

Management of Miscarriage

Under Local Anaesthetic using Manual Vacuum Aspiration (MVA)

We are sorry that you have an early pregnancy loss and understand this can be a very sad and distressing time. After discussing your management options, you have chosen to have an MVA under local anaesthetic.

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

What is manual vacuum aspiration?

MVA is an alternative procedure to surgical management of miscarriage and does not involve a general anaesthetic. Local anaesthetic is injected into the cervix (neck of the womb) to numb this area prior to the procedure. A small hand held narrow tube is used to enter and empty your uterus using gentle suction.

Why have management of miscarriage under local anaesthetic?

This is offered to women with an early pregnancy loss in cases when a miscarriage has not happened spontaneously or if there is still some tissue left following a miscarriage. It offers additional choice to women who wish to have surgical management of miscarriage without the side effects of a general anaesthetic.

Is management of miscarriage under local anaesthetic a new procedure?

No, it has been performed for more than 30 years. Several studies from the UK, Europe and USA have shown the procedure to be both safe and effective with good patient acceptability.

What are the advantages of MVA over surgical treatment using general anaesthetic?

- MVA has been shown to be 98-99% effective, with less blood loss and less pain.
- There is a reduced risk of uterine perforation.
- It avoids the risks of a general anaesthetic.
- Shorter length of stay in the hospital and shorter recovery time.

What are the disadvantages?

Some women do not like the idea of being awake whilst the procedure is being performed.

What are the risks with MVA?

Complications with MVA are rare but may include:

- **Infection:** needing treatment with antibiotics
- **Heavy bleeding:** needing iron supplements or blood transfusion
- **Some pregnancy tissue remaining:** needing repeat MVA or a surgical procedure using general anaesthetic (less than 3 in 100 women)
- **Perforation of the uterus:** needing to be repaired with laparoscopy (keyhole surgery) under general anaesthetic (less than 1 in 1,000)
- **Feeling faint after or near the end of the treatment:** this reaction is normal and disappears soon afterwards.

What happens at the procedure?

On the day of the procedure please go to the Acute Gynaecology Unit on the Ground Floor of Lanesborough Wing.

Your appointment is on: _____

You are advised to eat and drink as normal on the day. On arrival at the unit, a member of staff will go through your medical history and answer any questions you may have. Next, you will be asked to sign a consent form and a sample of your blood will be taken to check your blood group.

You will be given an oral tablet called misoprostol to soften your cervix and minimise the risk of any complications. You will also be given two different antibiotic tablets as well as paracetamol and ibuprofen. You will then be asked to wait approximately one hour whilst the medicine takes effect.

Your cervix will be numbed with local anaesthetic. Once you are comfortable, your cervix will be gently opened to allow the small suction tube into the womb to remove the pregnancy tissue.

How long does it take?

You will be in the unit for approximately two hours although the procedure only takes 15-20 minutes

Is it painful?

The procedure is generally very well tolerated by women. You may feel a brief stinging sensation when the local anaesthetic is injected into the cervix. As the pregnancy tissue is being removed, most women experience period like cramps. This usually only lasts for a short time and the pain killers you are given on the day should help with this. If at any time you are unable to continue, please tell the doctor and they will stop.

If you find cervical smear tests very painful or traumatic you may prefer to have the procedure under general anaesthetic.

What happens after the procedure?

Following the procedure, you will have light bleeding accompanied by period-like cramping which will subside. If you have a rhesus negative blood group, you will be given an anti-D injection.

You are advised to take painkillers paracetamol and ibuprofen if necessary. Please DO NOT exceed the prescribed dose.

It is normal to have light bleeding for up to two weeks. If you experience bleeding heavier than a period, intense pain or discharge then you should contact us immediately or attend your nearest A&E with your discharge letter.

We advise all patients having this procedure to take a urine pregnancy test three weeks after the procedure. If it is positive, this is not a major cause for concern but please contact the Early Pregnancy Unit.

Contact us

If you require any further information or advice please contact

Early Pregnancy Unit on 020 8725 0093 8.30am to 2.00pm.

Acute Gynaecology Unit on 020 8725 1762 2.00pm to 9.00pm.

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.stgeorges.nhs.uk

Additional services

Patient Advice and Liaison Service (PALS)

PALS can offer you on-the-spot advice and information when you have comments or concerns about our services or the care you have

received. You can visit the PALS office between 9.30am and 4.30pm, Monday to Friday in the main corridor between Grosvenor and Lanesborough wings (near the lift foyer).

Tel: 020 8725 2453 **Email:** pals@stgeorges.nhs.uk

NHS Choices

NHS Choices provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health.

Web: www.nhs.uk

NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

Tel: 111

AccessAble

You can download accessibility guides for all our services by searching 'St George's Hospital' on the AccessAble website (www.accessable.co.uk). The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.



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