

Manual Vacuum Aspiration

This leaflet explains about manual vacuum aspiration. If you have any further questions, please speak to a doctor or nurse caring for you.

What is Manual Vacuum Aspiration (MVA)?

MVA is an alternative procedure to a surgical termination. This is a procedure that does not involve a general anaesthetic and is a way of emptying the uterus (womb) whilst you remain awake.

MVA uses a small hand held narrow tube which is inserted into and empties the uterus using gentle suction (aspiration). Local anaesthetic is injected into the cervix to numb the area before the procedure is commenced. This procedure is very quick and effective and after the procedure you will be able to go home and continue as normal.

Research has found MVA to be:

- 98-99% effective.
- Associated with less blood loss.
- Associated with less pain.
- No risks of general anaesthetic, as you will be fully awake during the procedure.
- A shorter stay in the hospital, as it does not involve a general anaesthetic.

What does an MVA involve?

You will attend our gynaecology department on the ground floor of Lanesborough wing in clinic A on the day of your appointment with the Pregnancy Advisory Service and will be seen by our multidisciplinary team of healthcare professionals who will help you to make an informed choice about this procedure. The team consists of:

- Sonographer
- Family Planning Nurse
- Doctor
- Clinical Nurse Specialist (CNS)

The doctor will confirm that you are sure about your decision, will discuss your past medical history with you and discuss the risks and benefits of the treatment you will be receiving. You will also have to sign a consent form with the doctor to ensure that you are happy with the planned procedure and you will be given the opportunity to ask any questions and discuss any worries you have in relation to the procedure.

You will then be asked to have some blood tests to ensure that your blood levels are within normal parameters and to check your blood group.

The nurse will administer you some medications 60-90 minutes prior to the procedure, these will consist of:

- Analgesia, otherwise known as painkillers, (Ibuprofen 800mg) orally.
- Antibiotics (Azithromycin 1g, Metronidazole 800mg) orally.
- Prostaglandins (Misoprostol 400 micrograms) sublingual (under the tongue). This is used to soften the cervix and minimise the risks of complications.

You will then be taken into an examination room with the doctor and the nurse where a speculum examination similar to having a smear test will be performed by the doctor. This will allow the doctor to access the cervix and clean the area; the local anaesthetic will then be injected into the cervix.

When you are comfortable the doctor will gently dilate the cervix by inserting a small suction tube into the uterus and some suction will be applied. This is to remove the pregnancy tissue. You may experience some cramping at this point but this should be a period type pain. Ultrasound will be used throughout the procedure to ensure that all the tissue has been safely removed and, if you have opted for an insertion of a coil, this can also be performed at the end of the procedure.

After the procedure has taken place, you will be able to rest in our recovery area and can be provided with light refreshments if required. Nursing staff will check your pulse, blood pressure and temperature and, provided these are normal, you can be discharged home as soon as you feel able. We will give you a short written summary to take home confirming the procedure you have had.

What happens after the procedure?

Immediately after the procedure you will experience a period cramp-like pain and light vaginal bleeding. This should gradually reduce over the next two weeks. You will be advised to obtain over the counter analgesia if required for after the procedure. If you have a rhesus negative blood group you will also be given an injection called anti-D.

If you experience heavy bleeding, vaginal discharge or pain that you are unable to manage, you will need to attend the Accident & Emergency department and be assessed by a doctor. If you require any additional information following the procedure you can also call the clinical nurse specialist on 020 8725 0602 or via switchboard 020 8672 1255 and ask for bleep 7334 (Monday to Friday 8am until 5pm) or 07827 834 710 (out of hours).

What are the risks of the procedure?

Although MVA has been proved to be very safe, like any treatment there are some risks:

- There is a small risk that not all the tissue will be removed (3 in 100 women)
- There is a small risk of bleeding and an even smaller risk of severe bleeding, resulting in a blood transfusion.
- There is a rare risk of perforating the uterus (less than 1 in 1,000 women).

- There is a risk of infection (up to 3 in 100 women) which can be treated with antibiotics.

Who can have an MVA?

Anybody accessing the Pregnancy Advisory Service and wishing to undergo a termination of pregnancy under ten weeks' gestation can have an MVA. There may be women who are not suitable for MVA because of their medical history.

Where do I need to go?

This service is provided to run alongside the Pregnancy Advisory Service. You should attend our gynaecology department on the ground floor of Lanesborough wing in clinic A on the day of your appointment with the Pregnancy Advisory Service.

Advantages

This procedure does not require a general anaesthetic, the procedure itself only takes about 20 minutes and you are free to go home 20 minutes after the procedure has taken place.

Disadvantages

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

What do I need to do in preparation?

You do not need to do anything in preparation and are able to eat and drink before the procedure.

Contact us

If you have any questions or concerns about Manual Vacuum Aspiration, please contact the Clinical Nurse Specialist on 020 8725 0602 (Monday to Friday, 8am to 6pm).

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 advice and information when you have comments or concerns about our services or care. You can contact the PALS team on the advisory telephone line Monday, Tuesday, Thursday and Friday from 2pm to 5pm.

A Walk-in service is available:

Monday, Tuesday and Thursday between 10am and 4pm

Friday between 10am and 2pm.

The Walk-in and Advisory telephone services are closed on Wednesdays.
Please contact PALS in advance to check if there are any changes to opening times.

PALS is based within the hospital in the ground floor main corridor between Grosvenor and Lanesborough wings.

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

NHS UK

The NHS 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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