

Surgical management of miscarriage under local anaesthesia (MVA)

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. It also explains the possible risks and benefits of the procedure and what to expect during and after 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).

MVA is a safe procedure which has been used for more than 30 years and allows women to have surgical treatment without the need for a general anaesthetic. Although about 2 in every 100 women may need a general anaesthetic to complete the procedure.

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

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Department

Gynaecology

Review due

May 2028

**Patient
Information****Before the procedure**

Blood tests will be taken to check your blood group and blood count. If you are taking blood thinning medication then please discuss this with the healthcare professional at your appointment.

You will be provided with 2 tablets of misoprostol which needs to be taken 2 hours before the procedure. You can either place the tablets under your tongue to dissolve or swallow whole. This medication will help to soften your cervix.

Misoprostol may give you side effects such as mild abdominal pain, nausea, vomiting, diarrhoea and an unpleasant taste in your mouth (uncommon).

You will be advised to take pain relief medication to help reduce any pain you may feel during the procedure. For example, 1 gram 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; these 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.

You will meet a specially trained healthcare professional from the gynecology team 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.

**Patient
Information**

The procedure

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

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

When you feel comfortable, the neck of your womb will be stretched gently in order to pass the plastic tube of the MVA into your womb. This will be followed by gentle suction to empty your 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 to 20 minutes.

Will I feel the pain during the procedure?

You may have mild to moderate period-type cramps during the 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) which you can inhale during the procedure. This will give further pain relief.

If the procedure is too painful for you then we may suggest having the procedure completed under a general anaesthetic (while you are asleep). This will need to be done on an alternative date.

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 have a Rhesus negative blood group, you will be given an injection of Anti D before being discharged. This will stop anti-body production in your body.

Patient Information

You will probably be ready to go home about 30 minutes to 1 hour after the procedure. We advise that you arrange for someone to drive you home.

What should I expect when I get home?

You will have some period like cramping for the first 24 to 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. 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, 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 Early Pregnancy Assessment team (EPA) 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 if required.

Uterine perforation (tear) - happens in less than 5 in every 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.

Patient Information

Infection - is common affecting 3 in every 100 women, although every precaution is taken during the procedure to reduce this risk. If 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 EPA 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 out of every 100 women. Alternative options will be discussed with you by the healthcare professional, this may include medical treatment or a repeat surgical procedure. The EPA team will be able to advise you about this.

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

Can I request a baby loss certificate?

For any pregnancy loss before 24 weeks, you can now request a baby loss certificate in memory of your baby. In order to request a certificate, you will need your NHS number or the postcode registered with your GP, your mobile phone number or email address registered with your GP and permission from the other parent along with their email address.

For more information or to request a certificate please see:

www.gov.uk/request-baby-loss-certificate

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 the:

EPA Team

Tel: 0300 422 5549

8:00am to 4:00pm, 7 days a week

**Patient
Information**

Further information

Miscarriage Association

17 Wentworth Terrace
Wakefield
WF1 3QW

Tel: 01924 200 799

Monday, Tuesday and Thursday, 9:00am to 4:00pm

Wednesday and Friday, 9:00am to 8:00pm

Email: info@miscarriageassociation.org.uk

Website: www.miscarriageassociation.org.uk

Tommy's – The pregnancy and baby charity

Tel: 0800 0147 800 - Midwife Helpline

Monday to Friday, 9:00am to 5:00pm

Email: midwife@tommys.org

Website: www.tommys.org/baby-loss-support

Gloucestershire Domestic Abuse Support Service (GDASS)

This is a county-wide service offering a variety of support programmes for women and men over 16 years old who are experiencing domestic abuse.

Tel: 01452 726 570

Monday to Friday, 9:00am to 5:00pm

Domestic Violence Helpline

Tel: 0808 2000 247 (24 hours)

Email: support@gdass.org.uk

Website: www.gdass.org.uk

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Making a choice

Shared Decision Making

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.



Ask 3 Questions

To begin with, try to make sure you get the answers to three key questions if you are asked to make a choice about your healthcare.

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?

These resources have been adapted with kind permission from the MAGIC Programme, supported by the Health Foundation

* Ask 3 Questions is based on Shepherd HL, et al. Three questions that patients can ask to improve the quality of information physicians give about treatment options: A cross-over trial. Patient Education and Counselling, 2011;84: 379-85



<https://aqua.nhs.uk/resources/shared-decision-making-case-studies/>