

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 and birthing people 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 two tablets of misoprostol, to take under your tongue to soften your cervix. We will also give you some pain relief (diclofenac suppository) about 30 minutes before the procedure. You can administer this yourself up your bottom.

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.

An ultrasound scan will be performed during the procedure.

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.

Patients whose blood group is rhesus negative will be given an Anti D injection.

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. We will confirm your preference for how your pregnancy remains are managed before the procedure. A hospital-arranged cremation service is available.

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.

Are there any risks?

The risks of this procedure include:

- Infection (affects around 40 in 1,000 people) – this can be treated with antibiotics.
- Bleeding – this is to be expected for two to three weeks. If the bleeding is heavy, it may be because there is some tissue left in the womb.
- Risk of injury to the uterus or the cervix (affects around 1 in 1,000 people). This is rare but may need further surgery.
- Minimal risk of uterine adhesions (Asherman's Syndrome) (affects around 190 in 1,000 people). This usually does not have any fertility implications.
- Retained pregnancy tissue (affects around 40 in 1,000 people) which may need additional intervention or treatment (affects around 18 in 1,000 people)
- 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.

This procedure is often performed with ultrasound guidance, aiming to reduce the need for further intervention.

What are the disadvantages?

You may be worried about pain and bleeding or have anxiety about the procedure. In this event, you may feel that it is easier to be unaware of what is happening and choose to have a general anaesthetic instead.

If you struggle to have smear tests, you may prefer to have a general anaesthetic.

After your procedure

After your procedure, you may experience some vaginal bleeding and pain that can last for up to two weeks.

This should get lighter as the days go on. Your next period should return 4 to 6 weeks after the operation, depending on your menstrual cycle.



To reduce the risk of infection, you may have a bath but we recommend that you have showers. During your two-week recovery period, we also ask you:

- do not use any vaginal douches or bath salts
- do not use tampons
- do not have sexual intercourse

If you have offensive vaginal discharge or a fever, please contact your GP or the Early Pregnancy Unit as you may need to take antibiotics.

If you have heavy bleeding that is soaking a pad within 45 to 60 minutes, or pain that is not being relieved with regular painkillers, please go to A&E.

Please take a pregnancy test three weeks after your procedure. This should be negative. If positive, please contact the Early Pregnancy Unit. We will arrange a scan to assess if there is any retained pregnancy tissue.



Further information

You do not need to make your decision right away and we do not want you to feel rushed or pressured into making a decision.

If you have any queries or concerns during working hours, contact the EPU:

King's College Hospital site

Tel: **020 3299 3168** (9am to 5pm, Monday to Friday)

Nurse Triage line, Tel: **020 3299 7232** (9am to 4.30pm, Monday to Friday)

Email: **kch-tr.helplineepu@nhs.net**

Women's Surgical Unit, Tel: **020 3299 5936** (out of hours)

Princess Royal University Hospital (PRUH) site

Tel: **01689 865721** (9am to 4pm, Monday to Friday)

If you feel that you need support, our senior nurse can help and give you information. We can also refer you and your partner for specialist counselling.

Please contact us if you have any questions about getting help or would like to be referred.

You may find it helpful to access further information online with the Miscarriage Association who can offer additional information, telephone support and support groups:

www.miscarriageassociation.org.uk

If you would like a baby loss certificate, you can request one at **www.gov.uk/request-baby-loss-certificate**



You can also search the King's College Hospital website for further information leaflets:

www.kch.nhs.uk/patientsvisitors/patients/leaflets

MyChart

Our MyChart app and website lets you securely access parts of your health record with us, giving you more control over your care. To sign up or for help, call us on 020 3299 4618 or email kings.mychart@nhs.net. Visit www.kch.nhs.uk/mychart to find out more.

Sharing your information

King's College Hospital NHS Foundation Trust has partnered with Guy's and St Thomas' NHS Foundation Trust through the 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' hospitals. King's College Hospital and Guy's and St Thomas' NHS Foundation Trusts share an electronic patient record system, which means information about your health record can be accessed safely and securely by health and care staff at both Trusts. For more information visit www.kch.nhs.uk.

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. They can also pass on praise or thanks to our teams.

Tel: 020 3299 4618

Email: kings.pals@nhs.net

If you would like the information in this leaflet in a different language or format, please contact our Interpreting and Accessible Communication Support on 020 3299 4618 or email kings.access@nhs.net

