Manual Vacuum Aspiration (MVA)

NHS
Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

This leaflet provides general information about what Manual Vacuum Aspiration (MVA) is, what you can expect during your admission for treatment and any questions you may have about this procedure.

Please note, this leaflet is a guide only. You will have the opportunity to discuss your care and treatment in more detail with your nurse and doctor.

What is MVA?

MVA is a procedure used to remove pregnancy remains from the womb. It uses gentle suction and is carried out under local anaesthetic, so you will be awake during the procedure. This is an alternative to having a general anaesthetic in theatre.

The procedure is safe and suitable for most women. It is carried out in the Gynaecology Assessment Unit and takes around 10–20 minutes. However, you should expect to be in hospital for a few hours in total.

Occasionally, your stay may be longer if there are delays or if any problems arise.

It is important to tell the nurse or doctor about any medical conditions you have.

Are there any risks?

As with any procedure, there are some risks associated with MVA, although it is generally very safe.

- There is a risk that not all the pregnancy tissue is removed (1 in 20 women). If this happens, the procedure may need to be repeated.
- There is a small risk of infection (around 1 in 30 women). Symptoms may include foul-smelling vaginal discharge, abdominal pain, or a fever. If you develop an infection, you will be treated with antibiotics.

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- It is common to have bleeding for up to two weeks after the procedure. Heavy bleeding is uncommon (affecting fewer than 1 in 500 women). It is very rare to need a blood transfusion.
- In fewer than 1 in 200 women, a small hole (perforation) can occur in the wall of the womb. In rare cases, this may cause injury to nearby organs such as the bowel, bladder, or blood vessels. If there is a concern that this has happened the doctor may perform a laparoscopy (keyhole surgery) to examine the inside of the tummy. Very rarely, a laparotomy (open surgery) may be needed to repair any injury. In most cases, small perforations heal on their own with antibiotics and do not affect future pregnancies.
- You may feel faint towards the end of, or after, the procedure. This usually passes quickly. We will make sure you feel well before you go home, and you can rest in our recovery area if needed.

What are the advantages of MVA?

MVA is a safe and effective treatment. It is usually carried out as an outpatient procedure, which means you do not need to stay in hospital overnight.

It is performed under local anaesthetic, so you remain awake and do not need to be put to sleep under a general anaesthetic.

What are the disadvantages?

The procedure is carried out while you are awake, so some people may experience discomfort. However, it is generally well tolerated.

If you have any concerns, please speak to a member of the team. They can discuss alternative treatment options with you, such as medical or surgical management.

Pre-operative assessment

To help ensure the procedure is carried out safely, you will need a pre-operative assessment (often called a 'pre-op'). During this appointment, we will ask about your medical and surgical history. You will also need some blood tests.

These will check your blood count and determine your blood group, including whether you are Rhesus positive or negative.

- If you are **Rhesus positive**, you will not need any further treatment.
- If you are **Rhesus negative**, you will need a single injection of a medication called Anti-D. This helps prevent your body from developing antibodies that could affect future pregnancies.

Your pre-op appointment will usually take place 24–72 hours before your admission. You will be given an appointment with details of when and where to attend.

Consent

By law, we must obtain your written consent before carrying out any procedure. A member of staff will explain the risks and benefits of the treatment and answer any questions you may have.

You will be asked to sign two consent forms:

- The first confirms that you agree to the procedure. This will be completed with a doctor or nurse.
- The second relates to histological examination and your wishes regarding the pregnancy tissue.

It is important that the pregnancy tissue is examined both visually and under a microscope. This confirms that the pregnancy has been fully removed and helps identify any abnormalities that may not have been detected earlier.

You will be given information about what can happen to the pregnancy tissue after testing. An Early Pregnancy Loss Nurse or Bereavement Midwife will be available to support you, explain your options, and help you make a decision after you have read the information provided.

On the day of treatment?

Please attend the Gynaecology Assessment Unit at Doncaster Royal Infirmary (Level 3). A member of the nursing team will escort you to the treatment room.

Your details will be checked, and you will be introduced to the team, which usually includes a doctor, a nurse, and a healthcare support worker.

You will have a speculum examination (similar to that at a smear test). The speculum will allow the doctor or nurse to assess the cervix, which will be numbed with a local anaesthetic injection. When you feel comfortable and ready, the pregnancy tissue will be removed with a small tube attached to a syringe. The tissue will then be sent for examination to our Histopathology Department.

You are likely to feel some discomfort during the procedure, similar to period pain. Entonox ('gas and air') will be available if you would like to use it.

If you are in pain, please let the doctor or nurse know. Additional pain relief can be given if you find the procedure too uncomfortable. You can also ask for the procedure to be stopped at any time.

After care

After the procedure, you will be taken to our Recovery Area within the Gynaecology Assessment Unit. Your nurse will record and monitor your observations, including blood pressure, pulse, and temperature, as well as any vaginal bleeding and pain.

