



A guide to...

Outpatient Manual Vacuum Aspiration (MVA) for Management of Miscarriage

Patient Information Leaflet

How to contact us

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If you need this leaflet in another language, large print, Braille or audio version, please call **01923 217 198** or email westherts.pals@nhs.net



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Introduction

We are very sorry for your loss. A miscarriage can be a very distressing experience. We understand that it may be difficult to take in all the information we give at the time, so we have prepared this leaflet for you to read.

This leaflet aims to answer any questions you may have about manual vacuum aspiration (MVA). It explains what you can expect on the day of the procedure and any alternative options available. It also explains the potential complications that may very occasionally occur. If you have any further questions, please do not hesitate to ask a member of our team.

What is Manual Vacuum Aspiration (MVA)?

It is a minor surgical procedure used to empty the uterus (womb) and is performed while you are awake under local anaesthetic. The procedure will take place in GACU (Gynaecology ambulatory care unit). The nursing staff will give you the details about the date and time of the procedure. You will be able to bring someone with you for support.

MVA uses a small handheld device with a narrow tube that enters the womb through the cervix (neck of the womb) and empties the womb using gentle suction (aspiration). Before inserting the tube, local anaesthetic is applied to the cervix to help numb the area and reduce pain.

What are the alternatives to MVA?

There are other options for management of a miscarriage, which a nurse or doctor will discuss with you. These options include:

1. Expectant management (waiting for the pregnancy to pass naturally)
2. Medical management (using medication to help the pregnancy pass)
3. Surgical management under general anaesthetic.

Some women are worried about pain, bleeding or anxiety of the procedure happening and feel that it will be easier for them to be unaware of what is happening. In this event, you may choose to have a general anaesthetic instead. If you struggle to have smear tests, you may prefer to have a general anaesthetic.

Why should I have an MVA?

An MVA will be offered if:

1. You have been diagnosed with a missed miscarriage (where the pregnancy has not grown, but the pregnancy sac or the embryo is still within the womb)
2. You have an incomplete miscarriage. This is where some of the pregnancy tissue has passed but some remains inside the womb.

What does the procedure involve?

You will speak to the doctor about it and be asked to sign a consent form.

We will do blood tests to check your blood group and sometimes a haemoglobin if you have been bleeding heavily. It is important to check your blood group and if you are rhesus negative you will be offered an injection of anti-D post procedure.

On the day of the MVA you can eat and drink before the procedure. You will be asked to come one hour before the procedure. You will meet the doctor performing the procedure and they will check the necessary forms are signed and completed.

You will be given painkillers and medication to help open the neck of the womb. We will give you tablets (prostaglandins) to take orally or be inserted into the vagina one hour before the procedure to help soften the neck of the womb.

A nurse or healthcare assistant will stay with you throughout the procedure. You will change into a gown, and we will ask you to empty your bladder beforehand.

In the examination room we will ask you to lie on the examining couch and put your legs in stirrups. The doctor will gently perform a speculum examination (like having a smear test) to assess the cervix. Local anaesthetic will be injected into the cervix.

Once you feel comfortable and the local anaesthetic has taken effect, the neck of the womb will be gently stretched (dilated) and a small plastic tube will be inserted into the womb. Gentle suction will then be used to empty the womb. The doctor will then perform an ultrasound scan to check that everything has been removed and the womb is empty.

The whole procedure will take between 10-15 minutes. You may experience some lower abdominal cramping, which may be like period pains. If you feel at any point that you cannot continue with the procedure, please let the nurse and doctor know.

With your consent, a sample of the tissue removed will be tested to check for an uncommon type of miscarriage called a molar pregnancy. We only contact you with the results if a molar pregnancy is confirmed by the laboratory. All pregnancy tissue removed is disposed of sensitively by cremation unless you tell us otherwise. You will be given a form to sign and state your preferences with these regards.

What are the risks of MVA?

The evidence from studies has shown that this procedure is safe and as effective as having it performed under a general anaesthetic. By having an MVA you will avoid the risk of a general anaesthetic.

There is a small risk of complications which include:

- Vasovagal reaction (feeling faint) (1 in 10 women)
- Heavy bleeding (three in 1000 women)
- The need for a repeat operation if not all the pregnancy tissue has been removed (three in 100 women)
- Infection (four in 100 women)
- Injury of the womb or neck of the womb (less than 1 in 1000 women)

In the rare circumstance that an injury has occurred, we may need to perform an operation under general anaesthetic and look inside the abdomen and repair any injury. This may be done as keyhole (laparoscopic) procedure or done as an open procedure (laparotomy) where a cut is made in the abdomen.

What happens after the procedure?

You will be given antibiotic tablets. If you are rhesus negative, you will be given an injection of anti-D.

You can get dressed and we will offer you a seat in the waiting room where you can have something to drink. We will monitor your observations and you should be able to go home straightaway. We recommend that someone takes you home.

We recommend you spend the rest of the day at home. If you are feeling well, you can attend work the following day.

You may experience pain and cramping requiring further painkillers.

You can expect some bleeding after this procedure. This can be for up to two weeks and should become lighter each day. If you notice the bleeding becomes heavier, please contact us in gynaecology emergency or go to your local A&E department.

You will be asked to undertake a urine pregnancy test three weeks after the treatment. If the urine pregnancy test is negative, there will be no retained pregnancy tissue and the miscarriage is complete.

If the urine pregnancy test is positive or you continue to bleed after three weeks, you will need to contact Gynaecology Day Assessment Unit (GDAU).

What should I look out for at home?

Please seek medical advice if you experience heavy or prolonged vaginal bleeding, or if you have a smelly vaginal discharge and abdominal pain.

If you are feeling sad or finding it difficult to cope following your miscarriage you may find the support groups listed below helpful. You can also talk to your GP who can refer you for counselling.

Will I be followed up after the procedure?

You will not need a routine follow up if the pregnancy test is negative and you have no pain or bleeding. The absence of symptoms is reassuring that everything is back to normal but if you experience any symptoms, please call us and we will arrange for you to see a doctor.

Useful contact details

Gynaecology Day Assessment Unit (Monday to Friday 9am to 5pm, Saturday 9am to 4pm):

Tel: 01923 217 344

The Miscarriage Association: 01924 200 799 www.miscarriageassociation.org.uk

The Association of Early Pregnancy Units: www.earlypregnancy.org.uk