure. Prior to this, you will have ovulated and therefore will be able to become pregnant again. You may therefore wish to consider some form of contraception if you have not already made arrangements. Please discuss it at the time of the procedure or see your GP.

Check up and results – unless you are otherwise told, you will not be contacted following the procedure. However, if you have any concerns or questions, you can telephone Ward 2 on 01942 264252 or 01942 264857 between 8am and 4pm.

If this is not your first miscarriage and you meet certain criteria, you may be referred to the Recurrent Miscarriage Clinic. This may involve you having additional tests before this appointment.

Do I need to inform anyone about my miscarriage?

No, the staff on Ward 2 will have written to your GP and community midwife, and any antenatal scans or appointments will have been cancelled, so you do not need to worry about doing this.

What are the risks with MVA?

If you have a pre-existing medical condition, are obese or have had previous surgery, the quoted risks for serious or frequent complications will be increased.
Recent studies have shown that the failure rate of MVA is 5.3 – 10.4 in 100 women which is common.

Complications with MVA are very rare but may include:

- **Perforation of the uterus:** needing to be repaired with laparoscopy (keyhole surgery) under general anaesthetic (Uncommon)
- **Heavy bleeding** requiring surgical invention – 2.2 in 100 (common)
- **Moderate bleeding** >100ml – 2.4 in 100 (common)
- **Endometritis** (infection/inflammation of the uterus (womb)) requiring re-admission to hospital and having intravenous or oral antibiotics – 1.63–6.6 in 100 (common)
- **Creation of false passage**: During the procedure the MVA cannula (thin tubing) is guided inside the cervical canal then into the uterine cavity. This is the “right passage”. Sometimes, there are difficulties to get through the right canal, which might lead to forcing the passage and “digging a tunnel” in the cervix, or in the uterine wall creating a false passage by tunnelling a new passageway in the cervix wall, or the uterus. This complication is uncommon and reported incidence is – 1 in 250 procedures.

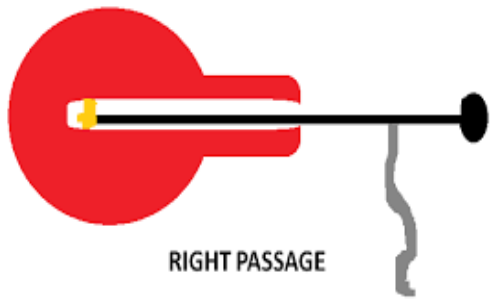

Figure 2 Image showing Right Passage

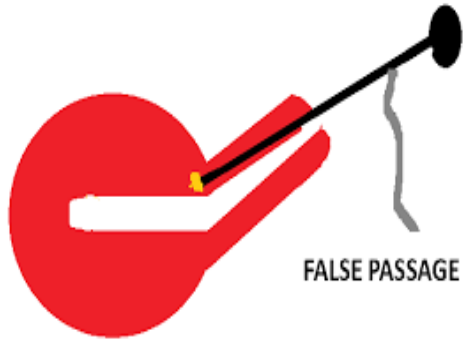

Figure 3 Image showing False Passage

- **Severe pain** requiring overnight hospital stay – 0.81 in 100 (uncommon)
- **Some pregnancy tissue remaining:** needing repeat MVA or a surgical procedure using general anaesthetic

Feeling faint after or near the end of the treatment: this reaction is normal and disappears soon afterwards.

Alternative procedures or treatments that are available

- The tissue and/or blood clot may pass naturally (conservative/expectant management of miscarriage).
- You can also have medication to empty the womb (medical management of miscarriage).
- We can perform an operation to remove this under general anaesthesia (surgical management of miscarriage).

What happens to any tissue or the foetus?

Any tissue or foetal parts are disposed of respectfully according to the Trust policy and sent to the mortuary. You will be asked for your consent prior to the procedure to do so.

No other investigations are usually carried out into the cause of the miscarriage at this time, unless specifically discussed with you.

If you have any of the following symptoms within two weeks of the treatment:

- Vaginal bleeding, which is heavy and fresh, bright red or the passing of clots.
- Pain which is severe and not controlled by your recommended painkillers.
- A smelly vaginal discharge.
- Feeling unwell, hot and feverish.

You may choose to contact the early pregnancy unit at:

- Ward 2 at Leigh Infirmary 01942 264252 or 01942 264857 between 8am and 4pm
- Swinley Ward, Royal Albert Edward Infirmary on 01942 822072 or 01942822568 out of hours and Bank Holidays

Or, in an emergency situation, attend A&E at Royal Albert Edward Infirmary (RAEI) Hospital or call 999.

If you experience any of the above symptoms after two weeks, contact your GP immediately.

Further resources you may find useful:

The Miscarriage Association: www.miscarriageassociation.org.uk

Telephone: 01924 200799

Living Life to the Full: www.llttf.com

We Can Talk: www.wecantalk.org Telephone: 0345 0450620

If you require any counselling services, please see your GP.

We hope you have found this information helpful. Please remember our staff will be happy to answer any questions you have about any aspect of your care, and welcome any comments about this leaflet.

Please use this space to write notes or reminders.

Comments, Compliments or Complaints

The Patient Relations/Patient Advice and Liaison Service (PALS) Department provides confidential on the spot advice, information and support to patients, relatives, friends and carers.

Contact Us

Tel: 01942 822376 (Monday to Friday 9am to 4pm)

The Patient Relations/PALS Manager
Wrightington, Wigan and Leigh Teaching Hospitals NHS Foundation Trust
Royal Albert Edward Infirmary
Wigan Lane
Wigan WN1 2NN

Ask 3 Questions

Become more involved in decisions about your healthcare. You may be asked to make choices about your treatment. To begin with, try to make sure you get the answers to three key questions:

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?

https://www.wrightingtonhospital.org.uk/media/downloads/sdm_information_leaflet.pdf

How We Use Your Information

For details on how we collect, use and store the information we hold about you, please take a look at our “how we use your information” leaflet which can be found on the Trust website: https://www.wwl.nhs.uk/patient_information/leaflets/

This leaflet is also available in audio, large print, Braille and other languages upon request. For more information please ask in the department/ward.

Call 111 first when it’s less urgent than 999.

Phone: 0808 802 1212
Text: 81212
www.veteransgateway.org.uk