

## Surgical management of miscarriage under local anaesthesia using manual vacuum aspiration (MVA)

Women's Health

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We appreciate this is a difficult time and that you will have many questions. We hope that this information will help answering those questions for you.

### What is MVA?

Manual vacuum aspiration (MVA) is an outpatient procedure for the removal of pregnancy tissue from the womb under local anaesthesia following a miscarriage. It offers an additional choice to women who want surgical treatment but wish to avoid having a general anaesthetic.

### What does the procedure involve?

#### Pre-op preparation

You will need to come to our gynaecology ambulatory unit one hour before your procedure. You do not need to fast, so please have a light diet. You will be given an antibiotic orally and painkillers in the form of a suppository. You will also be given a medication called misoprostol which can be taken either orally or inserted into the vagina. This medication helps to soften the neck of your womb to make the procedure easier.

#### Consent

You will be seen by the doctor before the procedure who will obtain your written consent for the procedure. You will be given another consent form called '*Pregnancy remains consent form*'. This form is used by the trust to indicate what arrangements can be made for your pregnancy remains. In order for the hospital to help we need to understand your wishes and your consent. Please read it carefully and complete it to indicate your choice. Please note that it will not be possible to make arrangements for the remains without the appropriate completed form.

#### The procedure

It will be performed by a doctor. The doctor will use a speculum to look at the neck of your womb. Local anaesthetic is then injected into the neck of your womb to numb it.

A fine tube, which is sterile, is attached to a syringe and this is introduced into your womb. The suction generated in the syringe will remove the pregnancy tissue from your womb.

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

The whole procedure will take about 15-20 minutes. During this time you will experience period like cramps but this will settle very soon after completion of the procedure.

We will scan you at the end of the procedure to make sure that we have removed all the tissue.

## What happens after the procedure?

- We will keep you in the unit for about an hour afterwards to check you are well enough to go home. Please ensure you have someone to accompany you.
- You will be given painkillers to help with any ongoing pain if needed.
- If your blood group is rhesus negative you will be given an injection called Anti-D.
- You will have light bleeding for up to two weeks and it will wear off gradually.
- 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 hrs, or when you feel able.

## What are the possible complications of the procedure?

The risk of complication with an MVA is similar to SMM (surgical management under general anaesthetic) but without the potential complications of a general anaesthetic.

The complications associated with MVA are rare:

- Less than 3% risk of not removing all the tissue, therefore the procedure might need to be repeated. But most women (more than 97 out of 100) having MVA will not need any further surgical treatment.
- Less than 1 in 1000 risk of perforating the womb. If perforation occurs we may need to have a look inside to check whether there is any bleeding by undertaking a laparoscopy (key hole surgery), under a general anaesthetic.
- Heavy bleeding
- Infection.

## Follow-up

No follow-up appointment will be arranged unless otherwise indicated by the doctor for specific reasons.

## What happens to pregnancy tissue?

All tissue will be sent to the laboratory for inspection and is disposed of sensitively.

The following options are available: incineration, cremation at a crematorium with ashes scattered in the garden of remembrance, burial for specific religious reasons, or you may make your own arrangements at your own expense. You must complete the 'Pregnancy remains consent form' so that appropriate arrangements could be made.

## When to contact us?

If you experience heavy bleeding, severe abdominal pain, fever or vaginal discharge when you get home, please call the gynaecology ambulatory unit, early pregnancy unit or M2 ward and ask to speak to a nurse. You should attend the emergency department (A&E) or see your GP if you are very unwell out of normal hours.

## What alternatives are available?

There are alternatives to managing your miscarriage and these will be discussed with you by nursing staff or your doctor.

These include:

- **Conservative management:** doing nothing and allowing the natural expulsion of the products of conception
- **Medical management:** using tablets to help empty the womb of the products of conception
- **Surgical management under anaesthesia:** where you would be put to sleep for the same procedure (SMM).

Further information on all these options can be found in our patient information leaflet on medical management of miscarriage – please ask a member of staff if you would like a copy.

### **What if I can't decide?**

Please feel free to take as much time as you need to make your decision and do not hesitate to contact us if you have any questions. We would rather you ask than worry unnecessarily.

### **Support and counselling**

We want you to feel fully supported throughout the procedure. Your GP should be able to suggest a source of counselling if you feel this might be of benefit, and The Miscarriage Association can be contacted via [www.miscarriageassociation.org.uk](http://www.miscarriageassociation.org.uk) or by calling 01924 200799.

### **How to contact us:**

Gynaecology ambulatory unit	020 8296 8431
Gynaecology ward	020 8296 2150

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