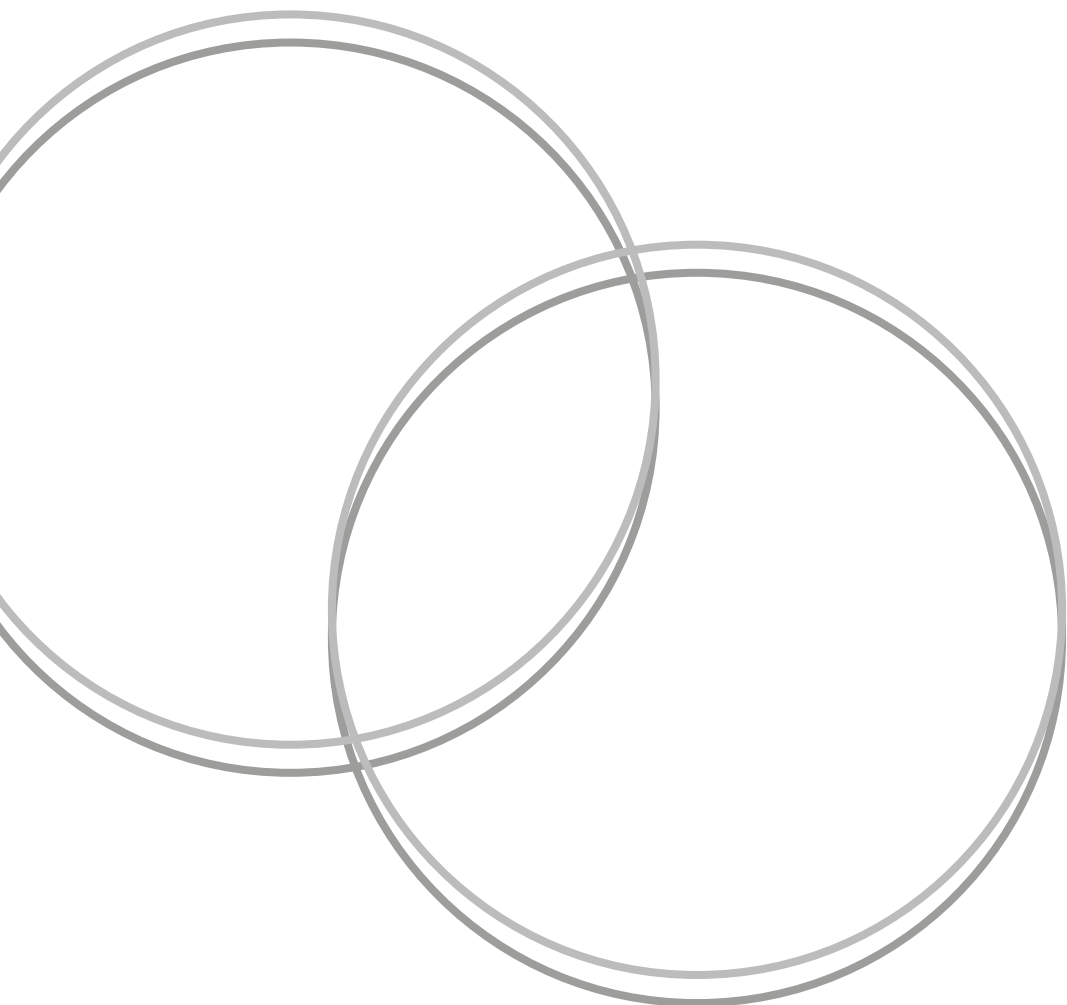


Surgical management of miscarriage by manual vacuum aspiration (MVA)



We are sorry you are experiencing a miscarriage. One option that can be carried out is a surgical management of miscarriage, this procedure is known as a Manual Vacuum Aspiration (MVA).

What is Manual Vacuum Aspiration (MVA)?

A MVA is a procedure to remove pregnancy from the womb (uterus). It is performed as an outpatient procedure in a treatment room and usually takes about 15 minutes. You will be awake during the procedure. A speculum is inserted into the vagina similar to that used at a smear test and a local anaesthetic is injected into the neck of the womb (cervix) to numb the area. Then you will experience a gentle suction to remove the contents (aspiration) will be carried out.

