

Patient information

Manual Vacuum Aspiration for Termination of Pregnancy

Definition

Manual Vacuum Aspiration (MVA) is a method of termination of pregnancy using suction undertaken with the patient awake. Local anaesthetic is injected into the cervix (neck of the womb) to minimise discomfort prior to the procedure. A narrow tube is then passed through the neck of the womb (cervical canal) and attached to a syringe. The womb is then emptied using aspiration (gentle suction).

This leaflet will help to answer some of your questions about having a manual vacuum aspiration (MVA). It describes the benefits, risks, and alternatives, as well as what you can expect when you come to hospital.

If there is anything you do not understand, or would like more information about, please ask a member of staff.

Why have an MVA?

MVA is offered to women in the following situations:

- When a medical termination of pregnancy is not suitable (contraindicated) or declined
- When a surgical termination is requested
- To avoid general anaesthetic
- The procedure can be performed up to 12 weeks into the pregnancy



Is MVA a new procedure?

MVA has been performed for more than 30 years. It offers an additional choice for women who wish to terminate a pregnancy. It is a safe procedure, with high success rates and good patient satisfaction.

What are the options if I do not want MVA?

Other treatment options will be discussed with you by a nurse or doctor to help you decide. These include:

- Medical Termination (using medication to end the pregnancy)
- Surgical Termination under general anaesthetic (Suction Evacuation procedure whilst asleep)
- Keeping the pregnancy

How does MVA compare to other options?

All options carry a risk of vaginal bleeding during and after the procedure. Women also experience occasional cramps (pelvic pain) after the procedure is completed as the womb returns to normal size. This can last for up to two weeks.

When using medication to end the pregnancy (medical termination), it is normal to experience pain, and this process takes longer (hours to days) to complete than surgical terminations. MVA is also painful, but this is normally for a much shorter time period (minutes to hours) compared to medical termination. Suction evacuation under general anaesthetic means you would not experience any pain whilst under the general anaesthetic.

Using medication to end the pregnancy (medical termination) gives you the option of being able to carry out the process at home or in our clinic setting, provided you are less than ten weeks pregnant. Beyond ten weeks of pregnancy, you will require an inpatient hospital stay for a medical termination. All surgical terminations are carried out in healthcare settings (Mile End Hospital or Newham Hospital).

Medical termination carries a greater risk of there being tissue left inside your womb after you have completed the treatment. This complication affects 7 out of 100 women having a medical termination compared to 3-4 out of 100 women having a surgical termination.

Both surgical options (MVA/suction evacuation in theatre) carry operative risks which you are not at risk of if you have a medical termination. Having a surgical termination whilst asleep (general anaesthetic) carries additional anaesthetic risks, which you are not at exposed to if you have a medical termination or MVA.

What are the possible complications of MVA?

MVA is safe, but like all procedures there is a small risk of complications. The risk of complications with an MVA is similar to a suction procedure under general anaesthetic, but without the potential complications caused by a general anaesthetic.

Complications related to the procedure are rare. They include:

- Heavy bleeding (haemorrhage), which occurs in 1 out of 1000 women.
- Infection, which occurs in 1 out of 100 women. The risk of infection is the same across all termination options.
- Need for a repeat operation if not all the pregnancy tissue is removed (3 in 100 women).
- A cut to your cervix (cervical laceration) which occurs in 1 out of 100 women having the procedure and which can be repaired easily with stitches (sutures).
- A hole in the wall of the womb (uterine perforation), which occurs in 1-4 out of 1000 women, and can be repaired with an additional surgical procedure under general anaesthetic where a telescopic camera (laparoscope) is passed through your belly button (umbilicus) and further small incisions made should any repair be required.
- Damage to other organs in the abdomen (bladder and bowel) following a hole in the wall of the womb, which occurs in 1 out of 10,000 women and would require a larger cut to your abdomen (laparotomy), carried out under general anaesthetic.

What happens if I choose MVA?

Pre-Procedure Consultation

You will have the opportunity to discuss the MVA with a healthcare professional before the procedure. This discussion will help you decide if the procedure is the right option for you.

If you choose to proceed with the MVA, we will need to carry out some pre-procedure tests to check your haemoglobin (a test to tell us if you have anaemia), group and screen (a test to tell us what blood group you are and if you are rhesus negative blood group) and an infection screen (vaginal swab for chlamydia and gonorrhoea, blood test for HIV, Syphilis and Hepatitis B).

Can I eat and drink before the MVA?

Your procedure will be under local anaesthetic, and you will be awake. You do not need to starve before this procedure.

Can I bring my child/children with me?

Children are not allowed to be with you during this procedure or in any clinical areas. Therefore, please arrange for childcare for the day of the MVA.

Can anyone else come with me?

On the day of your MVA, we advise that you attend your appointment unaccompanied. If necessary, one support person may attend with you, but they will be asked to remain in the waiting area for the duration of your procedure.

If you are under 18 years of age, an adult can remain with you for the procedure.

What should I bring with me?

- Comfortable clothes.
- Your usual medications in original packaging.
- Sanitary pads.
- Your phone and some headphones.
- **Do not bring other valuables or large sums of money to the procedure.**

Arrival and Pre-Medications

You should arrive at the Community Women's Health Service (CWHS) by 10:00am on your surgery date. Upon admission, you will meet with the doctor carrying out the procedure in order to confirm that you want to proceed with the termination and answer any questions you may have. You will then be admitted onto the pre-operative area. Once admitted, you will be given two 200mcg Misoprostol (pronounced mi-sow-pro-stl) tablets to insert under your tongue 1-2 hours before your procedure.

