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## Information for Women Having Manual Vacuum Aspiration for Miscarriage (MVA)

### Women's Health



## Further Information

We endeavour to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty.

If they cannot resolve your concern, please contact our Patient Experience Team on 01932 723553 or email [asp-tr.patient.advice@nhs.net](mailto:asp-tr.patient.advice@nhs.net). If you remain concerned, the team can also advise upon how to make a formal complaint.

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## Sources for further help and advice

This includes:

The Miscarriage Association:

<https://www.miscarriageassociation.org.uk/>

Phone: 01924298834

Babyloss:

A UK based resource for information and support for bereaved parents and their families who lost a baby at any stage.

<http://www.babyloss.com/>

Royal College of Obstetrics and Gynaecology:

<https://www.rcog.org.uk/>

Our website:

<https://www.ashfordstpeters.nhs.uk/early-pregnancy-unit>

## Manual Vacuum Aspiration for Miscarriage (MVA)

(Outpatient clinic procedure to remove pregnancy tissue from the womb after a miscarriage)

Early pregnancy Unit

Ashford and St Peters Hospital

NHS Foundation Trust.

This leaflet is intended to give you additional information to that received from a healthcare professional. It aims to answer your questions about manual vacuum aspiration, the benefits, risks, alternative treatment options, as well as what you can expect when you come to our hospital for your procedure.

If you have any further questions, please ask a doctor or nurse caring for you.

We are sorry that you have had a miscarriage. We have discussed the various options of treatment or no treatment following your miscarriage. This leaflet gives you detailed information about a surgical option called Manual vacuum Aspiration (MVA).

## What is an MVA?

MVA is a procedure to remove pregnancy tissue from inside the womb in a clinic using local anaesthetic and pain relief. It is an alternative procedure to surgical management of miscarriage under general anaesthetic (SMM), formerly called evacuation of retained products of conception (ERPC).

## What does an MVA involve?

Your procedure will be carried out by a clinician assisted by our nursing staff. A speculum will be put into the vagina (same instrument used for a smear test) to expose the cervix (neck of the womb). We will numb the cervix with a local anaesthetic. The vaginal tablets we prescribed for you should help soften the cervix, thereby making it easier to dilate. Once you are comfortable, we will gently dilate the neck of the womb and insert a plastic tube through the cervix into the womb. We will attach this to a special syringe so we can remove the pregnancy tissue. You may feel crampy pain as the pregnancy tissue is removed. We may either perform the procedure under ultrasound guidance or perform a scan at the end of the procedure to minimise the chance of leaving any pregnancy tissue behind.

## What is the difference between MVA and SMM and the benefits?

MVA is done under local anaesthetic and pain relief. You might feel crampy or period pain during the procedure. In most cases this is not severe and wears off very quickly. An SMM is done under general anaesthesia. SMM was formerly called evacuation of retained products of conception (ERPC). Some people also refer to it as diagnostic curettage (D&C). Both techniques are similar and result in 95-99% chance of removing all the tissue from the womb. Both techniques result in reduced bleeding when compared to natural (conservative) or medical treatment. There is a reduced risk of womb perforation (accidentally making a hole in the womb) with MVA when compared to SMM. You recover

## How will I be followed up?

If you recover well, you will not require any follow up. With your consent, the pregnancy tissue will be sent to the laboratory. Should this show any problem e.g. molar pregnancy, we will contact you and advise you on further management.

## What should I do if I have a problem or concern?

If you have any concerns, you can contact any of the following:

- General Practitioner (GP)
- The early pregnancy unit on 01932 722662, Monday to Friday 0900-1700 excluding bank holidays
- The Pregnancy advice line on 03001235473 (available 24hours a day), NHS 111 and ask to speak to a trained nurse
- Attend your local Accident & Emergency Department if you are very unwell
- Call 999 in the event of a life threatening emergency

women have pregnancy tissue left after MVA), making a hole in the womb (1 in 1,000 women). If we suspect this has happened, we will admit you and we may perform a laparoscopy (camera inside your abdomen) or laparotomy (an open cut on your abdomen) to examine and repair any damage under general anaesthesia. The risk of infection and scarring in the womb is similar with all methods of miscarriage management.

