

Management of Miscarriage under Local Anaesthetic (MVA)

Department of Gynaecology

We are sorry that you have had a miscarriage.

To help you get through this difficult time, you should have already received information on different treatment options (Miscarriage leaflet). This leaflet gives you information about a surgical option called Manual Vacuum Aspiration (MVA), which can be done using local anaesthetic.

What is an MVA?

MVA is a way of emptying the uterus (womb) while you are awake. It uses a narrow tube to enter and empty the womb using gentle suction. Anaesthetic is applied to the cervix (neck of the womb) to numb any physical sensations felt, including pain.

Why have an MVA?

Research has found MVA to be:

- 98-99% effective.
- Associated with less blood loss.
- Associated with less pain.
- Takes a shorter time to complete than other surgical methods.
- No general anaesthetic risks as you are awake during the procedure.

Who can have an MVA?

MVA is offered to women in the following situations:

- Incomplete miscarriage (where some of the pregnancy tissue remains inside the uterus).
- Missed miscarriage at gestations less up to 10 weeks (where a pregnancy has stopped growing but the pregnancy sac is still present inside the uterus).

What does it involve?

You will be admitted to our ward for a few hours. Before the procedure we will give you some medication for pain relief to take and we may insert vaginal tablets (misoprostol) to help soften and open the neck of the womb (cervix). This helps make the MVA procedure easier and safer. These tablets can sometimes cause cramping pain and bleeding. We would also insert a cannula in your hand / forearm so we can give you fluids or medications if required.

The MVA will be performed in a private clinic on the ward where a doctor will use a speculum (similar to that used in a smear test) to look at the neck of the womb. Local anaesthetic may be injected into the neck of the womb to numb this area, and then, using a tube and syringe the tissue remaining from the miscarriage will be removed. A nurse will be with you at all times to monitor the need for pain relief and extra support. Your partner will be able to be present during the procedure.

The actual procedure itself should take only a few minutes although you will be on the couch for longer. During this time you will experience some cramping, abdominal pains, which should settle after the procedure.

We want you to be as comfortable as possible during the procedure. Nitrous oxide (known as gas and air) is also available for pain relief and clinical staff will help you to use this if this is what you choose. If you needed medication for pain relief you will be offered some at the end of the procedure.

We would ask you to stay for a short while after the procedure to ensure you are well enough for discharge. We would like someone to accompany you home, as you should not drive yourself.

Are there any side effects with Misoprostol?

Misoprostol is the medicine inserted into the vagina before the procedure to help soften the neck of the womb. Possible side effects include:

- Nausea
- Vomiting
- Diarrhoea
- Abdominal pain
- Headache
- Hot flushes
- An unpleasant taste in the mouth.

What happens after the MVA?

We will monitor you for a couple of hours after the procedure. This will include taking your blood pressure, your pulse and checking if you are in pain. You can go home once you have passed urine and feel well enough. We recommend someone escorts you home after the procedure.

You can expect some bleeding after the MVA which will usually settle within seven days. We recommend using sanitary towels instead of tampons and advise you not to have sexual intercourse until the bleeding has stopped. This reduces the risk of infection. You may return to work in 48 hours, or when you feel able.

If your blood group is rhesus negative we would offer an injection of Anti-D.

What are the risks of the procedure?

Although MVA has been proven to be very safe, like any treatment there are some risks:

- There is a small risk that we may not remove all the tissue, therefore the procedure would have to be repeated again.
- There is a small risk of bleeding, and even smaller risk of severe bleeding, which may result in needing a blood transfusion.
- There is a minimal risk of infection, which can be treated with antibiotics.
- There is a very rare risk of perforating the womb (a hole in the uterus).
- You may also feel faint after, or near the end of the procedure. This reaction is normal, and usually disappears soon after.

What alternatives are available?

There are several alternatives to managing your miscarriage and these should already have been discussed with you. These include:

- Conservative Management i.e. doing nothing and allowing the natural expulsion of the miscarriage.
- Medical Management using tablets to help you miscarry.
- Surgical Management under general anaesthetic where you would be put to sleep for the procedure.

Further details on all these options can be found in patient information leaflet on miscarriage.

What if I cannot decide?

Please feel free to take as much time as you feel necessary. Please do not feel like you have to choose this option, or be rushed into a decision. We understand that this choice may be difficult, but previous research has found that women generally coped better when they were able to choose the management method that they felt best for them at that time. Please feel free to contact us if you have any questions.

Further resources you may find useful:
www.miscarriageassociation.org.uk

If you want to discuss any of the options for the management of your miscarriage further, please contact the Early Pregnancy Assessment Unit.

What shall I do if I have a problem or concern after the procedure?

The risks of complications are very small but if you have heavy bleeding, severe abdominal pain, a fever or vaginal discharge, please:

- Contact the EPAC nurse specialist on **01444 441881 Ext. 8370** Monday, Wednesday and Friday between 8 – 4
- Call the Gynaecology ward (Horsted Keynes) for advice on **01444 441881 Ext. 5686**
- Contact or visit your GP
- Go to your nearest A&E department or call 999 in the event of an emergency.

Feelings after an MVA

It is normal for your body to take a couple of weeks to return to pre-pregnancy. It is normal to experience fear, sadness and anxiety after an MVA. These feelings should subside, but if you have any concerns please contact your GP. It is important to take care of your body after the procedure. This includes eating well, drinking lots of water and resting for a couple of days. We advise you not to have sexual intercourse until the bleeding stops.

Several national organisations can provide support and information:

The Miscarriage Association

www.miscarriageassociation.org.uk

Telephone: 01924 298834

Babyloss

A UK based resource of information and support for bereaved parents and their families who have lost a baby at any stage of pregnancy.

www.babyloss.com

Alternatives is a local organisation that offers pregnancy loss support and counselling.

www.alternativesgb.org

Tel: 01273 207010

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Ref number: 873

Publication Date: March 2021

Review Date: March 2024

