

What do I need to do before the MVA?

If you decide to have the MVA, you will be asked not to eat or drink anything for 4 hours before you come to hospital.

If you think you no longer need the procedure or if you experience heavy vaginal bleeding before your appointment, please call the EPAU (Early Pregnancy Unit) and discuss this with a nurse.

On the day of the procedure

You will be asked to insert a pain killing suppository (in the back passage) one hour before the operation or medication taken orally at least an hour before attending the hospital as instructed and prescribed by your treating physician. You will also be provided with pain killers on demand during and after the procedure along with the usage of local analgesics.

Possible complications

All procedures carry some risk of complications and MVA is no exception. There is however NO evidence that MVA on its own merit will lead to difficulties in falling pregnant.

All the complications mentioned below, will be discussed with you in details at the time of consent for the procedure

Perforation

Accidental creation of a hole in the womb (perforation) can occur in 1 out of 6500 cases. This you will agree is a small risk. However, when it does occur, the doctor conducting the procedure will need to look inside the abdomen to assess the extent of damage. He or she will do it by a procedure called Laparoscopy (keyhole surgery) whereby a telescope is put into the abdomen through the belly button while you are asleep. If there is bleeding or damage to the bowel or big vessels a further operation will be required to put everything right. Usually a Laparoscopy is all that is required.

Bleeding

Bleeding at the time of termination is low amount not more than 300 ml especially when performed at less than 12 weeks pregnancy. We see it in approximately 1 in 1000 cases. When this occurs injection of a drug to control the bleeding is all that is required. Only rarely is transfusion of blood or blood products required (1 in 8000)

Infection and retained products

After the procedure if you experience a lot of bleeding with clots, lasting pain or temperature you must see WWRC emergency. You may have an infection which if not treated promptly could make it difficult for you to have a baby later. Infection occurs in around 5 per 100 cases but is much smaller in units like ours where infections are screened for and treated. These symptoms also occur if the womb is not completely empty (1 in 600), in which case you may need a further small procedure to remove any remaining tissue.

Damage to the neck of the womb (1 in 11,000) is small and unlikely to result from MVA

Incomplete procedure is a small possibility (1 in 1500) and we will try to minimize the risk of this as far as possible.

Follow up after MVA completion

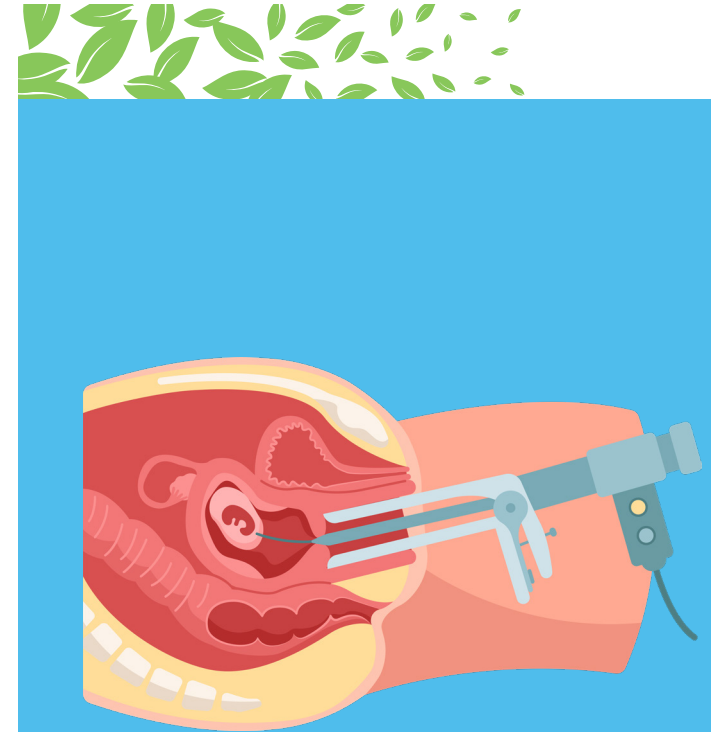
There is no routine follow up following MVA unless complications arise, or you have been told by the doctor performing the procedure to attend EPAU.

