

# Manual vacuum aspiration (MVA)



## Information for patients

We are very sorry about your pregnancy loss. This information leaflet will explain the manual vacuum aspiration (MVA) procedure, which is carried out under local anaesthetic.

### Confirming your identity

Before you have a treatment or procedure, our staff will ask you your name and date of birth and check your ID band. If you don't have an ID band we will also ask you to confirm your address.

If we don't ask these questions, then please ask us to check.

**Ensuring your safety is our primary concern.**

## What is manual vacuum aspiration (MVA)?

MVA is a way of removing pregnancy remains from the womb. It uses gentle suction under local anaesthetic while you are awake. This is an alternative to having a general anaesthetic in theatre. We use this to treat women who have had miscarriages or in cases where tissue is left behind after a miscarriage.

This is a day treatment and you should be well enough to go home after the procedure. The procedure will take place in the Gynaecology Day Treatment unit, in Suite 8 of the Golden Jubilee Wing, third floor.

## What will happen during the procedure?

About an hour before the procedure, we will give you a vaginal pessary (misoprostol) to soften the cervix. We will also give you some pain relief (diclofenac suppository) about 30 minutes before the procedure. You can administer this yourself in the back passage.

After this, we will take you to the procedure room. We will ask you to lie down on the couch with your legs in stirrups. We will then insert a tube-shaped tool (a speculum) into your vagina. This will stay in place while the procedure takes place. A local anaesthetic (numbing injection) will be injected into your cervix. The cervix is then dilated (stretched) gradually. A narrow suction tube is then inserted into the womb to remove the remaining pregnancy tissue.

You may hear some sounds because of the suction working. If you would like some calming music to be played in the room during the procedure then please let the nurse or doctor know.



We will offer you more pain relief (such as 'gas and air') during the procedure if you need it. After the tissue has been removed, you will have an ultrasound scan to check if the pregnancy tissue has been removed. The procedure takes about 20 minutes. We will then ask you to wait for up to an hour to make sure you are well enough to go home.

With your consent, a sample of the tissue removed will be tested to check for an uncommon type of miscarriage called a molar pregnancy. We only contact you with the results if a molar pregnancy is confirmed by the laboratory. If you want to see the tissue that we have removed, please ask. All pregnancy tissue removed is disposed of sensitively by cremation unless you tell us otherwise.

### **Does the procedure hurt?**

You may feel a stinging feeling while the local anaesthetic is being injected into the cervix, but then the cervix should be numb and you may feel some pressure but no pain. As the pregnancy tissue is being removed, most women experience period like cramps but you will have pain relief to help with this.

The pain doesn't usually last long. If it is too painful for you, the doctor will stop and will offer you alternative treatment options. You could have some light bleeding after the procedure. If it becomes heavy (heavier than a period), you must go to your local emergency department. Sometimes women feel faint during the procedure.

## Are there any risks?

As with any treatment, there are risks with this procedure, although it is generally very safe. Risks include the following:

- There is a risk that not all the pregnancy tissue will be removed and sometimes we will have to do the procedure again.
- There is a small risk of infection with this procedure. If you develop an infection and have symptoms such as foul smelling vaginal discharge, abdominal pains and fevers, we will give you antibiotics.
- There is a small risk that you will bleed. There is an even smaller risk that you will bleed heavily and need a blood transfusion.
- There is a risk of perforating the uterus (making a hole in the womb). This is rare.
- Towards the end, or after the procedure, you may feel faint. If this happens, it usually passes quite quickly. We will make sure that you are well before you go home and we have some recliner chairs in our recovery area to rest after if you need to.

## What are the benefits?

As with the surgical management of miscarriage (SMM) under general anaesthetic, the pregnancy tissue is removed quickly and in a planned way. This could make it feel easier to move forward rather than waiting for the miscarriage to happen. Some people may feel they do not want a general anaesthetic and may prefer to be alert and aware of what is happening and a bit more in control. There is also a quicker recovery time with this procedure.



## What are the disadvantages?

Some women are worried about pain, bleeding or anxiety of the procedure happening and feel that it will be easier for them to be unaware of what is happening. In this event, you may choose to have a general anaesthetic instead. If you struggle to have smear tests, you may prefer to have a general anaesthetic.

## Further information

You do not need to make your decision right away and we do not want you to feel rushed or pressured into doing something that you do not want to do. If you have more questions, please call the clinic.

You may find it helpful to access further information online with the miscarriage association who can offer additional information, telephone support and a support groups:  
**[www.miscarriageassociation.org.uk](http://www.miscarriageassociation.org.uk)**

You can also search the King's College Hospital website for further information leaflets:  
**[www.kch.nhs.uk/patientsvisitors/patients/leaflets](http://www.kch.nhs.uk/patientsvisitors/patients/leaflets)**

## Sharing your information

We have teamed up with Guy's and St Thomas' Hospitals in a partnership known as King's Health Partners Academic Health Sciences Centre. We are working together to give our patients the best possible care, so you might find we invite you for appointments at Guy's or St Thomas'. To make sure everyone you meet always has the most up-to-date information about your health, we may share information about you between the hospitals.



## Care provided by students

We provide clinical training where our students get practical experience by treating patients. Please tell your doctor or nurse if you do not want students to be involved in your care. Your treatment will not be affected by your decision.

## PALS

The Patient Advice and Liaison Service (PALS) is a service that offers support, information and assistance to patients, relatives and visitors. They can also provide help and advice if you have a concern or complaint that staff have not been able to resolve for you. The PALS office is located on the ground floor of the Hambleton Wing, near the main entrance on Bessemer Road - staff will be happy to direct you.

PALS at King's College Hospital, Denmark Hill, London SE5 9RS  
Tel: **020 3299 3601**

Email: **[kch-tr.palsdh@nhs.net](mailto:kch-tr.palsdh@nhs.net)**

You can also contact us by using our online form at  
**[www.kch.nhs.uk/contact/pals](http://www.kch.nhs.uk/contact/pals)**

If you would like the information in this leaflet in a different language or format, please contact PALS on **020 3299 1844**.