Who can have a Manual Vacuum Aspiration (MVA)?

- Anyone who has experienced a pregnancy which has failed but the pregnancy sac is still present inside the womb. This is known as a missed miscarriage.
- Where the baby's heart has stopped beating but the pregnancy is still within the womb.
- Women who have experienced an incomplete miscarriage where some of the pregnancy tissue remains inside the womb.

What are the advantages of having Manual Vacuum Aspiration (MVA)?

- The MVA procedure is effective in 97 out of 100 women.
- A MVA is associated with less pain and blood loss.
- It takes a shorter time to complete as compared to other surgical procedure under general anaesthetic.
- It has reduced risk of injury to the womb.
- General anaesthetic is avoided.

What happens before the Manual Vacuum Aspiration procedure?

You can eat and drink before the procedure. We will discuss the procedure with you and explain what is going to happen including the benefits and possible complications.

If you have then agreed to have this procedure, you will be asked to sign a consent form and some blood will be taken to be tested. Then with your consent we will insert four tablets (Misoprostol) into your vagina, 2-3 hours before the procedure, alternatively you can administer these yourself if you wish.

The Misoprostol treatment is used to help soften and open the neck of the womb (cervix) which helps make the MVA procedure easier and safer. These tablets can sometimes cause cramping, pain and bleeding, and very rarely can cause complete miscarriage. If you do have any pain, you will be offered pain relief. Alternatively you can take the pain relief one hour before the procedure.

What does Manual Vacuum Aspiration involve?

The MVA will be performed in the Early Pregnancy Assessment Unit (EPAU) at Rose Hill, the Gynaecology Diagnostic suite of the John Radcliffe Women's Centre or the Women's Day Surgery Unit at the Horton Hospital.

You will have a speculum examination (similar to that at a smear test) by a doctor or a nurse practitioner and a local anaesthetic will be injected in the cervix (neck of the womb) to numb the area. When you feel comfortable and ready, the pregnancy tissue will be removed with a small tube attached to a syringe.

Will I feel pain?

You will feel some discomfort during the procedure (similar to period pain). Entonox ('gas and air') will also be available for you to use if you wish to ease the discomfort. If you find the procedure too uncomfortable it can be stopped and the treatment abandoned.

You will be given a pain killer (Diclofenac) before or after the procedure in the form of a suppository inserted into the back passage. Sometimes an ultrasound scan may be done during the procedure to check that the womb is completely emptied.

How long does the procedure take?

It takes 15 to 20 minutes.

What happens after the procedure?

You will have light bleeding and period like cramps which will slowly settle. You will stay in the unit for about 30 minutes to an hour, to ensure you feel well enough to go home. You will receive Anti-D immunoglobulin injection if you are Rhesus Negative.

People who are 'Rh' negative do not have the D antigen on their blood cells – they are D-negative. The Rhesus positive or negative factor can be inherited from both parents. Pregnant women with D-negative blood can carry a baby with D-positive blood, having inherited the factor from the father.

Inside the womb, the placenta usually acts as a barrier between the red blood cells of the mother and the baby. However, small amounts of the baby blood may cross over into the mother's blood stream (during vaginal bleeding, at birth, during a miscarriage, a termination). If any of the blood cells from a D-positive baby get into the blood of a D-negative woman, the foreign Anti-D antibodies attack the woman's red blood cells carrying the D-antigen (this is called a sensitising event).

This means that after this procedure you will need to receive an Anti-D immunoglobulin, to reduce the risk of producing antibodies against the D antigen (sensitisation) and problems in following pregnancies. This is the case even when it is not possible to determine the baby's blood group. An Anti-D immunoglobulin injection is given into the muscle of the upper arm or buttock (intramuscular injection).

You should arrange for a responsible adult to take you home and stay with you for 24 hours. This is because you may experience, even after a local anaesthetic, reduced reflexes, reasoning and co-ordination skills may be impaired despite you feeling well.

You will be given a prescription for pain killers if needed.

What to expect after a Manual Vacuum Aspiration?

