

## Manual Vacuum Aspiration (MVA) for Termination of Pregnancy

### Definition

Manual Vacuum Aspiration (MVA) is a method of termination of pregnancy using suction undertaken with the patient awake. A narrow tube attached to a syringe is used to empty the womb using aspiration (gentle suction). Local anaesthetic is injected into the cervix (neck of the womb) to minimise discomfort.

This leaflet will help to answer some of your questions about having a manual vacuum aspiration (MVA). It describes the benefits, risks and alternatives, as well as what you can expect when you come to hospital.

If there is anything you do not understand or would like more information about, please ask a member of staff.

### Why have an MVA?

MVA is offered to women in the following situations:

- When a medical termination of pregnancy is contraindicated or declined
- When a surgical termination is requested
- To avoid general anaesthetic
- The procedure can be performed up to 12 weeks gestation

### Is MVA a new procedure?

MVA has been performed for more than 30 years. It offers an additional choice for women who wish to terminate a pregnancy. It is a safe procedure, with high success rates and good patient satisfaction.

## **What does a MVA involve?**

You will have a speculum examination (similar to that at a smear test) by the doctor undertaking the procedure. The cervix will be cleaned with cold fluid and the local anaesthetic injection performed. This is very similar to that provided by a dentist and although women worry about it, it works very quickly to reduce discomfort. The neck of the womb is gently stretched to allow the tube to be passed to remove the pregnancy tissue. You will feel some discomfort during the procedure (similar to period pain). Entonox ('gas and air') will be available for you to use if you wish. If you feel pain, please let the nurse or doctor know. Additional local anaesthetic including use of a local anaesthetic gel may be possible, but if you find the procedure too uncomfortable it can be stopped, and the procedure can be done in theatre under sedation/general anaesthetic. Sometimes an ultrasound scan may be repeated to check that all of the pregnancy tissue has been removed.

## **How long will the MVA take?**

The actual procedure takes about 15 minutes. It is important to arrive for your appointment on time. You will stay in the department for a minimum of 30 minutes after the procedure.

## **What happens if I choose MVA?**

You will be given two 200mcg Misoprostol tablets to insert into your vagina at home two hours before your MVA. You should insert the two Misoprostol tablets into the top of your vagina as high as you can place them; this can be done lying down or squatting. These tablets help to soften the cervix (neck of the womb) to reduce the risk of damage during the procedure. This indication is outside the product licence but common practice. Side effects include nausea, diarrhoea, cramping, bleeding. It is important that you are certain of your decision to proceed with the termination before the tablets are inserted. If you change your mind after insertion of the tablets, there is a risk of miscarriage or birth defects if the pregnancy continues.

Misoprostol can be delivered orally between the lip and the gum but tastes unpleasant and takes a long time to dissolve. This is the reason that we recommend vaginal delivery.

On the day of your MVA, we advise that you attend your appointment unaccompanied. If necessary- one support person may attend with you but they will be asked to remain in the waiting area for the duration of your procedure. Children are not permitted on the Bedford Centre. Please arrive on time and a clinician will see you to discuss the procedure and answer any last-minute questions. The procedure will take place in a different room. A nurse and healthcare assistant will be present to assist the doctor and support you throughout the procedure.

## **What happens afterwards?**

We will monitor you for 30 minutes after the procedure. This includes reviewing vaginal bleeding and any pain you are having. You can leave the hospital once you feel well enough to go home.

You can expect some vaginal bleeding after the MVA; this usually settles within seven days.

If the bleeding becomes heavier than the end of a period (or you are concerned about the amount of bleeding) you will need to contact the **Bedford Centre** on **0151 708 9988** ext **4509** during working hours or attend the **Gynaecology Emergency Department** or your nearest A&E Department out of hours.

We recommend you use sanitary towels instead of tampons and do not have sexual intercourse until the bleeding has settled. This reduces the risk of infection. You may return to work when you feel able.

## **What are the options if I do not want MVA?**

Other treatment options will be discussed with you by a nurse or doctor to help you decide. These include:

- Medical management (using medication to end the pregnancy)
- Surgical management in theatre

## **How does MVA compare to other options?**

Some women using medication to terminate the pregnancy, have to have a further procedure to manage tissue left behind. Studies comparing MVA to surgical evacuation under general anaesthetic have shown MVA to be just as effective; most women (more than 97 out of 100) having MVA will not need any further surgical treatment.

## **What are the possible complications of MVA?**

MVA is safe, but like all procedures there is a small risk of complications. The risk of complications with an MVA is similar to a suction procedure under general anaesthetic, but without the potential complications caused by a general anaesthetic.

Complications related to the procedure are rare. They include heavy bleeding (haemorrhage), infection, the need for a repeat operation if not all the pregnancy tissue is removed (three in 100 women) and less commonly a perforation (tear) of the womb that may need repair (less than one in 1,000 women). If a perforation occurs, we may need to look inside your tummy to check whether there is bleeding, and if necessary, to repair the tear. This is done by a small cut on your tummy (abdomen) under general anaesthetic and insertion of a telescope (laparoscopy).

The risk of infection is the same with surgical treatment (MVA or suction under general anaesthesia) and medical treatment options.

## **Help, support and further information**

The team caring for you understand that this is likely to be an incredibly difficult time for you and your partner, and we will do our best to support you and answer your questions.

Please contact **The Bedford Centre** if you have any questions or concerns: **Tel: 0151 708 9988** ext **1130** 0830-1630 or please look at the patient information section on the Liverpool Women's NHS hospital website.

**Telephone Triage Service – 0151 702 4140 (please note this line is open 8am – 4pm Monday – Friday)**

If you wish to speak with a member of our Nursing team regarding an acute gynaecological or early pregnancy problem, call **0151 702 4140** where you can receive advice and be triaged according to your concern. Please note this phone line is only available 8am – 4pm Monday to Friday and during high periods of activity delays to the answering of telephone calls may be experienced.

Outside of these hours if you have a medical emergency ring 999, if you have a Gynaecological or early pregnancy Emergency the Gynaecology Emergency Department is open 24 hours per day, seven days per week for urgent walk-in attendance, for all other non-emergencies you can ring 111 or for advice attend a walk in centre or contact your GP'

If you are not coping emotionally, we would suggest that you contact your **GP** or **Liverpool Bereavement Services** on **0151 236 3932** so that counselling or support can be arranged.

**This leaflet can be made available in different formats on request. If you would like to make any suggestions or comments about the content of this leaflet, then please contact the Patient Experience Team on 0151 702 4353 or by email at [pals@lwh.nhs.uk](mailto:pals@lwh.nhs.uk)**

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