

Manual Vacuum Aspiration for Management of Miscarriage

Gynaecology

Introduction

We are sorry that you have miscarried. Unfortunately, some pregnancy tissue remains in the womb (uterus) and we will have discussed the options for you. This leaflet will give you information about the treatment option known as manual vacuum aspiration.

What is Manual Vacuum Aspiration?

Manual Vacuum Aspiration (MVA) is a short outpatient procedure done under local anaesthetic to empty the womb of any remaining tissue.

What are the benefits of this procedure?

- **Success rate:** This procedure is successful in removing all the pregnancy tissue in 94-98% of patients
- **Less invasive procedure:** Previous management involving surgery has required general anaesthetic and a longer procedure. The MVA approach is associated with less pain after the procedure. It carries a lower risk of uterine perforation and avoids risks associated with general anaesthetics
- **Less bleeding:** As with other surgical methods of treating miscarriage such as ERPC, it is expected that MVA will cause less bleeding than is commonly seen with conservative or medical treatment approaches
- **Quicker recovery:** Opting for MVA will require less recovery time in hospital; (in most cases, you will not need to be admitted overnight), and spend less time at home before returning to work

What are the disadvantages?

- **Pain:** Despite local anaesthetic, some pain is to be expected both during and after the procedure. In most cases, it is described as similar to period like cramps
- **Being conscious for your treatment:** A general anaesthetic is not required to receive MVA but some patients may find it uncomfortable to be awake for the procedure
- **Post-procedure complications:** MVA is rarely ineffective at treating miscarriage but may have to be done a second time. There is also a small risk of infection and uterine perforation

The prevention of infection is a major priority in all healthcare and everyone has a part to play.

- Please decontaminate your hands frequently for 20 seconds using soap and water or alcohol gel if available
- If you have symptoms of diarrhoea and/or vomiting, cough or other respiratory symptoms, a temperature or any loss of taste or smell please do not visit the hospital or any other care facility and seek advice from 111
- Keep the environment clean and tidy
- Let's work together to keep infections out of our hospitals and care homes.

What are the risks of the procedure?

In addition to the disadvantages, the specific risks of the procedure are:

- **Bleeding** – some bleeding is expected after the procedure, but bleeding that is heavy and needs further treatment happens in 2 in 100 women
- **Infection** – this occurs in up to 6 in 100 women and is usually treated with oral antibiotics
- **Pain** – although you are given local anaesthetic and pain relief, around 8 in 1000 women are unable to tolerate the procedure
- **Retained pregnancy tissue** – the procedure is largely effective but tissue can be left behind in up to 6 in 100 women
- **Uterine perforation** – during the procedure, it is possible to make a small hole in the womb. This may require a further operation to check for damage in the abdomen. This happens around 4 in 1000 times

What are the alternatives to Manual Vacuum Aspiration?

Your specialist doctor will be able to advise you on the different possible methods of treating your case of miscarriage. This newer alternative does not affect the availability of other treatments for miscarriage.

- **Conservative:** This approach involves waiting for the miscarriage to resolve naturally without intervention. It is not always effective and may involve bleeding and pain for a longer period of time
- **Medical:** This method uses tablets that are normally inserted into the vagina to encourage the body to complete the process of miscarriage
- **Surgical:** Surgical evacuation of retained products of conception is a procedure done under a general anaesthetic in an operating theatre

The choice about which treatment is best for you will be made together with your doctor or specialist nurse. This will be based on the risks and benefits of the treatment and individual circumstances. We must seek your consent for any procedure or treatment beforehand.

Your doctor or specialist nurse will explain the risks, benefits and alternatives where relevant before they ask for your consent. If you are unsure about any aspect of the procedure or treatment proposed, please do not hesitate to ask for more information.

How is the procedure carried out?

This procedure is done whilst you are awake to help remove the risks from general anaesthetic and help you recover quicker.

Prior to the procedure you will be given analgesia (pain relief) and medication to soften the cervix (neck of the womb).

Shortly after this, you will be escorted to the treatment room where using a speculum, we locate the cervix. Local anaesthetic will be applied to the cervix to block the nerves there and reduce your discomfort.

Following this, the cervix is dilated (opened) and a small tube passed through into the womb. The womb is then emptied of any tissue remaining. You will hear some noises of the suction during this time and feel some crampy period-type pain.

How long does the procedure take?

The total procedure normally lasts around 10-15 minutes, with the emptying of the uterus only taking 2-3 minutes.

What happens after my treatment?

- Following MVA treatment, you will be kept in the unit for about half an hour for monitoring and allowed home as long as there are no concerns
- Feeling dizzy or light-headed is possible, this normally eases with time. Painkillers will be available if you are in discomfort
- You will be able to eat and drink as soon as you feel able to
- Once home, you may need a few days to fully recover until you feel ready to return to normal work and/or normal daily activity
- You will be asked to complete a urine pregnancy test in two weeks and phone the Early Pregnancy Assessment Unit if the result is positive

Where can I get further information?

Early Pregnancy Assessment Unit (EPAU)

01902 269 8362 (Monday – Friday, 9:00am-5:00pm)

NHS 111

Miscarriage Association

01924 200 799; www.miscarriageassociation.org.uk

English

If you need information in another way like easy read or a different language please let us know.

If you need an interpreter or assistance please let us know.

Lithuanian

Jeigu norėtumėte, kad informacija jums būtų pateikta kitu būdu, pavyzdžiui, supaprastinta forma ar kita kalba, prašome mums apie tai pranešti.

Jeigu jums reikia vertėjo ar kitos pagalbos, prašome mums apie tai pranešti.

Polish

Jeżeli chcieliby Państwo otrzymać te informacje w innej postaci, na przykład w wersji łatwej do czytania lub w innym języku, prosimy powiedzieć nam o tym.

Prosimy poinformować nas również, jeżeli potrzebowaliby Państwo usługi tłumaczenia ustnego lub innej pomocy.

Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਰੂਪ ਵਿਚ, ਜਿਵੇਂ ਪੜ੍ਹਨ ਵਿਚ ਆਸਾਨ ਰੂਪ ਜਾਂ ਕਿਸੇ ਦੂਜੀ ਭਾਸ਼ਾ ਵਿਚ, ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

ਜੇ ਤੁਹਾਨੂੰ ਦੁਭਾਸ਼ੀਏ ਦੀ ਜਾਂ ਸਹਾਇਤਾ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

Romanian

Dacă aveți nevoie de informații în alt format, ca de exemplu caractere ușor de citit sau altă limbă, vă rugăm să ne informați.

Dacă aveți nevoie de un interpret sau de asistență, vă rugăm să ne informați.

Traditional Chinese

如果您需要以其他方式了解信息，如易读或其他语种，请告诉我们。

如果您需要口译人员或帮助，请告诉我们。