



**University Hospitals  
Bristol and Weston**  
NHS Foundation Trust

Patient information service  
**St Michael's Hospital**

# Manual vacuum aspiration (MVA)



## **What is manual vacuum aspiration (MVA)?**

Manual vacuum aspiration (MVA) is a way of emptying the womb following a miscarriage or termination of pregnancy, when some pregnancy tissue remains in the uterus.

## **What are the other options?**

These will be discussed with you by the nurse or doctor but will include:

- Waiting for the pregnancy to pass on its own (conservative).
- Being given medication to empty the womb (medical).
- Having an operation under a general anaesthetic to empty the uterus (surgical).

## **What are the benefits of MVA?**

- You do not need to have a general anaesthetic.
- The procedure can be done in a treatment room in the outpatient clinic or on the ward, rather than in the operating theatre.
- You will have a shorter stay in hospital.
- It is a quicker resolution of your miscarriage compared to conservative or medical options.

## What happens if I choose MVA?

First, we will take a blood sample to confirm your blood group. You will be offered vaginal swabs to check for infection prior to the procedure.

On the morning of your procedure, you should arrive half an hour before your procedure. Check into reception on the ground floor outside ward 78. Please be aware there may be a delay if the clinic is running late, we appreciate your patience.

We will advise you to take the following medication: 1 gram paracetamol and either 400mgs ibuprofen or codeine (prescribed) an hour before your procedure.

You will be provided with medication called misoprostol which is used to soften the cervix. These tablets should be inserted into your vagina 2 hours before the procedure.

Misoprostol can cause some side effects which include abdominal cramps, vaginal bleeding, nausea and vomiting, diarrhoea, headache, hot flushes.

Should you not wish to insert the tablets vaginally, you may put them under your tongue or in your cheek (you do not swallow them) on arrival at the hospital. You should be aware that side effects, such as tremor, nausea and fever, or an unpleasant taste in your mouth, are more common with this route.

**If this medication is not taken, we will not be able to perform the procedure.**

We advise you to eat a light breakfast on the morning of the procedure.

## **What happens during the procedure?**

An MVA is performed whilst you are awake in a treatment room in the gynaecology outpatient's clinic under local anaesthetic.

A doctor or specialist nurse practitioner will perform the procedure, and assistant healthcare professional(s) will be there to support you throughout the procedure.

A speculum will be inserted into your vagina to look at the cervix (neck of the womb). Local anaesthetic is used to numb the cervix.

Your cervix may need to be gently opened to allow a small tube to be inserted into the womb and suction is used to empty the contents. An ultrasound machine may be used to guide the procedure.

The procedure will take 15 to 20 minutes.

You may experience some cramping pain like a period pain. If you experience pain during the procedure, please inform the doctor or nurse looking after you.

## **What should I expect afterwards?**

You will be able to eat, drink and move around after the procedure however you will remain in hospital for up to a couple of hours to be observed. When you are safe then you will be able to go home.

You should be able to drive home but please consider asking someone to take you home.

You may experience some cramping period like pain for which you can take painkillers such as paracetamol or ibuprofen.

You will experience some vaginal bleeding which can last for a few weeks. If the bleeding becomes heavier than a period or you experience a heavy discharge then you should seek medical advice. Whilst the bleeding continues, we would advise against the use of tampons or having sex to reduce the risk of infection.

You will be given an injection called anti-D if your blood group is rhesus negative.

## **What will happen to the fetus and tissue removed?**

The tissue will be checked and with your permission, sent to the laboratory for examination. This is recommended because about 1 in 1000 pregnancies has a condition called molar pregnancy which may require further treatment.

The tissue is then disposed of sensitively and respectfully. However, if you have specific wishes then please discuss with staff before the procedure.

## **What are the possible complications?**

MVA is safe but like all procedures there is a small risk of complications. The risk of MVA is similar to having surgical management under general anaesthetic, but without the associated anaesthetic risks. Possible complications include:

- Heavy bleeding - 1 in 1000 need a blood transfusion following surgical management of miscarriage.
- Infection - 2 to 3 in 100 develop an infection.
- Need for repeat procedure - 1 in 100.
- Perforation and need for an operation under general anaesthetic to assess and repair any damage - less than 1 in 1000.

## What other things do I need to consider?

You will need to repeat a pregnancy test three weeks after the procedure and call early pregnancy clinic (number below) if it is positive.

If you are hoping to become pregnant again soon, we would advise you to use contraception until after your next period. Then you can start actively trying to conceive again.

If you are not considering further pregnancies at the moment, then please discuss contraception with your doctor. It may be possible to, for instance, insert a coil at the same time as the MVA procedure, should you wish.

## Contacts for further support or help

- Early pregnancy clinic: **0117 342 7790**  
(Monday to Friday, 8.30am to 4.30pm)
- Ward 78: **0117 342 5279**  
(Monday to Friday, 4.30pm to 8.30am and Saturday and Sunday all day)
- Your GP
- The Miscarriage Association  
[www.miscarriageassociation.org.uk](http://www.miscarriageassociation.org.uk)
- Royal College of Nursing: Managing the Disposal of Pregnancy Remains leaflet  
[www.rcn.org.uk/professional-development/publications/pub-005347](http://www.rcn.org.uk/professional-development/publications/pub-005347)



## Notes

As well as providing clinical care, our Trust has an important role in research. This allows us to discover new and improved ways of treating patients.

While under our care, you may be invited to take part in research. To find out more please visit: [www.uhbw.nhs.uk](http://www.uhbw.nhs.uk)

Help us prevent the spread of infection in hospital. Please make sure your hands are clean. Wash and dry them thoroughly/use the gel provided. If you have been unwell in the last 48 hours please consider whether your visit is essential.

Smoking is the primary cause of preventable illness and premature death. For support in stopping smoking contact **NHS Smokefree on 0300 123 1044.**

Drinkline is the national alcohol helpline. If you're worried about your own or someone else's drinking, you can call this free helpline in complete confidence. **Drinkline on 0300 123 1110.**

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<http://foi.avon.nhs.uk/>

**Bristol switchboard: 0117 923 0000**

**Weston switchboard: 01934 636 363**

**[www.uhbw.nhs.uk](http://www.uhbw.nhs.uk)**

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For an interpreter or signer please contact the telephone number on your appointment letter.



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