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, risk and alternatives, as well as what you can expect when you come to hospital. If you have further questions please speak to a nurse or doctor caring for you.

What is manual vacuum aspiration?
It is a way of emptying the uterus (womb) while you are awake. A narrow tube is used to enter and empty the womb using aspiration (gentle suction). Local anaesthetic is applied to the cervix (neck of the womb) to numb any physical sensation felt, including pain.

Why should I 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 the 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).

The procedure has been standard practice at Guy’s and St. Thomas’ Hospital for many years and has a proven safe track record. It offers an additional choice to women who want surgical treatment for miscarriage, but want to avoid having a general anaesthetic.

What does an MVA involve?
The procedure will be carried out by a doctor with the assistance of a nurse or nursing assistant. You will have a speculum examination (similar to a smear test) which will allow the doctor to assess the cervix. A local anaesthetic gel will be inserted into the vagina before local anaesthetic is injected into the cervix. When you are comfortable, a small tube will be inserted through the cervix into the uterus which will then be emptied using a syringe. An ultrasound probe will be placed on your tummy at the beginning and the end of the procedure. This ultrasound scan is to check that the uterus has been completely emptied. Some doctors may use the ultrasound scan throughout the procedure. You will not see the scan images.

How long will an MVA take? What will I feel?
The whole procedure will take about 15-20 minutes. You may feel discomfort during the procedure (similar to period pain). Should you feel pain, please let the nurse or doctor looking after you know. They can then numb the cervix further with additional local anaesthetic. You may also be given gas and air to help reduce the pain.
What happens if I choose an MVA?
A doctor will see you to discuss the procedure and ask you to sign a consent form. Some blood tests will be carried out as well as a skin swab to screen for MRSA (meticillin-resistant staphylococcus aureus).

Once you have agreed to have the procedure, you will be given a prescription for some medicines that need to be taken before the procedure. You should take this prescription to the hospital outpatient pharmacy, and take these medicines home with you. These medicines include a painkiller suppository and tablets to soften the cervix. The instructions for taking these medicines are described in the next section of this leaflet. The doctor or nurse will also explain how the medicines should be used.

Please let us know if you are taking any other medicines, including prescribed medicines, those bought over the counter, and any herbal, homeopathic or other complementary medicines. This is so that we can check there are no interactions with the medicines prescribed for the procedure. Please also let us know if you have any allergies.

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.

What do I need to do before the MVA?
If you decide to have an MVA, you will be given an appointment to attend the Early Pregnancy and Acute Gynaecology Unit (EPAGU) at St. Thomas’ Hospital (8th floor, North Wing). You will be asked not to eat for six hours before you come to hospital, but you can drink clear liquids up until two hours before coming to hospital.

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. The contact details for EPAGU are at the end of this leaflet.

On the day of the procedure
To minimise the risk of complications and make the MVA safer, the cervix is softened using misoprostol (a type of hormone called a prostaglandin). This needs to be taken before you come in to hospital, three hours before the procedure. You will need to place two tablets under your tongue and let them dissolve (they will usually be absorbed within 10-15 minutes).

You will also be asked to insert a painkilling suppository in the back passage one hour before the procedure. Usually this will be done when you are at the hospital.

If you have also been given an antibiotic (azithromycin) then this is also taken on the morning of the MVA. Please follow the instructions you have been given on how to take this.

The use of misoprostol to soften and open the cervix before a MVA is an unlicensed use of the medicine. Although the manufacturer has not specified that it can be used in this way, there is evidence that it is of benefit and it has been in widespread use for many years. The leaflet, ‘Unlicensed medicines – a guide for patients’, has more information. You can ask for a copy or call the pharmacy helpline - contact details are at the end of this leaflet.
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 an unpleasant taste in the mouth. For more information on side-effects, please see the manufacturer’s patient information leaflet supplied with the medicines.

What happens after the MVA?
We will monitor you for two hours after the procedure. This includes taking your blood pressure, pulse and assessing 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, and you will be given painkillers to take home with you.

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) this may indicate an infection. You will need to attend EPAGU at St. Thomas’ or go to your GP.

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 be given an injection of Anti-D whilst you are in hospital. Please ask for further information on Anti-D, if required.

What are the options if I do not want MVA?
Many studies have compared MVA to surgical management under general anaesthetic. They show MVA to be equally effective. Most women (more than 97 out of 100) having an MVA will not need further surgical treatment. Before you consent to having MVA, a nurse or doctor in the EPAGU will discuss other treatment options available to you. These include:

- Expectant 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.

What are the possible complications of MVA?
MVA is generally safe but like all procedures there is a small risk of complications. The risk of complications with an MVA is similar to surgical management of miscarriage under general anaesthetic, but without the complications that can be caused by a general anaesthetic.

Complications related to the procedure are rare. They include:

- Heavy bleeding (haemorrhage) (three in every 1,000)
- Infection (one in every 100). The risk of infection is the same with surgical treatment (MVA or under general anaesthetic), medical treatment or expectant management.
- Needing a repeat operation if not all the pregnancy tissue is removed (three in every 100)
- A perforation (tear) of the womb that may need repair (less than one in 1,000). If a perforation occurs, we may need to look inside your abdomen (tummy) to check whether there is bleeding, and if necessary to repair the tear. This is done under general anaesthetic by having a look with a telescope (laparoscopy) through a small cut in your belly button.
Contact us
If you have any questions or concerns about manual vacuum aspiration, please contact Early Pregnancy and Acute Gynaecology Unit (EPAGU) on 020 7188 0864 (Monday to Friday, 8.30am to 6.30pm; Saturday, Sunday and bank holidays, 9.30 am to 3.15pm).

In an emergency you can contact NHS 111 on telephone number 111 or attend an Emergency Department (A&E).

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.guysandsthomas.nhs.uk/leaflets

Other useful sources of information
The Ectopic Pregnancy Trust
t: 01895 238025  w: www.ectopic.org.uk  e: ept@ectopic.org

Miscarriage Association
t:01924 200795  w: www.miscarriageassociation.org.uk  e: info@miscarriageassociation.org.uk

Pharmacy Medicines Helpline
If you have any questions or concerns about your medicines, please speak to the staff caring for you or call our helpline. t:020 7188 8748 9am to 5pm, Monday to Friday

Your comments and concerns
For advice, support or to raise a concern, contact our Patient Advice and Liaison Service (PALS). To make a complaint, contact the complaints department.
t: 020 7188 8801 (PALS)  e: pals@gstt.nhs.uk
t: 020 7188 3514 (complaints)  e: complaints2@gstt.nhs.uk

Language and accessible support services
If you need an interpreter or information about your care in a different language or format, please get in touch. t: 020 7188 8815  e: languagesupport@gstt.nhs.uk

NHS 111
Offers medical help and advice from fully trained advisers supported by experienced nurses and paramedics. Available over the phone 24 hours a day. t: 111

NHS website
Online information and guidance on all aspects of health and healthcare, to help you take control of your health and wellbeing. w: www.nhs.uk

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