Gynaecology Assessment Unit
Basingstoke and North Hampshire Hospital

Medical vacuum aspiration following termination of pregnancy
Why am I being offered this treatment?
Medical vacuum aspiration, or MVA, is a possible option for the management of retained tissue following incomplete termination of pregnancy.

How is MVA done?
It involves using a specially designed syringe to apply gentle suction to remove the pregnancy or pregnancy tissue from the womb. It can be done with or without local anaesthetic (you will be awake), and takes approximately 15 to 20 minutes to complete.

What are the risks and benefits associated with this procedure?
As MVA does not require a general anaesthetic, you will be able to eat and drink normally beforehand and return to most of your usual activities within a few hours.

MVA has a good success rate for emptying the cavity of the womb and we check this by doing an ultrasound after the procedure.

During any procedure to treat retained tissue following a termination there is a small risk of infection, as bacteria can enter the womb. For this reason, we will prescribe a course of antibiotics for you to take at home.

There is also a risk of perforation (making a hole in the wall of the womb) but this is extremely rare. If this happened, your doctor would need to find exactly where the bleeding was coming from. This may mean an operation called a laparoscopy, which would be done under a general anaesthetic.

Are there any alternatives to MVA?
Yes. They are medical management (where drugs are used); natural management (no medical intervention); and if appropriate, surgical treatment. Your doctor will discuss all of these options with you.

Will it hurt?
MVA is normally done using local anaesthetic, so you will be awake but your cervix will be numbed.

However, you may feel some discomfort similar to period pains. We recommend that one hour before your treatment, you take some painkillers, such as paracetamol, co-codamol or ibuprofen. These can all be bought without prescription, but please check beforehand with the pharmacist if you are asthmatic or have any allergies.

We advise that you continue taking over the counter pain relief for 48 hours after your MVA to keep comfortable.

Can my partner stay with me during treatment?
This is a personal choice and if you wish this to happen we would support this. Or if preferred your partner can come with you to the appointment and can wait in the waiting room or Snowdrop Bay while you are receiving treatment.

It is not possible for children to stay with you during treatment.
Is there anything I need to do before my appointment?
As you will be awake throughout the MVA, you can eat and drink normally beforehand.

We advise you not to drive for 24 hours after MVA in case you feel dizzy, so you may wish to arrange for someone to take you home afterwards.

What happens on the day of the procedure?
Your doctor will visit you on the Gynaecology Assessment Unit (GAU) to take a full medical history, including details of any allergies to medication, food or latex.

He/she will then explain what is going to happen in detail before asking you to sign a consent form. This is to make sure that you understand the risks and benefits of having MVA. Please feel free to ask questions and/or discuss any concerns you may have with the doctor.

We will take a sample of blood to confirm your blood group and to check that you are not anaemic. If your blood group is Rhesus negative, we will give you an injection of a blood product called Anti-D after the procedure, and explain to you the reasons why it is necessary. This may have already been given to you following the termination of pregnancy.

We will also take a swab from your nose to check for an infection called MRSA.

What happens during MVA?
We will take you into the ultrasound scan room on the G.A.U and ask you to lie on your back on the treatment couch. Your feet will be supported in stirrups.

First, the doctor will insert a speculum (plastic instrument also used for cervical smear tests) into your vagina and take some swabs to check for infection. He/she will then clean your vagina and cervix (neck of womb) with an antiseptic solution before injecting your cervix with local anaesthetic to numb the area.

Next, the doctor will pass a small plastic tube into the womb. A handheld syringe will be attached to the tube and the doctor will use gentle suction to remove the pregnancy tissue. It is normal to feel some cramping throughout the procedure.

You may experience nausea (feeling sick), sweating or feel faint. Sometimes you can feel your heart beating quicker than normal. A nurse will be with you throughout, so please tell her if you feel worried about anything during the procedure.

When can I go home?
At the end of the MVA, the nurse will escort you to a bed and ask you to rest for one hour. You will be able to have something to eat and drink if you wish.

The nurse will need to check your blood pressure, pulse and temperature, as well as any vaginal bleeding.

Most women feel well enough to leave the unit one hour after having treatment, but you may need to stay longer, depending on your recovery. The nurse will advise you.

How long will the bleeding/ pain last?
You can expect to have period-type pains for a few days. The bleeding will be bright red in colour for the first two or three days, and then change to a brown colour. You may continue to have a small amount of bleeding for up to three weeks, but by
then, a panty liner should provide enough protection for your clothes.

