



Early Pregnancy Assessment Unit

MANUAL VACUUM ASPIRATION (MVA) FOR MISCARRIAGE UNDER LOCAL ANAESTHETIC (LA)

We are very sorry that your pregnancy has resulted in a miscarriage. Miscarriage in early pregnancy is very common as almost one in four pregnancies might end in one.

There are four ways to proceed:

- a) Conservative management
- b) Medical management
- c) MVA under local anaesthetic
- d) Surgical management under general anaesthetic (SMM)

Why opt for MVA?

- a) MVA and SMM are both very successful (98-99%) in removing the pregnancy from the uterus. MVA is done under local anaesthetic rather than a general anaesthetic. It can be less painful than the other options. You will experience period type pains during the procedure but these will wear off quickly afterwards.
- b) There is usually less bleeding compared to conservative and medical managements.
- c) There is a reduced risk of perforation of the uterus (a hole in the womb) compared to SMM.
- d) Infection rate is similar in all choice of management.

BEFORE THE PROCEDURE

Please come to the Procedure Suite 2-3 hours before the procedure. You don't need to stop eating or drinking prior to your appointment. You will be given strong pain killers to take prior to the procedure (Paracetamol or Co-codamol and Voltarol). Please tell us if you have any allergies. Please bring in some sanitary pads.

It is advised to bring someone with you to take you home after the procedure.

Misoprostol (prostaglandin hormone tablet) will be inserted into the vagina to help soften the neck of the womb to make the procedure easier. Side effects of Misoprostol might include nausea, vomiting, diarrhoea, abdominal pain, headaches and hot flushes.

DURING THE PROCEDURE

The procedure will be performed by a Gynaecology Doctor. The procedure takes 10-20 mins and you will be sat on a special chair. A speculum will be inserted in the vagina (just like when having a smear test) to visualise the cervix. Swabs might be taken to check for infection. Local anaesthetic will be injected into the neck of the uterus (womb) and then a small plastic tube will be inserted into the womb. It will then be attached to a syringe and the pregnancy will be expelled (this takes a few minutes). Metronidazole (single dose antibiotic) will be given rectally followed by an oral dose of Doxycycline 100 mg twice daily for 10 days (If not allergic).

AFTER THE PROCEDURE

If you are Rhesus negative an Anti D injection will be given. You should expect some light bleeding and cramps for a few days. You can eat and drink as normal. You will be able to mobilise and most patients will be able to leave the hospital approximately 2 hours after the procedure.

Most women take the following day off work but you can self-certify sickness for up to 7 days. **We advise that you do a home pregnancy test after 3 weeks and to contact EPAC if it remains positive.**

The pregnancy tissue will be sent to the histopathology laboratory to confirm a miscarriage.

We hope that you have found this information useful. If you have any questions or are worried about anything, please:

- a) Contact or visit your GP
- b) Call EPAC on 01305 255760
- c) Call 111
- d) Call NHS DIRECT on 0845 4647
- e) Go to the nearest emergency department (ED) or call 999 in the event of an emergency

Other useful sources for support:

- a) The Miscarriage Association www.themiscarriageassociation.org.uk
- b) The Royal College of Obstetricians and Gynaecologists Recovering well patient information WWW.RCOG.ORG.UK EARLY MISCARRIAGE: INFORMATION FOR YOU (pdf)

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If you have feedback regarding the accuracy of the information contained in this leaflet, or if you would like a list of references used to develop this leaflet, please email pals@dchft.nhs.uk



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