



# Protocol for manual vacuum aspiration

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Version	Date	Author Job Title	Reasoning
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## AUTHORSHIP, RESPONSIBILITY AND REVIEW

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# BACKGROUND

## **Guideline Definition**

Clinical guidelines are systemically developed statements that assist clinicians and patients in making decisions about appropriate treatments for specific conditions.

They allow deviation from a prescribed pathway according to the individual circumstances and where reasons can be clearly demonstrated and documented.

## **Purpose**

## **Scope**

## **Roles and Responsibilities**

In seeking further advice on any uncertainties contained in this document, or if you feel that there is new or more updated advice it is your responsibility to contact the guideline author or Approval Group manager so that any amendments can be made.

The guideline Approval Group is responsible for disseminating this guideline to all appropriate staff.

The guideline author or a named alternative is responsible for updating the guideline with any amendments that they become aware of or are highlighted to them.

All health professionals are responsible to ensure that the guideline is utilised effectively, and to ensure that they are competent and compassionate in the implementation of it.

## **Training Requirements**

There is no mandatory training associated with this guideline.

## **Monitoring of Compliance**

- By audit and review of complaints relating to miscarriage diagnosis and management.
- The Governance Department will collate any complaints and distribute to the relevant individuals for comments, and share any learning points.
- The Service Lead will oversee any governance issues, make relevant recommendations to the directorate, and advise the Clinical Director or the directorate of any matters that require implementation.
- The Health Board reserves the right, without notice, to amend any monitoring requirements in order to meet any statutory obligations or the needs of the organisation

## **Complaints**

All complaints should try to be resolved with the patient during any contact to avoid escalation. There concerns should be listened to and documented. If it is not possible to address any concerns at the time, or if the complaint is of a serious nature, the patient's complaint should be discussed with the consultant in charge for the day, or the patient should be given details of how to raise a formal complaint via the local governance department.

## **Introduction**

Manual vacuum aspiration (MVA) is a safe procedure which can be performed in the first trimester of pregnancy for abortion and the management of retained products of conception.

MVA is particularly suitable for patients wishing a quick and effective procedure which does not involve general anaesthesia (GA). It is also suitable for patients with medical problems which make them unsuitable for treatment under GA.

This guideline applies to

- Termination of pregnancies between 6 and 12 weeks gestation
- Management of retained products of conception, failed medical or surgical abortion

Gestational age limits for MVA

With the use of a protocol that includes tissue inspection, beta human chorionic gonadotropin (BHCG) and prompt referral for evaluation of ectopic pregnancy, MVA may be offered from when a gestational sac can be seen on ultrasound (USS).

Serious complications are extremely rare. Minor problems might arise more commonly and are detailed below.

## **Contraindications to MVA**

There are no absolute contraindications to MVA

Gestation exceeding local guidelines

## **Cautions with MVA**

Active pelvic infection

Known structural uterine anomaly

A history of coagulation disorders

Extreme anxiety

IUCD insitu- removal prior to MVA recommended

## **Procedure**

Counselling, education and informed consent.

Written consent is taken for a surgical procedure.

1. All explanations (esp. in case of verbal consent) should be supported by written information,
  - Patient Information leaflet about MVA

- Appropriate contraception leaflets
  - Copy of consent form
2. Blood should be taken for full blood count (FBC) and Rhesus (Rh) status, unless known Rh.
  3. Provide date and time for MVA procedure (this may be the same day)
  4. Advise patient to take suitable analgesia such as ibuprofen 400mg and paracetamol 1g one hour before admission, please refer to the BNF for analgesic doses, cautions, contra-indications, side effects and interactions (7).
  5. The patient should be informed that support will be available both during and after the procedure
  6. Patient should also be informed about the sensitive disposal of pregnancy loss remains (1).
  7. Cervical Preparation for primary abortion treatment: provide misoprostol 400mcg dose, document on MVA ICP drug chart with instructions or prescribe on take home prescription for home use: This preparatory tablet is to be taken 1-2 hours sublingual or 2-3 hours vaginal/buccal pre MVA.
  8. Discuss analgesia, if appropriate and patient hasn't had any previous doses of analgesia/NSAID, a single dose of Diclofenac 100mg PR to be administered prior to/at time of MVA

### **MVA Procedure**

This procedure requires a lithotomy couch, direct access to a sluice room and a resting area for recovery of the patient.

