

## Patient information factsheet

# Manual vacuum aspiration (MVA)

We hope this factsheet will help to answer some of your questions about having a manual vacuum aspiration (MVA). It describes the benefits, risks and alternatives, as well as what you can expect when you come to hospital.

If there is anything you do not understand or would like more information about, please ask a member of your medical team to explain further.

### What is MVA?

A manual vacuum aspiration (MVA) is a way of surgically treating miscarriage when there is pregnancy tissue remaining within the womb. MVA uses a narrow tube to enter and empty the womb using aspiration (gentle suction). Local anaesthetic is applied to the cervix (neck of the womb) to numb feelings of pain and discomfort. You will be awake during the procedure.

### 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 inside the womb, or where the baby's heart has stopped beating but the pregnancy is still within the womb)
- incomplete miscarriage (where some of the pregnancy tissue remains inside the womb; this can occur if medical management has been tried and failed)

### Is MVA a new procedure?

MVA has been performed for more than 30 years and has recently been introduced at Princess Anne Hospital. It offers an additional choice for women who have experienced a miscarriage who want surgical management, but want to avoid having a general anaesthetic. There is very good evidence that has shown it is a safe procedure, with high success rates and good patient satisfaction.

### What does an MVA involve?

You will have a speculum examination (similar to that at a smear test) by a doctor with the assistance of a nurse or healthcare assistant. This will allow the doctor to assess the cervix, which will be numbed with local anaesthetic gel and a local anaesthetic injection.

When you feel comfortable and ready, the pregnancy tissue will be removed with a small tube attached to a syringe.

You will feel some discomfort during the procedure (similar to period pain). Entonox ('gas and air') will also be available for you to use if you wish. If you feel pain please let the nurse or doctor know. Additional local anaesthetic may be possible but if you find the procedure too uncomfortable it can be stopped and the treatment abandoned. Sometimes an ultrasound scan may be repeated to check that all of the pregnancy tissue has been removed.

## How long will the MVA take?

The actual procedure takes about 15 minutes. Please arrive for your appointment time. You will stay for about one hour after the procedure.

## What happens if I choose MVA?

You will be given an appointment to attend the colposcopy and hysteroscopy department on H level at Princess Anne Hospital. A doctor will see you and discuss the procedure.

You will have been given pessaries to soften the cervix (misoprostol) which you should insert two hours before your appointment time. Some women will experience side effects with these misoprostol tablets. Possible side effects include nausea, vomiting, diarrhoea, abdominal pain, headache, hot flushes and an unpleasant taste in the mouth. These side effects are reduced by giving the tablets vaginally (ask a member of your healthcare team for more information about this). You may experience some bleeding.

**If the bleeding becomes heavy or you are concerned, or if you think you no longer need the procedure, please call the early pregnancy unit and discuss this with a nurse or doctor. You may be asked to come in earlier for your appointment.**

## What happens afterwards?

We will monitor you for one hour after the procedure. This includes reviewing vaginal bleeding and any pain you are having. 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 than the end of a period (or you are concerned about the amount of bleeding) you will need to contact the early pregnancy unit (EPU) during daytime hours), or Bramshaw ward (out of hours).

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 the options if I do not want MVA?

Other treatment options will be discussed with you by a nurse or doctor to help you decide. 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 (as MVA but with electric suction and a general anaesthetic).

## How does MVA compare to surgery under general anaesthetic?

Many studies have compared MVA to surgical evacuation under general anaesthetic. They show MVA to be equally effective. Most women (more than 97 out of 100) having MVA will not need any further surgical treatment.

## What are the possible complications of MVA?

MVA is safe but like all procedures there is a small risk of complications. The risk of complications with an MVA is similar to surgical uterine evacuation (removal of a pregnancy) under general anaesthetic but without the potential complications caused by a general anaesthetic.

Complications related to the procedure are rare. They include heavy bleeding (haemorrhage), infection, the need for a repeat operation if not all the pregnancy tissue is removed (three in 100 women) and, less commonly, a perforation (tear) of the womb that may need repair (less than one in 1,000 women). If a perforation occurs, we may need to look inside your tummy to check whether there is bleeding, and if necessary to repair the tear. This is done by a small cut on your tummy (abdomen) under general anaesthetic and inserting a telescope (laparoscopy).

The risk of infection is the same with surgical treatment (MVA or surgery under general anaesthesia), medical treatment and conservative treatment options.

## Contact us

If you have any questions or concerns, please contact us:

### Early pregnancy unit

Telephone: **023 8120 8412** (Monday to Friday, 9am to 7pm)

Out of hours, please contact:

### Bramshaw gynaecology ward

Telephone: **023 8120 6035**

Alternatively, you can call the NHS helpline on telephone: 111

In the event of an emergency, go to your nearest emergency department (ED) or call 999.

## Help, support and further information

The team caring for you understand that this is likely to be an incredibly difficult time for you and your partner, and will do their best to support you and answer your questions about what has happened and what will happen now.

Losing a pregnancy, even at an early stage, can be a devastating experience. Everyone is different, and how you feel will depend on your circumstances, previous experiences and physical wellbeing. You and your partner may need time to grieve, and to come to terms with what has happened.

If you feel you are struggling to come to terms with your loss, you may benefit from professional support or counselling. Your hospital doctor or GP will be able to offer more information about this.

Contacting one of the national support groups over the page may also be beneficial.

**The Miscarriage Association** is a charity that offers support to people who have lost a baby. They have a helpline (**01924 200 799**, Monday to Friday, 9am to 4pm), an email address: [info@miscarriageassociation.org.uk](mailto:info@miscarriageassociation.org.uk) and can put you in touch with a support volunteer. [www.miscarriageassociation.org.uk](http://www.miscarriageassociation.org.uk)

**The Winchester Miscarriage Support Group**

Meets on the first Thursday of every month at St Mary's Church Rooms 7.30 to 9pm.  
Email: [Winchestermiscarriages@gmail.com](mailto:Winchestermiscarriages@gmail.com)

**Firgrove Trust**

A locally based charity offering free support, information and counselling.  
Telephone: **023 8078 3134**  
[www.thefirgrovecentre.org.uk](http://www.thefirgrovecentre.org.uk)

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