Protocol for manual vacuum aspiration

Initiated By	Cwm Taf Morgannwg University Health Board Obstetrics and Gynaecology Directorate
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CHANGE HISTORY

Version	Date	Author Job Title	Reasoning
1.1	October 2023	Helen Bayliss Consultant gynaecologist	

AUTHORSHIP, RESPONSIBILITY AND REVIEW

Author		Ratification Date	
Job Title		Review Date	
Service Group		Clinical Director	
Service Lead		Directorate Manager	

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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 up to 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 in situ- 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 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 200mg mifepristone stat dose, document on MVA ICP drug chart with instructions: This preparatory tablet to be taken orally approximately 24 hours pre MVA.
8. Discuss analgesia , and if appropriate a single dose of 100mg Diclofenac PR to be taken before leaving the house.

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.

Metronidazole 500mg PO for the prevention of post treatment infection.

400 mcg misoprostol (vaginal/buccal/sub – lingual administration) may be used at the surgeons' discretion for cervical preparation.

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.

Lidocaine hydrochloride and chlorhexidine gluconate gel (Instillagel) is inserted into the cervical canal, applied topically. 10-20 ml of 0.5-1% (3) lidocaine is injected superficially into the cervix at four or more points (3,4).

Using a vulsellum or tenaculum the cervix is dilated with different size 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 ultrasound and/or by inspecting the evacuated tissue to identify the gestational sac.

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 EPAU/C1 Gynaecology for advice. Advise not to use tampons, avoid swimming and intercourse until vaginal bleeding is minimal/period like loss.

Follow up

Routine follow-up is not required but 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 urinary 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.

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. In all cases: if urgent attention is required, patient must be seen by 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.

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. EMC [accessed 2/10/23](https://www.medicines.org.uk/emc/product/4781/smpc#)
4. BNF [accessed 2/10/2023] Lidocaine hydrochloride | Drugs | BNF | NICE
5. BNF [accessed 2/10/2023] Medicinal forms | Medroxyprogesterone acetate | Drugs | BNF | NICE
6. 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 newborn; Transfusion Medicine. Feb 2014; 24(1). [Accessed 02/10/23] Available from: https://doi.org/10.1111/tme.12091
7. BNF [accessed 2/10/2023] Ibuprofen | Drugs | BNF | NICE

Appendix 1- MVA pathway

Pregnancy Advisory Service (PAS)
Manual Vacuum Aspiration (MVA)
Integrated Care Pathway

Lead consultant: Helen Bayliss

This integrated care pathway (ICP) is a multidisciplinary document and is to be used in addition to the integrated pathway of care for termination of pregnancy replacing all other documentation relating to this episode of care; it forms part of the patient's sole record of care.

- This is intended as a guide to good practice and is evidence based.
- The ICP is **not** a rigid document and clinicians are free to use their own professional judgement as appropriate, recording as a **variance** any alterations to the practice outlined, or any deviation from the expected plan of treatment.

It is set out in chronological order to enable the patient's progress to be monitored.

Initials	Print name	Signature	Designation	Ext./bleep

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

Date	
Consent	
HSA1	
PLR form (part A)	
Gestational age today	weeks day(s)
Confirm contact details	

Addressograph

Test results: If there are any positive or outstanding swab results, please give to NP to action

	Result and action taken	Signature
☐ Hb	g/l	
☐ Rhesus	☐ +ve ☐ –ve Anti-D Given: Yes ☐ N/A ☐	
☐ Chlamydia	☐ +ve ☐ –ve ☐ Not back Patient Informed ☐	
☐ G.C	☐ +ve ☐ –ve ☐ Not back Patient Informed ☐	
☐ HIV/Syphilis	☐ +ve ☐ –ve ☐ Not back Patient Informed ☐	

Analgesia taken	Yes / no Time:
Misoprostol prep administered	Yes / no Time:
Contraception planned	
Medication provided as per drug chart on P.3	Yes / no Time:
Ask patient to pass urine	Yes / no

Any other issues / questions?