#### **Arrival:**

The patient is greeted by the Doctor or Nurse who goes through consent and answers any questions. The nurse will check what oral analgesia has been taken already and offer additional analgesia.

7-day supply of doxycycline 100mg BD to be supplied for the prevention of post treatment infection for patient to commence following MVA. If patient is likely to be non-compliant with doxycycline, then metronidazole 1g PR single dose can be administered at the time of MVA procedure.

Misoprostol 400 mcg (vaginal/buccal/sublingual administration) for cervical preparation prior to MVA procedure. Patient to use at home 1 hour prior to MVA procedure if taking sublingually, if using vaginally/buccally to administer 2-3 hours prior to MVA at home. If cervical preparation not supplied prior to MVA clinic date then dose can be given sublingually in clinic 1 hour prior to MVA procedure.

The patient should be encouraged to empty her bladder.

The doctor confirms consent and addresses any further questions. The patient is shown how to place herself in the lithotomy position. Entonox may be used during treatment.

Pulse, BP and oxygen saturation are recorded at the start and the end of treatment.

Vagina and vulva are cleaned with a suitable disinfectant such as iodine or chlorhexidine solution. A bimanual vaginal examination confirms uterine orientation.

Vocal Local: this is an important part of the local anaesthetic treatment. The assistant rather than the surgeon aims to keep the patient talking.

Mepivacaine hydrochloride 3% to be used for a paracervical block, injected into the cervix at four or more points (3), chlorhexidine with lidocaine gel 10-20 ml of 0.5-1% (Instillagel) is inserted into the cervical canal, applied topically.

Using a vulsellum or tenaculum the cervix fixed and then dilated with different sized plastic cannulas. The previously loaded MVA pump (IPAS) is connected to the cannula in the cervix and the vacuum released.

When the MVA syringe is full, it should be emptied, re-charged and re-attached. Several pre-charged syringes may be used simultaneously. The procedure is complete when the 'grittiness' of the uterine wall can be detected. An intra-uterine contraceptive device (IUCD) may be inserted at the end. When the vulsellum is removed, the cervix should be inspected for bleeding. Alternatively, Depo-Provera or a contraceptive implant can be given (2).

Complete evacuation can be confirmed by inspecting the evacuated tissue to identify the gestational sac and/or by ultrasound.

The patient is escorted to the recovery area where she can relax. One final set of post-procedure observations should be recorded during this time. The patient will be offered a drink and a biscuit and is discharged once she feels well, which may be as soon as 15 minutes after the treatment. She does not require an escort.

### **Post Procedure**

Post procedure the patient should be advised that she may experience some mild abdominal pain and period like vaginal bleeding for the next few days which should gradually settle. However, if she is concerned about the amount of pain or bleeding, she is experiencing, she is to contact PAS for advice, in case of emergency then the patient should attend A&E at Prince Charles Hospital or Princess of Wales Hospital. Patient should be advised not to use tampons, avoid swimming and intercourse until vaginal bleeding is minimal/period like loss.

### **Follow up**

All patients will have a follow up call from PAS 1 week following MVA. Routine follow-up is not required however patients are reminded how to get in touch in case of concerns over the next few days. An appointment can be made in the pregnancy advisory service PAS if the patient requests this. A low sensitivity urine pregnancy test is given to the patient to use 3 weeks post procedure.

### **Complications**

#### ***PRIMARY (DURING TREATMENT)***

Minor complications:

- Vaso-vagal attack during procedure, but no loss of consciousness
- Patient unable to cope with discomfort
- Difficult cervical dilation
- Heavy bleeding during treatment

Major complications

- Loss of consciousness / 'fit' during treatment
- Major haemorrhage
- Uterine perforation
- Undetected ongoing pregnancy

## **SECONDARY (AFTER DISCHARGE)**

Minor complications:

- Retained pregnancy tissue
- Prolonged bleeding
- Endometritis
- Loss of IUCD
- Prolonged depression / sadness

Major complications

- Ongoing pregnancy / failed abortion procedure
- High fever, shivers, tachycardia, purulent discharge, severe abdominal pain.