It is common to experience period-type cramps or heavier bleeding, sometimes with clots. Your nurse can give you pain relief or medication to help. Light refreshments will also be offered.

The recovery period usually takes 30 minutes to 1 hour. Once the nurse is happy with your observations and blood loss you will be discharged home.

What will I need to bring on the day of treatment?

Most people only need to stay at the hospital for a few hours, but this may be longer depending on the day's activity or if you require any further monitoring. We advise that you bring toiletries, sanitary towels (pads not tampons) and wear comfortable clothes on the day.

You should also bring any regular medications that you take.

You are welcome to bring your partner, friend or a relative to be with you before and after.

What arrangements should I make for going home?

You should make arrangements for someone to pick you up from hospital and stay with you overnight for 24 hours.

Follow-up

We advise you do a urine pregnancy test 3 weeks after the procedure. A negative result confirms that the treatment was successful. If the test is positive, please contact the Gynaecology Assessment Unit as soon as possible. Further investigations may be needed to check if any pregnancy tissue remains.

What can I expect at home after my treatment?

Vaginal Bleeding

Some bleeding and discharge is normal and can last up to three weeks, gradually reducing like the end of a period. During this time, it is better to use sanitary towels rather than tampons, and refrain from swimming or having sexual intercourse.

Pain

You can expect to experience abdominal cramps and mild pain following the treatment for up to 48 hours after the procedure. You can take simple pain-relieving medication such as Paracetamol or Ibuprofen. Always read the instructions on the label before taking any medication.

Sex

Do not resume having sexual intercourse until any vaginal bleeding has stopped and you feel ready and comfortable to do so. It may take a while for you and your partner feel ready – this is completely normal. You can become pregnant after the procedure.

Emotions

While vaginal bleeding and cramps usually settle quickly and your periods will resume, emotional recovery can take longer. Hormonal changes and the experience itself can cause a variety of feelings. It is completely normal to experience a range of emotions, and it may take time for you to get back on your feet again.

Be kind to yourself and allow time to recover on a physical, psychological and emotional level.

When to seek advice after the procedure

As with any operation/procedure, complications can occur.

You should seek medical advice from your GP, Gynaecology Assessment Unit or NHS 111 if you are experiencing any of the following symptoms.

- **Heavy or prolonged vaginal bleeding, smelly vaginal discharge and abdominal pain:**

  If you also have a raised temperature (fever) or flu-like symptoms, this may indicate an infection of the womb lining. This occurs in around 2-3% of women. Treatment is with antibiotics. Occasionally, there is still pregnancy tissue remaining in the uterus and you may need another operation to remove it.

- **Increasing abdominal pain and you feel unwell:**

  If this is accompanied by fever, loss of appetite, or vomiting, it may indicate damage to the uterus. You will be readmitted to hospital.

- **Burning and or stinging when you pass urine, or passing urine frequently:**

  This may be due to a urine infection. Treatment is with a course of antibiotics.

- **Painful, red, swollen, hot leg or difficulty bearing weight on your legs:**

  These may be signs of deep vein thrombosis (DVT). If you have shortness of breath or chest pain or cough up blood, this could be a

sign that a blood clot has travelled to the lungs (known as a pulmonary embolism). If you have any of these symptoms, you should seek medical help immediately.

Frequently asked questions:

When will I get my period again?

Your periods should return within four to six weeks, but this can vary.

When can I try to get pregnant again?

As long as your urine pregnancy test is negative after 3 weeks then you can try for future pregnancies when you and your partner are emotionally ready to.

Contraception

Some women may wish to delay another pregnancy.

If you require any contraception advice, you can see your GP or the family planning clinic.

Teaching, training and research

Our Trust is committed to teaching, training and research to support the development of health and healthcare in our community. Healthcare students may observe consultations for this purpose. You can opt out if you do not want students to observe.

We may also ask you if you would like to be involved in our research.

FOR MORE INFORMATION, PLEASE CONTACT

Doncaster Royal Infirmary (DRI) Gynaecology Assessment Unit

Tel: 01302 642653

Monday to Friday 08:00 – 20:00hrs

Saturday, Sunday and Bank holidays 08:00 – 18:00hrs

For further assistance out of hours please contact:

Inpatient Gynaecology Ward G5

01302 642650

Open 24 Hours.

Early Pregnancy Loss Nurse (EPLN) email: dbth.epln@nhs.net

A small team of nurses are available to offer support. They are accessible via email and will contact any patients within their rostered clinical day, which is usually every Monday & Thursday.

Patient Advice & Liaison Service (PALS)

The team are available to help with any concerns, complaints or questions you may have about your experience at the Trust. Their office is in the Main Foyer (Gate 4) of Doncaster Royal Infirmary. Contact can be made either in person between the hours of 9am-3pm, by telephone or email.

The contact details are:

Telephone: 01302 642764/642767 or 0800 028 8059
Email: dbth.pals.dbh@nhs.net