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Addressograph

Treatment room staff

Doctor	
Nurse	
HCA	

WHO check list	
Lithotomy	
BP & O2 sats monitoring	

MVA start time	
MVA finish time	

MVA Operating Notes	
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)	
Surgeons signature	

*Attach observation chart if more readings required

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Cwm Taf Morgannwg
University Health Board

Addressograph

Observations				
	Time	Blood pressure	Pulse	O2 sats
Pre MVA				
Post MVA				
Repeat				
Repeat				

Recovery Period			
Actions		Yes	No
Rest in recliner Check pain/pv bleeding post MVA Offer diet and fluids Check remaining medication to be issued Explain follow up Explain need for urine pregnancy test in 3-4 weeks			
Time of discharge			
Recovery nurse	Print:	Sign:	

RECOVERY NOTES

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Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

Addressograph

Drugs must not be administered from any other medication record

MEDICATION ADMINISTRATION RECORD

PRESCRIPTION FOR ONCE-ONLY MEDICATION

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

Date	Medicine (approved name)	Dose (depending on weight)	Route	Time to be given	Prescribers signature	Date given	Time given	Given by	Checked by
	Misoprostol	400mcg	Vaginal/ buccal						
	Metronidazole	500 mg	PO						
	Diclofenac	50/100mg							
	Mifepristone	200mgs	PO						
	Anti D	250iU	IM						

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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?

	CONTINUATION **HISTORY SHEET**	**SURNAME**	**CASE NO**
		FIRST NAME	
DATE	**CLINICAL NOTES (EACH ENTRY MUST BE SIGNED)**		

Appendix 2- MVA patient leaflet

Useful Contact Numbers:

Dewi Sant Hospital
Bodywise: **01443 443192**

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

For further Contraception / Sexual health advice please contact the triage line at Dewi Sant Hospital on **01443 443836.**

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg University Health Board

BODYWISE CLINIC

Manual Vacuum Aspiration (MVA) Termination of Pregnancy Patient Information Leaflet

Date & Time of Treatment: _____

Plan to be in the clinic for 2 - 3 hours

You may wish to take pain relief just before leaving for your appointment

"Cwm Taf Health Board is smoke free. This means you are not allowed to smoke in our buildings, doorways, grounds or car parks during your visit or hospital stay"

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 15 – 25 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:

• The Contraceptive Pill
• The Depo Provera /Sayana Press Injection
• Condoms

If you are undecided you must see your local Integrated Sexual Health (Family Planning) clinic or your GP for contraceptive advice and NOT HAVE SEX 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 the nurse or doctor of your community DOSH (‘Family Planning’) clinic.

www.fpa.org.uk
www.bpas.org.uk

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 Hosptal, please ring 01443 443836.

Follow Up

Most women recover quickly after an abortion and do not need to return to the hospital for follow-up. However, it is very important to check your treatment has been completed after 3 weeks. A urine pregnancy test should be done either at home or in your local clinic (see above). If the test remains clearly positive at that time you will require follow-up. Please get in touch with the Bodywise Service on 01443 443192.

Other Questions

Tissue from abortion procedures is disposed of respectfully by the hospital. However, if you have specific wishes about the disposal of your pregnancy tissue (fetus), please ask the nurse or the doctor who can explain other ways of disposal available.

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 room or Coffee shop at Dewi Sant Hospital. Please bring some sanitary towels as you will have light bleeding from the vagina after the treatment. We recommend taking pain relief such as Ibuprofen 400mg before you leave for your appointment.

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 and you will be asked to dissolve a tablet under your tongue which will help to prepare the cervix. 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. Gas & Air will be provided to use for additional pain relief. A healthcare professional will be with you throughout this time for support. At the end of your treatment the Doctor may insert an antibiotic suppository into your rectum (back passage). Other antibiotics may be necessary depending on your swab results.

Following your treatment you will rest in the recovery area for 30-60 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 Bodywise 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 Bodywise 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 37.5OC
- Feeling very unwell in yourself
- Severe pain
- Offensive vaginal discharge
- Continuous heavy bleeding

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 Bodywise Service on 01443 443192. If you have a problem after 24 hours, please contact your GP or attend the A&E Department at Prince Charles Hospital/Princess of Wales Hospital.