### **Management of complications**

The doctor in the treatment room manages complications and refers to the on-call team if appropriate.

If the MVA is carried out at a community hospital site, and the patient experiences any of the above major complications which cannot be managed and require urgent emergency medical care – the emergency services should be contacted using 999 and escalation required for immediate transfer to a DGH site. In all cases: if urgent attention is required, patient must be referred to the on-call gynaecology team.

All patients requiring admission after abortion and miscarriage treatment are cared for by the on-call team and their on-call consultant gynaecologist.

Patients who suffer complications should be offered a follow-up appointment in the PAS clinic. Such complications may have arisen on the day of treatment or after discharge

### **References**

1. Path 02 [Policy for the sensitive disposal of pregnancy remains.docx \(cymru.nhs.uk\)](#)
2. Clinical practice handbook for safe abortion (2014) WHO [9789241548717\\_eng.pdf \(who.int\)](#)
3. BNF [accessed 16/09/2023] [Mepivacaine hydrochloride | Drugs | BNF | NICE](#)
4. BNF [accessed 2/10/2023] [Medicinal forms | Medroxyprogesterone acetate | Drugs | BNF | NICE](#)
5. H. Qureshi, E. Massey, D. Kirwan, T. Davies, S. Robson, J. White et al. British Committee for Standards in Haematology (BCSH)- Guideline for the use of anti-D immunoglobulin for the prevention of haemolytic disease of the foetus and new born; Transfusion Medicine. Feb 2014; 24(1). [Accessed 02/10/23] Available from: <https://doi.org/10.1111/tme.12091>
6. BNF [accessed 2/10/2023] [Ibuprofen | Drugs | BNF | NICE](#)







**GIG**  
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**NHS**  
WALES

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Addressograph
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**Treatment room staff**

<b>Doctor</b>	
<b>Nurse</b>	
<b>HCA</b>	

WHO check list	
Lithotomy	
BP & O2 sats monitoring	

MVA start time	
MVA finish time	

<b>MVA Operating Notes</b>	
Local anaesthetic	
Other	
EBL	
Dilatation to	mm
Cavity empty	Yes / no
Gestation sac identified	Yes / no
TVS / TAS	
IUD / IUS fitted, type	
PLR form (part B)	
<b>Surgeon's signature</b>	

<b>Observations</b>						
	Time	Blood pressure	Pulse	O2 sats	Temperature (°C)	Pain score (0-10)
Pre MVA						
Post MVA						
Repeat						
Repeat						

\*Attach observation chart if more readings required





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**Drugs must not be administered from any other medication record**

**MEDICATION ADMINISTRATION RECORD**

**PRESCRIPTION FOR ONCE-ONLY MEDICATION**

<b>DRUG ALLERGIES &amp; SENSITIVITIES</b>	<b>PLEASE CIRCLE AS APPROPRIATE: NONE KNOWN / YES</b>
<b>WEIGHT:                      KGS</b>	<b>SIGNED..... DATE.....</b>
<b>DRUG / ALLERGEN:</b>	<b>NAME.....</b>
<b>REACTION:</b>	
<b>This section must be completed. Check allergy status prior to administration of medicine</b>	
<b>THROMBO-EMBOLIC PROPHYLAXIS REQUIRED: YES / NO</b>	

Date	Medicine (Approved name)	Dose (depending on weight)	Route	Time to be given	Prescriber's signature	Date given	Time given	Given by	Checked by
	<b>Misoprostol</b>	400mcg	Vaginal/ buccal/ sublingual						
	<b>Metronidazole</b>	1g	PR						
	<b>Diclofenac</b>	100mg	PR						
	<b>Anti D</b>	250 units	IM						
	<b>Entonox</b>	50%	INH						



DATE \_\_\_\_\_ AM/PM \_\_\_\_\_

## WHO OUTPATIENT SURGICAL PROCEDURE SAFETY CHECKLIST

*TO BE READ OUT ALOUD AND DOCUMENTED*

Addressograph

### TIME OUT (before commence procedure)

- Confirm all team members have introduced themselves by name if not already done.
- Patient, surgeon and registered practitioner verbally confirm
  - Patient name
  - Consent
  - Procedure and site: Yes / No / not applicable
  - Allergies recorded: Yes / No / not applicable
  - Is the patient pregnant? Yes / No / not applicable

### Procedural complications

- Surgeon review: what are the critical or unexpected steps, anticipated blood loss, specific equipment requirements and any special investigations?

