

**Patient
Information**

Surgical management of miscarriage under local anaesthesia

Introduction

We are sorry that you have had a miscarriage. To help you get through this difficult time, you should have already received information about different treatment options. This leaflet gives you information about a surgical option called Manual Vacuum Aspiration (MVA), which can be done using local anaesthesia and includes the possible risks and benefits of this procedure. It also explains about your visit to the hospital and gives you advice following your discharge.

What is MVA?

MVA is a small handheld device that is used to empty the womb after:

- a delayed miscarriage (where a pregnancy has failed but the pregnancy sac is still present within the uterus, or where no fetal heart beat is present but the pregnancy is still within the uterus).
- an incomplete miscarriage (where some of the pregnancy tissue remains inside the uterus after the natural process).

This is a safe procedure which has been used for more than 30 years. About 2 in every 100 women may need a general anaesthetic to complete the procedure.

MVA allows women to have surgical treatment without a general anaesthetic.

The MVA instrument has a narrow hollow plastic tube that is placed in the womb through the vagina and neck of the womb (cervix). The instrument then uses gentle suction to remove the pregnancy tissue.

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Gynaecology

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Blood tests will be taken to check your blood group and blood count. You will be given some medication to take home.

You will be advised to take 2 tablets of misoprostol (place it under your tongue or swallow) 2 hours before the procedure which will help to soften the cervix. Misoprostol may give you minor side effects such as mild abdominal pain, nausea, vomiting, diarrhoea and an unpleasant taste in the mouth (uncommon).

You will also be advised to take 2 pain relief medications (this will help to reduce any pain you may feel during the procedure) which include 1gm of paracetamol (2 tablets) and 400 mgs of Ibuprofen (2 tablets) 1 hour before your appointment time. If you are unable to take paracetamol or ibuprofen because of medical problems please let the healthcare professional know as another medication can be prescribed.

We will also ask you what you wish to happen to your pregnancy after the procedure as there are several options. This will be discussed with you.

On the day of the procedure

You can eat and drink as normal before your appointment. Please take all of your usual medications at the normal times.

On the day of your procedure you will meet a specially trained healthcare professional who will explain the procedure to you and answer any questions that you may have. You will then be asked to sign a consent form.

The procedure

You will be taken to the procedure room and given privacy to change into a hospital gown. Your partner or a close family member can be with you while you have the procedure. You will then be taken to the examination room where your healthcare professional will give you an internal examination using a speculum, similar to the one used during a smear test.

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You will be given a local anaesthetic injection into your cervix and some local anaesthetic gel into your womb, this will numb any pain.

When you feel comfortable, the neck of the womb will be stretched gently in order to pass the plastic tube of the MVA in to your womb. This will be followed by gentle suction to empty the contents of the womb.

You may have an ultrasound scan at the end of the procedure to check that it is complete. The whole procedure including preparation, local anaesthetic and the treatment will take about 15 minutes.

Will I feel the pain during the procedure?

You may have mild to moderate period-type cramps during this procedure. The pain relief taken before the procedure, along with the local anaesthetic gel inserted into your womb and the local anaesthetic injection given to your cervix will help reduce any pain. You will also be offered Entonox® (gas and air) that you can inhale during the treatment. This will give further pain relief.

After the procedure

You will be taken to a room to recover and you will be given some refreshments such as tea, coffee or squash.

If you are Rhesus negative blood group you will be given an injection of Anti D before being discharged. This will stop antibody production in your body.

You will probably be ready to go home about an hour after the procedure. We advise that you arrange for someone to drive you home.

What should you expect when you get home?

You will have some period like cramping for the first 48 hours. You will be advised about regular pain relief before leaving the hospital.

You will also experience light to moderately heavy vaginal bleeding for up to 2 weeks following the procedure, this is normal.

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During this time we recommend that you use sanitary towels and avoid tampons. It is advisable not to have intercourse until the bleeding has stopped. Both of these measures will help to reduce the risk of infection.

You can return to your normal daily activities, including driving, the day after the procedure.

If you have severe pain and very heavy bleeding in the first 48 hours please go to the nearest Emergency Department.

You will be advised to take a urine pregnancy test 3 weeks after the procedure. If the test is positive please contact the EPAC team on the number at the end of this leaflet.

Risks

This procedure is very similar in success rates and complications to the traditional procedure done under general anaesthetic but without the risks from the anaesthetic.

Bleeding - is common during the procedure but will be controlled using medication.

Uterine perforation (tear) - happens in less than 5 in 1000 women and usually heals naturally. Sometimes we may need to have a look inside your tummy and control the bleeding or repair the tear. This can be done by laparoscopy (key hole) or laparotomy (cut on your tummy) under general anaesthetic.

Infection- is common affecting 3 in every 100 women although every precaution is taken during the procedure to reduce this risk. Should you develop an infection after the procedure you may experience a high temperature, lower abdominal pain, an offensive smelling vaginal discharge or continual and heavy vaginal bleeding. Please contact the EPAC Team as we may need to prescribe a course of antibiotics.

Retained pregnancy tissue – this may require another surgical procedure and can happen in 5 in every 100 women. Alternative options will be discussed with you by the healthcare professional. The EPAC will be able to advise you on this.

Intrauterine adhesion – small risk of causing a scar inside the womb following this procedure which can be treated.

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Pregnancy after miscarriage

You can plan for your next pregnancy when you are physically and emotionally ready. However we would suggest waiting for your next menstrual period. During this time you may wish to use some form of short term contraception such as condoms.

Contact information

To rearrange an appointment, or if you think you no longer need this appointment please contact:

EPAC Team (for appointments)

Tel: 0300 422 5549

Monday to Friday, 9:00am to 3:00pm

Further information

The miscarriage Association

Tel: 01924 298 834

Website: www.miscarriageassociation.org.uk

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