- You will be able to resume normal activities within 24 to 48 hours after the procedure.
- You can expect to bleed for up to 2 to 3 weeks after the procedure.
- During the first 3 weeks after the procedure, we advise that you do not have sex and should use sanitary towels rather than tampons. This is to reduce the risk of infection.
- You may bath and shower as you wish.
- Your next period will be due anytime during the next 3 to 8 weeks and may be heavier or lighter than usual.

Please do a urine pregnancy test 3 weeks after the procedure, please contact us at The Early Pregnancy Assessment Unit (EPAU) if it is positive. You may be provided a test kit prior to going home, if not you can use an over counter product but make sure you leave exactly 3 minutes for the test to complete itself before reading the result.

What are the risks of a Manual Vacuum Aspiration (MVA)?

Complications with MVA are very rare but may include:

- Infection: needing treatment with antibiotics.
- Heavy bleeding: this is rare; about 1 in 1000 need blood transfusion as a result of heavy or long term bleeding.
- Some pregnancy tissue may be left in place ,needing a repeated MVA or a surgical procedure using general anaesthetic (about 3 in 100).
- Puncture (perforation) of the womb, needing keyhole surgery (laparoscopy), under general anaesthetic (1 in 1000).
- Feeling faint after or near the end of the treatment – this reaction is normal and disappears soon afterwards.

What alternatives do I have?

There are alternative options for managing your miscarriage and this information should already have been provided and discussed with you by the EPAU nurse, Doctor or Gynaecology nurse.

They include:

- Natural management, doing nothing and allowing the natural emptying of the miscarriage
- Medical management using tablets.
- Surgical management under general anaesthetic where you are put to sleep for the operation.

What happens to the pregnancy remains?

We will discuss with you the options for how you can sensitively and respectfully make arrangements for your pregnancy remains. These options can include hospital burial, carried out on your behalf or with your attendance or private and individual arrangements.

When can we try for another pregnancy?

There is no right or wrong time to start trying again, but we do advise that you have had at least one normal period. We would also advise you to take folic acid.

If you are not planning to have a baby soon, you need to consider contraception with your GP or family planning service.

What if I have any worries or concerns?

If, at any time during your miscarriage, you have any worries or are bleeding heavily please contact us.

The Early Pregnancy Assessment Unit, Rosehill

Tel: **01865 221142**

Monday to Friday, 09:00 to 17:00

The Gynaecology Ward, John Radcliffe Hospital

Tel: **01865 222001**

01865 222002

Out of hours

Alternatively, you can call the NHS helpline on telephone: 111

In the event of an emergency, such as heavy bleeding where you are saturating a sanitary pad every 30 minutes and feeling dizzy, please go to your nearest A&E Department or call 999.

What if I have any worries or Further support and information

Losing a pregnancy, even at an early stage, can be a devastating experience. Everyone is different, and how you feel will depend on your circumstances, previous experiences and physical wellbeing.

You and your partner may need time to grieve, and to come to terms with what has happened. If you feel you are struggling to come to terms with your loss or need someone to talk to, you can access the following resources for support:

John Radcliffe Chaplaincy Service

Tel: **01865257921** or

Email: **chaplaincy@ouh.nhs.uk**

Gynaecology Ward Counsellor, Julie Storey

Tel: **01865221235** or

Email: **Julie.storey@ouh.nhs.uk**

Petals (Pregnancy Expectations Trauma and Loss Society)

Website: **petalscharity.org**

To arrange an external counselling session either:

Tel: **0300 688 0068** or

Email **counselling@petalscharity.org**

Miscarriage Association

Website: **www.miscarriageassociation.org.uk**

Tel: **01924200799** or

Email: **info@miscarriageassociation.org.uk**

Further resources you may find useful:

The Miscarriage Association

Website: **www.miscarriageassociation.org.uk**

Early Pregnancy

A useful blog about everything related to pregnancy and childbirth

Website: **www.earlypregnancy.org.uk**

Further Information

If you need an interpreter or would like this information leaflet in another format, such as Easy Read, large print, Braille, audio, electronically or another language, please speak to the department where you are being seen. You will find their contact details on your appointment letter.

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