### SIGN OUT (at end of procedure)

Registered practitioner verbally confirms with the team:

- That the correct name of the procedure been recorded?
- That the instrument, swabs and sharps counts are correct? Yes / No / not applicable
- That the specimen has been correctly labelled? Yes / No / not applicable
- Whether there are any equipment issues to be addressed? Yes / No

### Before patient leaves treatment area

- Surgeons have any key concerns for recovery and management of this patient?



**Useful Contact Numbers:**

Dewi Sant Health Park  
Bodywise: **01443 443192**   
PAS: **01685 728497**

Prince Charles Hospital  
Ward 5: **01685 728605**  
(24 hours)

For further contraception / sexual health advice  
please contact the triage line at Dewi Sant Health  
Park on **01443 443836**, for Merthyr/Cynon contact  
**01685 728272**.



**PREGNANCY ADVISORY SERVICE  
(PAS)**

**Manual vacuum aspiration  
(MVA)**

**Termination of pregnancy  
Patient information leaflet**

**Date & time to administer misoprostol:**

.....at.....

**Date & time of procedure:**

.....at.....

***Plan to be in the clinic for 1-2 hours***

## Your decision

You will be reading this leaflet at a time when you have been involved in some difficult decisions. The leaflet will provide you with more information about the treatment, you have chosen.

### **What is a manual vacuum aspiration termination of pregnancy (MVA)?**

Manual vacuum aspiration uses gentle suction to remove the pregnancy from the womb and takes 10 – 20 minutes from start to finish. You will need to rest for 30 – 45 min before going home. This treatment is performed using a local anaesthetic and you will be awake.

### **What are the risks of the procedure?**

Overall, an abortion is less risky than ongoing pregnancy and childbirth and complications are rarely dangerous. The following problems may arise and require further clinic visits and treatment:

- Heavy bleeding (haemorrhage) during or after the treatment may require overnight stay or rarely blood transfusion (less than 1 in 1000 risk).
- The risk of infection is minimised by taking the antibiotics you have been given.
- A risk of minor damage to the cervix (less than 1 in 100).
- A risk of perforating (making a hole in) the womb which may require further surgery (approx 1 in 6000) if it has led to organ damage.
- Finally, a small risk of some or all of the pregnancy tissue remaining in the womb (approx 1 in 1500 risk). This may require a repeat treatment procedure.

## Contraception

An abortion will not lead to infertility. One in three women will need another abortion in future. It is thus very important that you use effective contraception after your treatment.

You may already have your supplies or you may have been fitted with an IUD/IUS or an Implant during the treatment. In addition, staff can provide:

- Oral contraceptive pill
- Depo Provera /Sayana Press injection
- Condoms

If you are undecided on a chosen method of contraception at the time of your procedure you should visit your local Integrated Sexual Health clinic or your GP to arrange contraception as soon as possible following your procedure. It's advisable not to have sexual intercourse until you have started your contraception.

## Sex

You can have sex when you feel ready and once you have started your contraception. However, in order to reduce the risk of infection it is best to wait until your bleeding has stopped.

## Work

Most women are fit to return to work on the day following the treatment, and some return to work the same day.

## Further Information

You may find that you feel quite emotional after the abortion. It helps to have a person you trust nearby to provide support. You can also talk to a PAS nurse who discuss your experience with you and can arrange counselling for you if you feel that would help.

## **Personal hygiene**

You can have a shower when home. Please use only sanitary towels rather than tampons until your next normal period.

## **Infections**

Your results may not be ready before you leave hospital. Please ensure we have a contact number or permission to send you letters. If you have tested positive for an infection such as chlamydia or gonorrhoea your partner will also need to be treated before you have sex.

For appointments with the Integrated Sexual Health clinic at Dewi Sant Health Park, please see contact numbers on the back of this leaflet.

