

MANUAL VACUUM ASPIRATION

Patient Information Leaflet & Consent Form

Please bring this booklet with you

This information booklet aims to provide you with all the details that you need to know about manual vacuum aspiration (MVA) as a procedure for management of miscarriage.

This procedure requires your formal consent.

This booklet has been written to enable you to make an informed decision in relation to agreeing to the procedure. At the back of the booklet is a consent form.

The consent form is a legal document therefore please read it carefully. Once you have read and understood all the information including the possibility of complications and you agree to undergo the procedure, please sign and date the consent form.

If however, there is anything you do not understand or wish to discuss further, do not sign the form but bring it with you and sign it after you have spoken to a Health Care Professional.

What is manual vacuum aspiration (MVA)?

MVA is a method of removing pregnancy remains from inside the womb. It uses gentle suction under local anaesthetic while you are awake. This is an alternative to having a general anaesthetic in theatre. This method is used to treat women who had a miscarriage where pregnancy tissue is left behind after a miscarriage. This is a day care procedure, and you should be well enough to go home after the procedure.

Who are suitable candidates for this procedure?

If you had a

- Missed miscarriage.
- Incomplete miscarriage
- Failed medical management of miscarriage.

Who may not be suitable candidates for this procedure?

- Previous failed surgical management of miscarriage
- Molar pregnancy- abnormal type of pregnancy
- Abnormalities in uterus

- Fibroid uterus of size > 12 weeks
- Previous history of surgery to neck of the womb i.e. LLETZ
- Allergy to local anaesthetic
- Severe anxiety
- Excessive bleeding
- Unable to tolerate speculum examination.

What happens prior to the procedure?

You would be required to sign the informed consent form. Baseline blood tests are done. You will receive a prescription for painkillers and a tablet to soften the neck of the womb or cervix, to be taken 1 hour before the procedure.

What happens on the day of the procedure?

You can eat and drink normally. You will have to take the painkillers orally and cervical softening tablet sublingually (under your tongue). The latter helps to open the neck of the womb and ease the procedure.

What happens during the procedure?

You will be with the doctor, a nurse and a healthcare support worker in the procedure room. You will be asked to lie down on the couch with your legs in stirrups. We will then insert a tube-shaped tool (a speculum) into your vagina. This will stay in place while the procedure takes place. A local anaesthetic (numbing injection) will be injected into your neck of the womb. The neck of the womb is then dilated (stretched) gradually. A narrow suction tube is then inserted into the womb to remove the remaining pregnancy tissue. You may hear some sounds because of the suction working. If you would like some calming music to be played in the room during the procedure, please let the nurse or doctor know.

After the tissue has been removed, you may have an ultrasound scan to check if the pregnancy tissue has been removed. The procedure takes about 20 minutes.

Will the procedure hurt you?

The numbing injection given into your neck of the womb is a very good pain relief. While you may feel some pressure, you should not feel any pain. If pain persists, we will stop the procedure and offer alternative treatment options for you.

What happens to the pregnancy tissue removed?

If you had consented for microscopic examination of the pregnancy tissue, the sample will be sent to the laboratory for further testing. We will contact you with the results once ready. Otherwise, all pregnancy tissue will be sensitively disposed by the hospital.

What are the benefits of the procedure?

- General anaesthetic is avoided.
- It is quicker which avoids waiting for spontaneous miscarriage to happen.
- Quicker recovery time

What are the possible risks?

Immediate

- Discomfort
- Feeling faint or dizzy.
- Excessive bleeding requiring transfusion.
- Need to abandon procedure in case of situations like difficulty in dilating neck of the womb or if you are unable to tolerate the procedure.
- Loss of consciousness (medically known as vaso-vagal attack)
- Injury to neck of the womb
- Perforation of uterus, with a possible need to perform keyhole surgery(Laparoscopy) to exclude or manage any internal injuries.

Delayed

- Risk of some pregnancy tissue remaining in the uterus, requiring a repeat procedure
- Infection, presenting as foul-smelling vaginal discharge, lower abdominal pain or fever.
- Excessive bleeding (heavier than your period), passing blood clots.

What happens after the procedure?

- We will ask you to wait for up to 2 hours to make sure you are well enough to go home.
- You can expect some vaginal bleeding which should not be more than your periods.
- Antibiotics may be given based on our assessment of your infection risk.
- We will also assess you for your risk of blood clots for which you may need blood thinning injections.
- If you have a Rhesus negative blood group, we will offer you Anti- D injection.
- You may return to work in 24-48 hours after the procedure.
- You should do a home pregnancy test in 3 weeks. If it is positive, please contact the Emergency Gynaecology Assessment Unit (EGAU) at Grange University Hospital at **01633493557**.

When should you contact Emergency Gynaecology Assessment Unit(EGAU)?

- Excessive bleeding, passing clots
- Foul smelling vaginal discharge
- Fever
- Positive pregnancy test at 3 weeks post-procedure

What should you consider for speedy recovery?

Avoid swimming, tampons, baths or sexual intercourse for a week

CONTRACEPTION

If you wish to have a MIRENA coil or Copper coil inserted for contraception, we can do this for you at the end of the procedure.