What shall I do if I have a problem or concern?

If you have any concerns, please call:

Early pregnancy unit - 40261221

MANUAL VACUUM ASPIRATION (MVA)



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MANUAL VACUUM ASPIRATION (MVA)

Introduction

This leaflet aims to answer your questions about having manual vacuum aspiration (MVA). It explains the benefits and risks as well as what you can expect when you come to hospital.

This leaflet provides information on one of the methods by which miscarriage up till completed 12 weeks gestation, is carried out at the WWRC OPD

What is manual vacuum aspiration (MVA)

Vacuum aspiration uses gentle suction to remove the remaining products of pregnancy and takes about 30 minutes from start to finish. Local anesthesia is applied to the cervix (Neck of the womb) to numb any physical sensations felt, including pain.

Why have an MVA?

MVA is offered to women in the following conditions:

- Delayed miscarriage (where a pregnancy has stopped but the pregnancy sac is still present within uterus, or where no fetal heartbeat is present, but the pregnancy is still within the uterus).
- Incomplete miscarriage (where some of the pregnancy tissue remains inside the uterus).

Is MVA a new procedure?

MVA has now been accredited with successful outcomes for more than 30 years. Several studies have been reported from all over the world including Europe and UK. It has proved to be a safe procedure with optimum satisfaction rates and patient acceptability with the great satisfaction of the procedure.

It has been shown to be a safe procedure, with high success rates and good patient acceptability, with studies showing women are satisfied with the procedure.

This procedure has recently been introduced at the WWRC.

It offers an additional choice to women with miscarriage who want surgical treatment but want to avoid having a general anesthesia and respectively avoid hospital admission.

What does an MVA involve?

Upon arrival, the healthcare workers will talk with you and answer your questions.

You will take pain tablets if you have not taken any before coming to the clinic ideally to be taken at home an hour before or two before the procedure as instructed and prescribed by your physician.

You will then be shown into a treatment area:

- A consent form will be checked with you to confirm your signature and understanding of all the possible side effects previously discussed with you when booked for the procedure.
- You will be asked to lie on a treatment couch that will support your legs taking into consideration your privacy.
- A healthcare professional will stay with you throughout the procedure to provide comfort and support.
- The doctor will examine your womb and a transvaginal ultrasound will be done to make sure that the procedure can be performed.

If patient is not suitable then she will be treated with medical or surgical treatment accordingly.

If she is suitable for the procedure:

- Speculum will be introduced gently into your vagina similar the one used for smear test.
- The doctor may then inject a numbing medication into or near your cervix (neck of the womb).

- The cervix may be dilated using thin instruments called dilators.
- A plastic measured tube is then inserted through the dilated cervix into the uterus.
- A manual created pressure device will then gently be connected to empty your womb, the procedure will be closely monitored by an abdominal ultrasound.
- This will cause your womb to cramp and pains like period pains will be felt during the procedure. Some women find it more uncomfortable than others therefore it is advisable to take pain killers at least an hour before the procedure.
- Upon completion, a Trans-vaginal scan will be performed to ensure no retained products within your womb
- An ultrasound probe will be placed vaginally. It lets your doctor check that all the tissue has been removed and the womb is empty.
- You may opt to see or not the scan images.

How long will MVA take? What will I feel?

The whole procedure will take about 30 minutes. You may feel slight discomfort during the procedure (similar to a period pain). Should you feel pain please let the nurse or doctor looking after you know. We will numb the neck of the womb further with additional local anesthetic.

As MVA is carried out under local anesthetic you should be ready to return home the same day provided the procedure has gone smoothly. You will need to rest for about 30 minutes to 2 hours before going home. This treatment can usually be done up to 12 weeks of pregnancy and you will be awake for the procedure.