

# **Surgical care of miscarriage under local anaesthetic using manual vacuum aspiration (MVA)**

**This leaflet aims to answer your questions about having manual vacuum aspiration. It explains the benefits, risks and alternatives, as well as what you can expect when you come to hospital.**

**If you have any further questions, please speak to a doctor or nurse caring for you.**

## **What is manual vacuum aspiration (MVA)?**

It is a way of emptying the uterus (womb) while you are awake. MVA uses a narrow tube to enter and empty womb using aspiration (gentle suction). Anaesthetic is applied to the cervix (neck of the womb) to numb any physical sensations felt, including pain.

## **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 within uterus, or where no fetal heart beat is present but the pregnancy is still within the uterus).
- Incomplete miscarriage (where some of the pregnancy tissue remains inside the uterus).

## **Is MVA a new procedure?**

No. MVA has now been performed for more than 30 years. Several studies have been reported from the United States, Europe and the United Kingdom. It has been shown to be a safe procedure, with high success rates and good patient acceptability, with studies showing women are satisfied with the procedure.

This procedure has recently been introduced at Guy's and St Thomas' Hospital. It offers an additional choice to women with miscarriage who want surgical treatment but want to avoid having a general anaesthetic.

## What does an MVA involve?

You will have a speculum examination (similar to a smear test) done 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 a local anaesthetic gel. Then, a local anaesthetic will be injected through the cervix.

When you feel comfortable the womb will be emptied with a small syringe and tube. The tube is guided by ultrasound scan. The ultrasound probe will be placed on your tummy while the procedure is being carried out. It lets your doctor check that all the tissue has been removed and stop the procedure once the womb is empty. You will not see the scan images.

## How long will MVA take? What will I feel?

The whole procedure will take about 15–20 minutes. You may feel slight discomfort during the procedure (similar to a period pain). Should you feel pain please let the nurse or doctor looking after you know. We will numb the neck of the womb further with additional local anaesthetic.

## What happens if I choose MVA?

A doctor will see you and discuss the procedure. You will be asked to sign a consent form and some blood tests will also be carried out on you at this stage. You will be given a prescription for some medicines, which you will need to take to the hospital's pharmacy. These medicines will include a painkiller suppository and tablets to soften the cervix. Women under the age of 25 have an increased risk of having sexually transmitted infections. Therefore, if you are under the age of 25 you will be offered the choice of having a swab taken from the cervix to check for sexually transmitted infections or you will be given antibiotics to reduce the risk of developing an infection. The instructions for taking these medications are described in the next section of this leaflet.

The doctor will explain how these medicines should be used. You should let us know if you are taking any other medicines or if you have any allergies.

## What do I need to do before the MVA?

If you decide to have the MVA, you will be asked not to eat or drink anything for six hours before you come to hospital. You will be given an appointment to attend the **Emergency Pregnancy and Gynaecology Unit (EPAGU)** at St Thomas' Hospital (8th Floor, North Wing) to have the MVA. You are given the appointment on an appointment card generally while they you are on the unit or by phone

**If you think you no longer need the procedure or if you experience heavy vaginal bleeding before your appointment, please call the EPAGU and discuss this with a nurse.**

### On the day of the procedure:

- To minimise the risk of complications and make the MVA safer, the cervix is softened using hormones called prostaglandins. The most commonly used prostaglandin is called misoprostol. It comes in a tablet form and is taken three hours before the procedure.

- You will be given the tablets to take at home before you come to the hospital. You place them under your tongue and they are usually absorbed in 10–15 minutes.
- You will also be asked to insert a painkilling suppository (in the back passage) one hour before the operation.
- If you are under the age of 25 you will be offered either a swab taken from the cervix to check for infection or you will be given antibiotics (azithromycin taken orally) on the morning of the MVA to reduce the risk of developing an infection.

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

A small proportion of women will 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 happens after the MVA?**

We will monitor you for two hours after the procedure. This includes blood pressure, pulse and any pain you are having. You can leave the hospital once you have passed urine and 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 if you have soaked a pad or you are concerned about the amount of bleeding) you will need to attend the Emergency Gynaecology Unit at St Thomas' Hospital or go to your GP. 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 the options if I do not want 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.

You are advised to discuss these options with the doctor or the nurse in the EPAGU . We want to help reach the right decision for you.

### **How does an 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 under general anaesthetic but without 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 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 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
- call the gynaecology ward for advice on 020 7188 2703 or 020 7188 2697
- call NHS Direct on 0845 4647 and speak to a specially trained nurse
- go to your nearest accident and emergency (A&E) department or call 999 in the event of an emergency.

## Sources of further help and advice

You can contact the **Emergency Pregnancy and Gynaecology Unit (EPAGU)** at St Thomas' Hospital on 020 7188 8064 if you need any advice between the hours of 8.30am–7pm weekdays, and 9.30am–3.15pm during the weekends. If you need advice out of these hours please phone NHS direct on 0845 46 47 or attend the Accident and Emergency Department.

Several national organisations can provide support and information. These include:

### The Miscarriage Association

**w:** [www.miscarriageassociation.org.uk](http://www.miscarriageassociation.org.uk) **t:** 01924 298834.

### Babyloss

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

**w:** [www.babyloss.com](http://www.babyloss.com)

### London Miscarriage Support Group

No need to book. Please ask one of our EGU nurses for dates.

## Contacting the team

If you have any questions about the MVA procedure you can contact the **Emergency Gynaecology Unit** at St Thomas' Hospital on 020 7188 0864 to speak to one of our nurses or doctors.

### Pharmacy medicines helpline

For information about any medicines that you have been prescribed at Guy's and St Thomas' hospitals, you can speak to the staff caring for you or call our helpline.

**t:** 020 7188 8748 10am to 12 noon and 2pm to 4pm, Monday to Friday.

**Patient Advice and Liaison Service (PALS)** – To make comments or raise concerns about the Trust's services, please contact PALS. Ask a member of staff to direct you to the PALS office or:

**t:** 020 7188 8801 at St Thomas' **t:** 020 7188 8803 at Guy's **e:** [pals@gstt.nhs.uk](mailto:pals@gstt.nhs.uk)

**Knowledge & Information Centre (KIC)** – For more information about health conditions, support groups and local services, or to search the internet and send emails, please visit the KIC on the Ground Floor, North Wing, St Thomas' Hospital.

**t:** 020 7188 3416

**Language support services** – If you need an interpreter or information about your care in a different language or format, please get in touch using the following contact details.

**t:** 020 7188 8815 **fax:** 020 7188 5953

**NHS Direct** – Offers health information and advice from specially trained nurses over the phone 24 hours a day.

**t:** 0845 4647 **w:** [www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk)

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

**w:** [www.nhs.uk](http://www.nhs.uk)

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Membership is free and it is completely up to you how much you get involved. To become a member of our Foundation Trust, you need to be 18 years of age or over, live in Lambeth, Southwark, Lewisham, Wandsworth or Westminster or have been a patient at either hospital in the last five years.

To join, please call 0848 143 4017, email [members@gstt.nhs.uk](mailto:members@gstt.nhs.uk) or visit [www.guysandstthomas.nhs.uk](http://www.guysandstthomas.nhs.uk)