These tablets help to soften the cervix (neck of the womb) to reduce the risk of damage during the procedure. This indication is outside the product licence but it's use is common practice in gynaecology procedures. Side effects include nausea, diarrhoea, cramping and bleeding. It is important that you are certain of your decision to proceed with the termination before the tablets are administered. If you change your mind after insertion of the tablets, there is a risk of miscarriage or birth defects if the pregnancy continues. Misoprostol can also be administered vaginally 2-3 hours before the procedure and can be inserted by you, with the tablets placed high up into the vagina next to the cervix. This option should be considered if you are feeling sick (nauseous) and helps to avoid the unpleasant taste of the medications. In addition to Misoprostol, you will be offered pain relief (Paracetamol, Codeine Phosphate, Ibuprofen) as well as anti-sickness tablets (Cyclizine).

What does the MVA involve?

You will have a speculum examination (similar to that at a smear test) by the doctor undertaking the procedure. The cervix will be cleaned with cold fluid and the local anaesthetic injection performed. This is very similar to that provided by a dentist and works very quickly to reduce discomfort. The neck of the womb is gently stretched to allow the tube to be passed through the canal in your cervix in order to remove the pregnancy tissue.

You will feel some discomfort during the procedure (similar to period pain). To help with this we will offer you oral pain relief before the procedure. If you feel pain, please let the nurse or doctor know. Additional local anaesthetic including local anaesthetic gel can also be offered, but if you find the procedure too uncomfortable it can be stopped and can be done in theatre under general anaesthetic at a later date.

An ultrasound scan may be repeated to check that all of the pregnancy tissue has been removed.

How long will the MVA take?

The actual procedure takes about 15 minutes. However, as you will need to have pre-medications before the procedure and be observed afterwards, you will be at CWHS from 10:00am until 5:00pm at the latest. You will need to stay in the department for a minimum of 60 minutes after the procedure.

Can contraception be started at the same time as the MVA?

You can be started on any contraceptive method either during the procedure or shortly afterwards – discuss these with your doctor if you have questions. The advantage of having a hormonal or non-hormonal coil fitted during the MVA is that you will already have had a local anaesthetic.

What happens afterwards?

We will monitor you for 60 minutes after the procedure. This includes reviewing vaginal bleeding and any pain you are having. You can leave the hospital once you feel well enough to go home.

Do I need someone to take me home?

We recommend that you be escorted home with an adult friend or relative following your procedure, but this is optional.

What to expect after the MVA

You can expect some vaginal bleeding after the MVA; this usually settles within seven days. If the bleeding becomes heavier than the end of a period (or you are concerned about the amount of bleeding), you should go to Accident & Emergency.

We recommend you use sanitary towels instead of tampons after the MVA and that you do not have sexual intercourse until the bleeding has settled. This reduces the risk of infection. You may return to work when you feel able.

Help, support, and further information

The team caring for you understand that this is likely to be a difficult time for you, and where relevant your partner, and we will do our best to support you and answer your questions.

Emotional Support

It is normal to have mixed feelings and emotions after an abortion. If you would like to speak to our counsellors, please arrange an appointment on 020 8223 8636.

In Case of Emergency

Go to your local Accident & Emergency if you have any of the following symptoms:

Heavy vaginal bleeding
High temperature
Redness in leg
Shortness of breath

Smelly vaginal discharge
Feeling chills or shivery
Pain in your leg
Chest pain

Cancellation of your procedure

If you need to cancel your procedure, please call CWHS as soon as possible on 020 8223 8636, or email bhnt.thcash@nhs.net

- Please include your full name, date of birth and date of your procedure in any enquiry. Please note that this is only for cancellations and not for clinical advice.
- If you need further time to decide about proceeding with an abortion, then you can always request for an appointment with one of our counsellors by contacting the above number.

Large print and other languages

This information can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request. For more information, speak to your clinical team.

এই তথ্যগুলো সহজে পড়া যায় অথবা বৃহৎ প্রিন্টের মত বিকল্প ফরম্যাটে পাওয়া যাবে, এবং অনুরোধে অন্য ভাষায়ও পাওয়া যেতে পারে। আরো তথ্যের জন্য আপনার ক্লিনিক্যাল টিমের সাথে কথা বলুন।

Na żądanie te informacje mogą zostać udostępnione w innych formatach, takich jak zapis większą czcionką lub łatwą do czytania, a także w innych językach. Aby uzyskać więcej informacji, porozmawiaj ze swoim zespołem specjalistów.

Macluumaadkaan waxaa loo heli karaa qaab kale, sida ugu akhrinta ugu fudud, ama far waa weyn, waxana laga yabaa in lagu heli luuqaado Kale, haddii la codsado. Wixii macluumaad dheeraad ah, kala hadal kooxda xarunta caafimaadka.

Bu bilgi, kolay okunurluk veya büyük baskılar gibi alternatif biçimlerde sunulabilir, ve talep üzerine Alternatif Dillerde sunulabilir. Daha fazla bilgi için klinik ekibinizle irtibata geçin.

یہ معلومات متبادل فارمیٹس میں دستیاب کی جا سکتی ہیں، جیسا کہ پڑھنے میں آسان یا بڑا پرنٹ اور درخواست پر متبادل زبانوں میں بھی دستیاب ہو سکتی ہیں۔ مزید معلومات کے لیے، اپنی کلینکل ٹیم سے بات کریں!

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Patient Advice and Liaison Service (PALS)

Please contact us if you need general information or advice about Trust services:

www.bartshealth.nhs.uk/pals

Reference: BH/PIN/1258

Publication date: January 2024

All our patient information leaflets are reviewed every three years.