



Wirral University  
Teaching Hospital  
NHS Foundation Trust

# Manual Vacuum Aspiration - MVA

Patient Information Leaflet

This leaflet will explain to you what to expect from an Out-Patient Surgical evacuation procedure by MVA. It is performed for cases of missed miscarriage less than 10 weeks who wishes surgical management or incomplete miscarriage after failed medical management.

## **Who cannot have this procedure**

- Women with moderate-severe bleeding or pain.
- Women showing signs of infection.
- Women with large uterine fibroids, uterine abnormalities or previous surgery to the cervix (such as cone biopsy).

## **Before Your Procedure**

Before your appointment you will be able to eat and drink as normal. You can expect to have a 3-4 hour appointment.

The *manual vacuum aspiration (MVA)*, will be performed in a clinic setting using local anaesthetic. You will be awake.

About 1 hour before the procedure we will give you painkillers. You will also be given a vaginal pessary, to help soften and open the neck of your uterus (womb). This makes the MVA procedure easier and safer.

You will then wait in one of clinic room and will be given painkiller and vaginal pessary until your procedure. At this stage some women get period-like pain, bleeding or diarrhoea due to vaginal pessary .

## **Your Procedure**

The MVA will take place in one of our clinic rooms within the gynaecology outpatient department

- You will be asked to change into a hospital gown and then made comfortable on the clinic bed.
- Your nurse will be with you throughout the procedure.
- There will also be a nursing assistant in the room and your Doctor who will carry out your procedure.
- When you are ready, the Doctor will give you a local anaesthetic that will be injected into the neck of your uterus to numb the area. This may feel uncomfortable but should not last long.
- You will also be given Entonox (gas and air) for pain relief during your procedure if required.

A small flexible tube attached to a syringe is gently passed through the neck of your uterus. The pregnancy tissue will be gently removed.

The procedure only takes a few minutes but towards the end we expect you may have period-like pains or cramps as your uterus empties and contracts.

Your pain will soon settle afterwards, but if you need further pain relief we will provide it.

We may do an ultrasound scan to check that the removal is complete.

## **After Your Procedure**

- You will rest on the bed for a short time
- Change back into your clothes and
- Be transferred to the recovery area.
- You can rest in a recliner chair and we will bring you a drink and something to eat.

We ask you to remain with us for 30 minutes to 1 hour for observation.

Before discharge we will check

- you feel well,
- your pain has settled and is manageable,
- bleeding is satisfactory,
- you have had something to eat and drink and
- passed urine.

## **Discharge**

A copy of your discharge letter will be sent to your GP.  
No follow-up should be necessary.

We will give you contact telephone numbers should you have any queries or problems.

## **Risks**

You may feel faint during or shortly after the procedure, but this usually passes quickly

- There is a small risk that we may not remove all the pregnancy tissue, so the procedure may need to be repeated
- There is a small risk of bleeding; an even smaller risk of severe bleeding, which may result in you needing a blood transfusion.
- There is a minimal risk of an infection, which will be treated by antibiotics.
- Very rarely there is a possibility of a perforation of your uterus, (hole in the womb).
- Occasionally we are not able to complete the procedure for reasons such as pain or difficulty passing the tube and an alternative treatment will be discussed with you.

## **After your Procedure**

- **Bleeding**

You may have some bleeding, similar a period bleed, for 1-2 weeks.

**Infection-** To reduce your risk

- Please use sanitary towels and not tampons
- Avoid any strenuous exercise
- Avoid sex
- Avoid water activities during this time- bathing and swimming?

Your next menstrual period should come 3-8 weeks after your MVA termination. (Depending on your contraception this may not be the case).

**If you have any prolonged pain,**

- **bleeding,**
- **passing clots,**
- **smelly vaginal discharge or**
- **raised temperature**

**Please contact Gynaecology assessment unit:  
0151 604 7450**

**Alternatively during the evening or weekend, please contact the  
Gynaecology Ward 0151 604 7132**

These symptoms could be signs of an infection developing or that some pregnancy tissue is still present, and we will discuss your options with you.

Following your MVA we will take care of your pregnancy remains in a respectful and sensitive manner.

The respectful disposal of your pregnancy remains will be done by the Hospital cremation service.

Please ask a member of staff if you wish to discuss this or require further information.

## **Contraception**

You could get pregnant straight away! It is essential that you should use a reliable method of contraception before you have sex again.

If you haven't already decided on a form of contraception, we can help you to choose the method that is best for you.



This leaflet is available in large print, Braille and on tape.  
Please contact 0151 604 7289 if calling from outside the  
Hospital and x2761 if calling from inside the Hospital.



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