## **Follow Up**

Most women recover quickly after an abortion and do not need to return to the hospital for follow-up. You will however receive a courtesy follow up phone call 1 week after your procedure. It is very important to check your treatment has been completed, a urine pregnancy test will be provided for you to do at home 3 weeks after your procedure. If the test is positive at that time, you will require follow-up. Please get in touch with the pregnancy advisory service.

## **Other Questions**

Tissue from abortion procedures is disposed of sensitively by your chosen method. Options of this will be discussed with you by the nurse prior to your treatment.

## **Preparing for MVA Treatment**

You will not have an anaesthetic and you do not need to fast before treatment. Please ensure that you have some breakfast on the day. It will not be possible for an escort to be with you during the treatment or whilst resting afterwards. Visitors may wait in the waiting area or coffee shop at Dewi Sant Health Park. Please bring some sanitary towels as you will have light bleeding from the vagina after the treatment. We recommend taking pain relief such as paracetamol 1g and Ibuprofen 400mg, 1 hour before you leave for your appointment.

You will be given a supply of a medication called misoprostol which will help to prepare your cervix for the procedure. This should administered under the tongue (sublingually) to dissolve 1 hour prior to your planned procedure time. Alternatively, you can administer this vaginally or buccally (orally between your cheeks and gums) 2-3 hours prior to your planned procedure. Please discuss what option would be best for you with the nurse/doctor prior to starting your treatment. Date and time for this medication will be written on the front of this leaflet.

## **Admission for MVA Treatment**

When arriving for your appointment you will meet the nurse looking after you and the doctor treating you. Both are happy to answer every question you may have wondered about since your clinic assessment.

You will be offered pain relief tablets if you haven't already taken these. You will be asked to insert tablets vaginally or dissolve a tablet under your tongue if you haven't already administered it at home, you will have to wait 1-3 hours for the medication to take effect in clinic before your procedure. Following this you will then be shown to the treatment room with a special couch which supports your legs and you will be offered a hospital gown to wear although you may keep your own clothes on if you prefer.

The Doctor will examine your uterus (womb) and insert a speculum into the vagina. You may be given a numbing injection into the cervix and small rods may be used to open up the neck of the womb (cervix). A thin plastic tube will be inserted into the cervix. A hand-held suction device will be used to gently remove the pregnancy.

You will feel lower abdominal cramps similar to strong period pains. Some women find this more uncomfortable. Entonox (gas & air) will be provided to use for additional pain relief. A healthcare professional will be with you throughout this time for support. Antibiotics may be necessary following treatment; you will be advised of this before being discharged.

Following your treatment, you will rest in the recovery area for 15-60 minutes. You will be offered a drink and a light snack and will be discharged home once your condition is stable.

If you have a rhesus negative blood group, we offer an anti-D injection before discharge. This will prevent you from developing antibodies which may be harmful to future pregnancies. Occasionally your blood results may not be available prior to you going home. This may result in you needing to return to the hospital if required.

## **After your procedure**

**BLEEDING:** It is normal to bleed for about 10 - 14 days. If bleeding continues for longer or becomes very heavy or smelly, please contact the pregnancy advisory service or your GP.

**ABDOMINAL PAIN:** You may experience lower abdominal cramps for a day or two. Pain relief, such as paracetamol may be helpful but do not hesitate to get in touch with the pregnancy advisory service if you are concerned.

**FEELING EMOTIONAL:** Some women may feel tearful after treatment. This is not uncommon and you may thus prefer to have a friend or partner around to support you. If you require counselling after your procedure, we can organise this for you.

## **Serious complications**

These are rare. Unusual symptoms to watch out for include:

- Temperature of more than 37.5°C
- Feeling very unwell in yourself
- Severe pain
- Offensive vaginal discharge
- Continuous heavy bleeding

If you're experiencing any serious complications, please contact the pregnancy advisory service or your GP, in an emergency attend the A&E Department at Prince Charles Hospital/Princess of Wales Hospital.

## **Do not hesitate to get in touch if you are concerned.**

If you have problems within 24 hours following discharge from hospital you should contact the pregnancy advisory service on the contact numbers on the back of this leaflet.