Please use sanitary towels and not tampons during this time, as this will help prevent infection and will also allow you to keep an eye on how much you are bleeding. It can be difficult to measure the amount of bleeding, but we would expect in the first few days for you to need to change your sanitary towel every three to four hours.

If you have any queries or concerns, please do not hesitate to telephone us (see Useful contact numbers).

When can I return to my normal activities?
If you work, you can go back once you feel physically and emotionally ready. We advise that you take at least 48 hours off to recover. But this is really down to how you feel after the procedure. It is possible to self-certificate for five to seven days, after which a doctor’s medical certificate would be needed for your employer. Please discuss this with staff on the GAU if you have any concerns.

For information about playing sport and other activities, please discuss this with your doctor.

When can I have sex?
We advise you to wait until you feel comfortable and your vaginal bleeding has stopped as this will reduce the risk of infection. If you have any anxieties, it is important that you share these honestly with your partner.

When will my next period be?
This is generally 4-6 weeks following a termination of pregnancy.

You will ovulate (release an egg) before your next pregnancy, so there it is possible for you to become pregnant. If you need any advice about contraception, please discuss with your GP or local family planning clinic.

Will I need to come back to hospital for a check-up?
No. This is not normally needed. The doctor carrying out the procedure should tell you before going home if you need to come back. Please do not hesitate to contact your GP, midwife or the gynaecology ward if you have any further queries or concerns.

Is there anything I need to watch out for at home?
Yes, it is essential that you contact the EPAU/Gynaecology Assessment Unit (GAU) or the gynaecology ward, or go to your nearest Emergency Department if you experience any of the following:

- Persistent fresh vaginal bleeding and passing large blood clots (bigger than a golf ball) for two hours
- Soaking or flooding of two large sanitary towels in an hour for two hours in a row
- Severe pain or swelling in the abdomen (tummy)
- Being aware that your pulse is racing
- Vomiting that lasts for two hours
- Pain, swelling or redness in the genital area
- Headache, feeling hot or having a fever of 38°C or above, as this could mean you have an infection
- A smelly vaginal discharge.
When will I get the results of the swabs taken during MVA?
The results normally take between 48 and 72 hours to be sent to us by the laboratory.

Please telephone the EPAU on 01256 312766 three days after your MVA. It is very important that you do this so that we can ensure the antibiotics we prescribed have treated any infections that were already present.

What happens to my pregnancy afterwards?
At Basingstoke and North Hampshire Hospital, we would like to reassure you that we carry out sensitive management of all foetal tissue. We will explain exactly what this involves in this section of the booklet.

Normally, when the doctor removes the pregnancy tissue during this procedure, it is good and safe practice to examine the pregnancy tissue under the microscope. This is known as histology. This is carried out even in the event where a pregnancy has been terminated.

This is to ensure that you are not at risk of an ectopic pregnancy (where the pregnancy implants outside the womb, commonly in the fallopian tube). Histology will also confirm or exclude a molar pregnancy. This is a very rare type of abnormal pregnancy, and if suspected, the doctor will explain this in more detail. You would then need specialised follow-up.

Histology is normally done at Basingstoke and North Hampshire Hospital.

Usually one sample of tissue approximately the size of a thumbnail is taken to be examined under the microscope. Occasionally, more than one sample is necessary. These samples are kept in case a review is needed in the future.

We may also need to liaise with other hospitals such as Southampton, Salisbury or Charing Cross in west London for specialist advice. However, routine histology usually takes approximately four days.

There are some circumstances where there may only be a small amount of tissue and therefore nothing for the hospital to dispose of.

The same process would apply if you miscarry naturally and bring to hospital what you have miscarried.

Once histology is completed, the department will place it with other human tissue that requires sensitive disposal by incineration.

Collection and incineration is carried out by the company designated by the Hospital trust.

We recognise that this may not be acceptable to everyone, and that you may wish to make alternative private arrangements. The staff on the EPAU/GAU will try to help you with this. However, please note that the hospital is not able to cover the costs of any private arrangements you make.

The Patient and relative support office in the main hospital building will also be able to guide you, but you must contact them within 10 working days of your discharge home if you wish to make alternative arrangements.

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Useful contact numbers

Patient affairs office
01256 314777
01256 313034
Available Monday to Friday, 9am to 5pm

EPAU/ Gynaecology assessment unit
01256 312766
Open Monday to Friday, 8.30am to 8pm only

Gynaecology ward
01256 313583
01256 313584

Support following a termination?

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