If you have any heavy bleeding or worries following your appointment, please contact us on the following numbers:-

**Ambulatory Unit at Nevill Hall Hospital- 8.00am – 4.00pm
01873 733239**

**Emergency Gynaecology Assessment Unit
The Grange University Hospital
01633 493557/493985**

General points to remember:-

- If you are unable to keep your appointment, please notify the Ambulatory Unit at Nevill Hall Hospital or Emergency Gynaecology Assessment Unit at Grange Hospital.
- It is our aim for you to be seen and treated as soon as possible after your arrival. However, the Department is very busy and your procedure may be delayed. If emergencies occur, these patients will obviously be given priority over the less urgent cases.
- The Hospital cannot accept any responsibility for the loss or damage to personal property during your time on these premises.

PLEASE REMEMBER TO SIGN YOUR CONSENT FORM AT THE BACK OF THE BOOKLET AND BRING IT WITH YOU.

YOU WILL NEED TO BRING SOMEONE WITH YOU TO TAKE YOU HOME FOLLOWING THE PROCEDURE.

References

1. Patient preferences, satisfaction, and resource use in office evacuation of early pregnancy failure. *Obstet Gynecol.* 2006
2. Manual vacuum aspiration: an outpatient alternative for surgical management of miscarriage. *The Obstetrician and Gynaecologist.* 2015
3. Manual versus electric vacuum aspiration for early first-trimester abortion: a controlled study of complication rates. *Obstet Gynecol* 200
4. Guideline for Manual Vacuum Aspiration (MVA) as an Outpatient Procedure for management of miscarriage, ABUHB, Issue 3, July 2023

Patient identifier/label

Patient agreement to Gynaecology investigation or treatment:

Name of procedure: Manual Vacuum Aspiration

Statement of patient/parent

You have the right to change your mind at any time, even after you have signed this form).

I have read and understand the information the information in the attached booklet, including the benefits and any risks.

I agree to the procedure described in this booklet and on the form.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience. When a trainee performs the examination it will be undertaken under the supervision of a fully qualified practitioner.

Signature:

Name (print):

Date:

If you would like to ask any further questions please do not sign the form now. Bring it with you and you can sign it after you have talked with a healthcare professional.

Confirmation of consent (to be completed by a health professional when the patient is admitted for the procedure, if the patient/parent has signed the form in advance)

I have confirmed that the patient/parent understands what the procedure involves, including the benefits and any risks. The patient has no further questions and wishes the procedure to go ahead.

Signed:

Date:

Name (PRINT):

Job title:

Statement of health professional (to be filled in by the health professional with appropriate knowledge of proposed procedure, as specified in consent policy). In response to a request for further information have explained the procedure to the patient/parent. In particular I have explained:

The intended benefits:

- To treat miscarriage

Significant, unavoidable or frequently occurring risks:

Immediate

- Pain and discomfort
- Feeling faint or dizzy.
- Excessive bleeding requiring transfusion.
- Need to abandon procedure in case of situations like difficulty in dilating neck of the womb or if you are unable to tolerate the procedure due to pain.
- Loss of consciousness (medically known as vaso-vagal attack)
- Injury to neck of the womb
- Perforation of uterus, with a possible need to perform keyhole surgery(Laparoscopy) to exclude or manage any internal injuries.
- Injury to neck of the womb

Delayed

- Risk of some pregnancy tissue remaining in the uterus, requiring a repeat procedure
- Infection, presenting as foul-smelling vaginal discharge, lower abdominal pain or fever.
- Excessive bleeding (heavier than your period), passing blood clots.

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of those involved.

Signed:

Date:

Name (PRINT):

Job title:

Statement of interpreter (where appropriate) I have interpreted the information above on the patient/parent to the best of my ability and in a way in which I believe she can understand.

Signed: Date:

Name (PRINT).....

Job title:

Distribution: 1st COPY: HOSPITAL; 2ND COPY: PATIENT

Aneurin Bevan University Health Board is the operational name of Aneurin Bevan
University
Local Health Board

**'This document is available in Welsh/ Mae'r ddogfen hon ar gael yn
Gymraeg'.**

HyCoSy Proforma

Name:		D.O.B	
MRN:		Date	

Or insert patient addressograph above

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Pre Procedure Checklist

LMP					
Allergies	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Protected intercourse	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Signed (pt.):		
Pregnancy test	Negative <input type="checkbox"/>		Signed (staff):		
Paracetamol 1g; Ibuprofen 400mcg (1 hour pre HyCoSy)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Time taken:		
Antibiotics taken	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Reason for HyCoSy					

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Baseline scan findings

Uterus size	X	X	MM	
Uterine orientation	Anteverted	Retroverted	Other	
Uterine appearance	Normal		Other:	

Comment					
Endometrial thickness	ET (mm)				
Endometrial appearance	Normal		Other		
Comment					
Right ovary size	x	x	mm	Vol (mls)	
Right ovary appearance	Normal	Accessible	Other:		AFC=
Comment					
Left ovary size	x	x	mm	Vol (mls)	
Left ovary appearance	Normal	Accessible	Other:		AFC=
Comment					
Adnexae appearance	Normal	Other:		Comment:	
POD	NAD	Free fluid	Comment:		
Procedure					
Cervix cannulation	Easy		Difficult (see comment)		
Comment					
Right fallopian tube	Fill seen		Spill seen		CD required
	No fill		No Spill		
Left fallopian tube	Fill seen		Spill seen		CD required
	No fill		No Spill		
Comment					
CONCLUSION					

Practitioners name							
WHO checklist complete		<input type="checkbox"/>		Signed:			
Post Procedure Checklist							
Swab count complete?		<input type="checkbox"/>		Signed:		Signed	
Follow up required?							
Further Information (including advice given)							
Staff Name:				Signature:			