### **What alternative treatments are available?**

You can have the procedure done under general anaesthetic (SMM), use tablets to help the pregnancy tissue to come out (medical management) or wait for the miscarriage to occur naturally (expectant management). Though most miscarriages can be managed naturally, it may take some time and it will be associated with bleeding and crampy pain. Medical management may hasten the miscarriage process, but it may be associated with more crampy pain and heavier bleeding. The success rate for expectant management is 50%, whilst the success rate for medical management is 85%. Surgery (MVA or SMM) may be required if these methods are unsuccessful.

### **When will my period return & when can I get pregnant?**

Your period will return in about 4-6 weeks if you have regular periods. You can try for a pregnancy when you feel ready, but we will advise you to wait for one normal period first.

quicker with MVA, and you avoid the risk of general anaesthesia. There is a similar chance of other complications like infection with all the treatment options.

### **How do I prepare for the MVA?**

We will take blood test to check your blood count and blood group before you attend for the MVA. You don't need to starve before the procedure. You may wish to attend with a companion who can support you while you are in the unit. Please plan to spend about 2-3 hours in the hospital.

**You should insert the misoprostol tablets as high as possible into the vagina three hours before you agreed appointment time. You should take the prescribed oral and suppository pain relief one hour before your appointment. It is extremely important that you perform these tasks as instructed at home.**

Please arrive in the unit 30 minutes before your appointment so we can perform our final checks and answer any questions you may have before the MVA.

### **How does Misoprostol work and the side effects?**

Misoprostol causes softening of the cervix. This makes it easier and safer to dilate the cervix during MVA. This is an off-license indication. This means Misoprostol is being used for another indication different from that which it was originally licensed for.

The use of Misoprostol for cervical softening is supported by scientific evidence and is routine practice in the United Kingdom and other parts of the world. As Misoprostol starts to work, you may start to feel crampy abdominal pain and you may have vaginal bleeding. You can use the pain relief we have given you with/without self-purchased paracetamol. In extremely rare cases, some women may have a full miscarriage after Misoprostol. Please inform us if you think this has happened on 01932 722662. Some women may experience side effects like nausea, vomiting, diarrhoea, abdominal pain, headache, hot flushes, and unpleasant taste in the mouth.

## **How uncomfortable is the MVA?**

For most women, MVA is a quick and safe procedure which is associated with little pain or discomfort. You will be offered pain killers to take before the MVA and local anaesthetic will be used during the procedure.

However, everyone's experience of pain is different, and some women will find the procedure more uncomfortable. If the procedure is too uncomfortable for you, let the clinician know as the procedure can be stopped at any time if you wish.

Entonox ('gas and air') can also be used to help with your pain. Recently we introduced Pentrox (handheld inhalational analgesia) for pain relief. This is an off-license medication used for outpatient procedures in the United Kingdom and other parts of the world. There are several scientific evidences about the safe and effective use of Pentrox for pain relief in outpatient settings.

## **How long will MVA take? What will I feel?**

This will take about 10-15 minutes. You may have crampy /period type pain and bleeding. The crampy pain resolves quickly after the procedure.

## **What happens after the procedure?**

We will advise you to stay in the department for up to 30-45 minutes to ensure you feel okay before you leave. We will encourage you to have someone escort you home at the end of the procedure. You should come with sanitary towels as you will have some bleeding for some days after the procedure. If you are Rhesus negative, we will give you Anti D. We will recommend you avoid sexual intercourse until the bleeding stops to minimise the risk of infection. Should your bleeding suddenly become uncontrollable, or last longer than three weeks or you feel unwell, please contact your GP, or the **early pregnancy unit on 01932 722662, Monday to Friday 0900-1700** or attend your local A & E department as this may be due to an infection or incomplete removal of the pregnancy tissue.

**Please perform a pregnancy test three weeks after the MVA and contact the Early Pregnancy Unit if this is positive.**

## **What are the complications of an MVA?**

MVA is safe but there can be a few risks associated with it. These include heavy bleeding (3 in 1000), repeat procedure (3 out of 100