

# Manual Vacuum Aspiration (MVA) -

*Surgical treatment of miscarriage  
using local anaesthetic*

Information for patients



## This leaflet aims to:

- Answer your questions about having manual vacuum aspiration (MVA).
- Explain the benefits, risks and alternatives of MVA.
- Explain what to expect when you come to hospital for treatment.
- If you have any further questions, please speak to a doctor or nurse caring for you.

## What is manual vacuum aspiration (MVA)?

MVA is a way of emptying the uterus (womb) using local anaesthetic while you are awake, as treatment for miscarriage before 12 weeks of pregnancy.

MVA can also be used as treatment for retained products of pregnancy where some pregnancy tissue is left behind after a miscarriage or birth.

It can also be used in treatment for a termination of pregnancy.

MVA uses a narrow tube which is placed through the vagina into the uterus and removes the pregnancy tissue using gentle suction. Anaesthetic is applied to the cervix (neck of the womb) to numb the pain.

## Is MVA a new procedure?

No. MVA has now been performed for more than 30 years in the United Kingdom, United States and globally. It has been shown to be a safe procedure, with high success rates and good patient acceptability.

It offers an additional choice on managing miscarriage.

## Why choose MVA over surgical management under general anaesthetic?

| Manual vacuum aspiration under local anaesthetic                                      | Surgical management under general anaesthetic  |
|---|--|
| Provided in a clinic setting  | Provided in an operating theatre setting   |
| Planned appointment - less risk of cancellation                                       | Planned admission to the ward however there is an increased risk of delays or cancellation while waiting for availability of theatre space |
| <b>The success rate of treatment is equal</b>   |  |
| Local anaesthetic used therefore no grogginess and minimal nausea after the procedure | General anaesthetic used therefore increased grogginess and nausea after the procedure   |
| Shorter stay in hospital. Approximately 2 hours                                       | Longer stay in hospital. Usually a minimum of 6 hours  |

## What happens if I choose MVA?

Your doctor or specialist nurse will explain the procedure, what is involved and give you a date, time and place for your appointment.

- You may be asked to have some blood tests done before you go home.
- You may have some vaginal swabs to check for vaginal or pelvic infection.

If you have changed your mind or if you experience heavy vaginal bleeding before your appointment, please call the Gynaecology Acute Treatment Unit (GATU) and discuss this with a nurse.

## What happens on the day of the procedure?

The doctor will ask you questions on your symptoms and general health. They will then consent you and prescribe you medicines:

- Pain relief.
- An anti-sickness tablet.
- Tablets to soften your cervix (neck of the womb) to make the procedure safer. This medication is called **misoprostol**. You will be advised to place it under your tongue and allow it to be absorbed. This can take 10-15 minutes.
- You may also require antibiotics.

## *Are there any side effects with Misoprostol?*

You might experience side effects with the misoprostol tablets.

Possible side effects include: nausea, vomiting, diarrhoea, abdominal pain, headache, hot flushes and unpleasant taste in the mouth.

## What does MVA involve?

You will have a speculum examination (internal vaginal examination) done by a doctor with the assistance of a nurse or healthcare assistant. Your cervix will be numbed with a local anaesthetic. When you feel comfortable the womb will be emptied with a small syringe and tube. The procedure is complete once the doctor has performed a scan to confirm that the pregnancy tissue has been removed.

## How long will MVA take?

The procedure takes about 15 minutes. You may feel slight discomfort during the procedure similar to period pain. If you feel pain please let the nurse and doctor looking after you know.

You will be in the hospital for a total of 2 -3 hours. The medicine before the procedure takes about 30-60 minutes to work and after the procedure you may need to stay for up to an hour to ensure you are feeling ok. Please remember the Gynaecology Acute Treatment Unit (GATU) also sees emergency patients who may need to be seen first.

## What happens after the MVA?

- We will monitor you after the procedure. You can leave the hospital once you feel well enough to go home.
- We recommend someone escorts you home after the procedure.
- You can expect some vaginal bleeding after the MVA. This usually settles within seven days. If the bleeding becomes heavier or you are concerned about the amount of bleeding, you will need to attend the Gynaecology Acute Treatment Unit at St James's University Hospital or go to your GP as this may indicate an infection.
- We recommend you use sanitary towels instead of tampons and do not have sexual intercourse until the bleeding has settled. This reduces the risk of infection.
- You may return to work after 48 hours, or when you feel able.
- **If your blood group is Rhesus negative you will need an injection of Anti-D. Please ask for further information on Anti-D, if required.**

## What are treatment options other than 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.

Please ask the doctor or nurse looking after you and read the leaflet, Miscarriage: Information for Patients.

## What are the possible complications of MVA?

- MVA is safe but like all procedures there is a small risk of complications.
- Complications with MVA are similar to those associated with surgical uterine evacuation under general anaesthetic. However, with MVA there are no complications caused by a general anaesthetic.
- Complications include heavy bleeding (haemorrhage), infection, need for a repeat operation if not all the pregnancy tissue is removed (three in 100) and a perforation (tear) of the womb that may need repair (less than one in 1,000).
- If a perforation occurs (uncommon) a laparoscopy (keyhole surgery) or laparotomy (open surgery) under general anaesthetic may need to be performed.
- The risk of infection is the same with surgical treatment (MVA or surgery under general anaesthesia), medical treatment or conservative treatment.

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

*If you have any concerns, please:*

- Contact or visit your GP.
- Phone the Gynaecology Acute Treatment Unit for advice on telephone number: 0113 20 65724 or phone the St James's University Hospital switchboard on: 0113 243 3144.
- Call 111 or visit the website: <https://111.nhs.uk/>
- Go to your nearest accident and emergency (A&E) department or call 999 in the event of an emergency.

## Useful resources

### The Miscarriage Association

- [www.miscarriageassociation.org.uk](http://www.miscarriageassociation.org.uk)
- 01924 29 8834

### Babyloss

- [www.babyloss.com](http://www.babyloss.com)

A UK based resource of information and support for bereaved parents and their families who have lost a baby at any stage of pregnancy.

### NHS Choices

- [www.nhs.uk](http://www.nhs.uk)

Provides online information and guidance on all aspects of health and healthcare, to help you make choices about your health.



## Check List prior to referral to MVA

(All must be complete prior to referral to MVA clinic)

- FBC and group and save.
- Vaginal swabs (can be self taken VVS/LVS).
- Prescription for anti-emetic and misoprostol.
- Advice given regarding taking paracetamol 1 gram (2 tablets) and ibuprofen (NSAIDs) 400mg 1-2 hours before appointment.
- Inform where the procedure is and that male patients may also be present in the waiting/discharge room.
- Copy of ultrasound report confirming gestation less than 12 weeks.

## Questions / Notes

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