

Patient information

Electrical Vacuum Aspiration for Termination of Pregnancy

Definition

Electrical Vacuum Aspiration (EVA) is a method of termination of pregnancy using suction undertaken with the patient asleep under general anaesthetic. Once under general anaesthetic, a narrow tube is passed through the neck of the womb (cervical canal) and attached to a suction machine. The womb is then emptied using aspiration (gentle suction).

This leaflet will help to answer some of your questions about having an electrical vacuum aspiration (EVA). 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 EVA?

EVA is offered to women in the following situations:

- When a medical termination of pregnancy is contraindicated or declined
- When a surgical termination is requested
- If a general anaesthetic is needed or preferred
- The procedure can be performed up to 14 weeks gestation with our service (more complex surgical options are available beyond 14 weeks and up until 23 weeks and 6 days).



Is EVA a new procedure?

EVA is a very common procedure that has been in use in the UK since the 1990s. It is similar to the surgery for management of miscarriage (Surgical Management of Miscarriage). 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 EVA?

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)
- Manual Vacuum Aspiration (suction evacuation procedure whilst awake using a handheld suction device)
- Continuing with the pregnancy

How does EVA 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. These can last for up to two weeks.

Using medication to end the pregnancy (medical termination) carries an experience of pain during the process, and this process takes longer to complete than surgical terminations (hours to days). MVA also carries an experience of pain during the procedure, but this is normally for a much shorter time period (minutes to hours). EVA 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 or 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 exposed to if you have a medical termination or MVA.

What are the possible complications of EVA?

EVA is safe, but like all procedures there is a small risk of complications. The risk of complications with an EVA is similar to a MVA, but with additional 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 sutures to repair the cervix.
- 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 EVA?

Pre-Procedure Consultation

You will have the opportunity to discuss the EVA 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 EVA, 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 EVA?

Your procedure will be under general anaesthetic and therefore you need to have not eaten any food for six hours before receiving general anaesthetic. You can have small sips of water only until four hours before receiving general anaesthetic. This is to reduce the risk of acid stomach contents damaging your lungs whilst asleep from a general anaesthetic. It is also recommended to avoid smoking for 24 hours before a general anaesthetic.

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 EVA.

Can anyone else come with me?

On the day of your EVA, we advise that you attend your appointment unaccompanied. However, you will need an adult escort to accompany you home after your procedure as you will still be recovering from the general anaesthetic for 24 hours after the anaesthetic was

administered. This is because you can sometimes feel more drowsy or sick after a general anaesthetic.

If you are under 18 years of age, an adult can remain with you in the pre-operative ward but is not allowed to accompany you into Main Theatres.

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.

Arrival and Pre-Medications

You should arrive to Forest Ward at Newham Hospital by 11:00am on your surgery date. Upon admission, you will meet with the surgeon and anaesthetist carrying out the procedure in order to confirm that you want to proceed and answer any questions you may have.

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 common practice in gynaecological procedures, but outside of the product licence. Side effects include nausea, diarrhoea, cramping and bleeding. It is important that you are certain of your decision to proceed with the termination before you take the tablets. If you change your mind after taking 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 medication. In addition to Misoprostol, you will be offered pain relief (Codeine Phosphate) as well as anti-sickness tablets (Cyclizine).

What does the EVA involve?

You will be put to sleep (general anaesthetic) in the Anaesthetic Room before any surgical procedure is carried out. This will involve having a small plastic tube (cannula) inserted into a vein on the back of your hand, through which you will receive anaesthetic drugs which will make you feel drowsy. Once you are asleep, you will not be conscious, will not feel pain and will not remember the surgery. In order to protect your breathing whilst asleep, you will have a tube inserted into your mouth (intubation) to protect your breathing whilst unconscious.

Once your anaesthetic has taken effect, you will be transferred to the Operating Theatre and positioned for surgery. The procedure is carried out by operating through the vagina and neck of the womb (cervix). You will have a speculum examination by the doctor undertaking the procedure. The neck of the womb is gently stretched to allow the tube to be passed through the neck of your womb in order to remove the pregnancy tissue.

Once the procedure is completed, you will be transferred to the Recovery Area and have the tube in your throat removed (extubation) as you are waking up from the anaesthesia.

How long will the EVA 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 are likely to be at Newham Hospital from 11:00am until 7:00pm at the latest. You will need to stay in the department after your procedure until the recovery nurses are happy that you are stable enough to be escorted home.

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

You can be started on any contraceptive method either during the procedure or shortly afterwards – discuss this with your doctor if you have questions. The advantage of having a hormonal coil, non-hormonal coil or contraceptive implant fitted during the EVA is that you will not experience any discomfort as you will be asleep.

What happens afterwards?

We will monitor you for 60 minutes after the procedure in the Recovery Area. This includes reviewing vaginal bleeding and any pain you are having. You will then be transferred back to Forest Ward and can leave the hospital once the nurses there deem you fit for discharge.

Do I need someone to take me home?

We recommend that you be escorted home with an adult friend or relative following your procedure as it can take up to 24 hours to fully recover from a general anaesthetic.

What to expect after the EVA

You can expect some vaginal bleeding after the EVA; 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 EVA 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 and, where relevant, your partner. We will do our best to support you and answer your questions.

Emotional Support

It is normal to have mixed feelings and emotions after this procedure. 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	Smelly vaginal discharge
High temperature	Feeling chills or shivery
Redness in leg	Pain in your leg
Shortness of breath	Chest pain

Cancellation of your procedure

If you need to cancel your procedure, please call the Community Women's Health Service (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 abortion or not, then you can always request 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.

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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

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