

# Manual vacuum aspiration

## **Pregnancy advisory clinic**

#### Patient information

If you need this leaflet in a different language or accessible format please speak to a member of staff who can arrange it for you.

اگر به این بروشور به زبان دیگر یا در قالب دسترسپذیر نیاز دارید، لطفاً با یکی از کارکنان صحبت کنید تا آن را برای شما تهیه کند.

Jeśli niniejsza ulotka ma być dostępna w innym języku lub formacie, proszę skontaktować się z członkiem personelu, który ją dla Państwa przygotuje.

Dacă aveți nevoie de această broșură într-o altă limbă sau într-un format accesibil, vă rog să discutați cu un membru al personalului să se ocupe de acest lucru pentru dumneavoastră

如果您需要本传单的其他语言版本或无障碍格式,请联系工作人员为您安排。

إذا احتجت إلى هذه النشرة بلغة أُخرى، أو بتنسيق يسهل الوصول إليه، يرجى التحدث إلى أحد الموظفين لترتيب ذلك لك.

Southport Hospital Town Lane, Kew, Southport, Merseyside, PR8 6PN Telephone: 01704 547 471

Ormskirk Hospital Dicconson Way, Wigan Road, Ormskirk, Lancashire, L39 2AZ Telephone: 01695 577 111

www.MerseyWestLancs.nhs.uk

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## Other useful telephone numbers/contacts:

**NHS 111** 

Stop Smoking Helpline (Sefton) 0300 100 1000

Stop Smoking Helpline (West Lancashire) 0800 328 6297

## www.bpas.org

0845 730 4030 (confidential counselling)

www.mariestopes.org.uk

0845 300 8090

**Central line for Contraception or STI Screening** 

01695 656 550

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### Any condition specific danger signals to look out for

Heavy/smelly vaginal bleeding or clots, pain that is increasing despite taking analgesia, chills lasting more than 24 hours, if you are feeling dizzy, lightheaded or faint.

## Contact information if you are worried about your condition

Your own GP E ward

### Change a follow-up appointment

01695 656 353

#### Manual vacuum aspiration

This patient information leaflet provides information about the steps of manual vacuum aspiration for the termination of a pregnancy. It is a surgical procedure for the termination of a pregnancy as an outpatient if you are less than 9 weeks' pregnant. It is hoped that through reading this information it will help you to be prepared for what will happen during your treatment.

#### **About the procedure**

The procedure is done in the outpatient clinic. There is no cutting or stitching. The cervix (neck of the womb) is dilated (gently stretched). A slim hollow plastic tube (a "cannula") is inserted and removes the contents of the uterus (womb), using a gentle suction action.

The procedure routinely takes about 10-20 minutes. Once the procedure is over, you will be shown to a waiting area. You will be ready to go home about 30 minutes to one hour after the procedure.

We advise that you have someone with you when going home. It is not wise for you to drive, or use public transport.

#### **Advantages**

- Manual Vacuum Aspiration (MVA) is 98% effective and is suitable for the termination of pregnancy up to nine weeks gestation, or following a failed medical termination.
- It can safely be carried out as an outpatient.

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### **Complications**

- All the tissue may not have been removed and there is a small chance the procedure may need repeating.
- Small risk of heavy bleeding.
- Risk of infection we give you antibiotics to reduce this risk.
- Very rarely perforation (hole in the womb) can happen; further surgery may be needed if there is known to be internal bleeding. This is less likely under local anaesthetic.
- You may feel faint during the procedure, which is quite normal and usually disappears soon after.
- If we are unable to dilate the cervix, we would have to abandon the procedure and would have to continue your treatment with medical management.

#### On the day of the procedure

You need to come to the clinic in the morning as per instructions given by the staff. There is no need to restrict your diet, and you may eat and drink normally throughout the day.

You may bring one other person to accompany you. You can take any regular medication as normal.

You will be given the chance to ask any questions and you will be asked to give your written consent before the procedure.

### Follow-up

A telephone follow-up appointment is given in four weeks.

#### Other information

During your contact with us, it is important that you are happy with your care and treatment. Please speak to a member of staff and/or the ward/department sister/charge nurse if you have any questions or concerns.

### Infection control request

Preventing infections is a crucial part of our patients' care. To ensure that our standards remain high, our staff have regular infection prevention and control training and their practice is monitored in the workplace. We ask patients and visitors to assist us in preventing infections by cleaning their hands at regular intervals and informing staff of areas within the hospital that appear soiled.

As a patient there may be times that you are unsure whether a staff member has cleaned their hands; if in doubt please ask the staff member and they will be only too happy to put your mind at ease by cleaning their hands so that you can see them.

This patient information leaflet is intended to be used to support you during your clinical consultation.

If there is anything you do not understand or are unsure about, please ask the doctor at your appointment or contact the team on 01695 656 562.

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#### **Communal Cremation**

The Trust aims to treat all pregnancy tissue in a sensitive and dignified manner. Staff will talk to you about communal cremation and will give you written information if required.

### Contraception

Avoid intercourse until your bleeding has stopped. Your fertility will return immediately. You are advised to start using your chosen method of contraception straight away.

If you use the oral contraceptive pill, start taking it the night of your procedure or the following morning. Please ensure you have read your contraception leaflet and are aware that the pill can fail if:

- You are taking certain antibiotics (always ask your pharmacist for advice).
- You have a tummy upset (vomiting or diarrhoea).
- You forget to take your pill.

A Mirena coil/IUCD can be inserted at the time of your procedure if you wish. You will need to do a self-check of the coil threads in six weeks following a coil insertion. The use of condoms is recommended to protect against sexually transmitted infections. Ensure your chlamydia screen is up to date if you have unprotected sex in the future or have a new partner. You can obtain leaflets about any of the above topics from clinic.

After consent, misoprostol tablets will need to be inserted vaginally (if you are opposed to this route you may take them orally. However this may cause nausea/vomiting). They need to be taken three hours before the procedure.

The tablets prepare the opening of the womb and make the procedure easier and less painful. You may experience some cramping pain and start to bleed. Occasionally, the misoprostol tablets alone will cause the tissue to be expelled from the womb before the aspiration procedure begins, although this is rare.

Pain relief in the form of a Voltarol suppository, can be inserted into the rectum (back passage) before the procedure. This will keep you comfortable.

You can then go home and will be given a time to return in the afternoon, for the procedure. Please do not bring any valuables with you. You will need to wear loose comfortable dark clothing, bring sanitary towels and spare underwear/light trousers.

### The procedure

Before the procedure, an anaesthetic gel is inserted into the cervix. This will numb the area and minimise discomfort. Then a local anaesthetic is injected into the cervix, this will numb the area and minimise discomfort.

During the procedure, the neck of the womb is dilated and a slim hollow plastic tube is inserted and removes pregnancy tissue using a gentle suction action.

Most women will experience a cramping pain during the procedure. A small number of women may experience symptoms of nausea/vomiting or feel faint.

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If you want a coil, this can be inserted at this point. Once the procedure is over, you will be shown to a comfortable waiting area. Staff will provide you with a drink.

If your blood group is Rh-negative, you will need an injection of Anti-D Immunoglobin. People who are rhesus negative do not have the D antigen on their blood cells – they are RhD negative. It is difficult for us to know the blood group of the pregnancy. If you are rhesus negative and the pregnancy is rhesus positive, then there is a risk of a reaction between both blood cells. To reduce the possible effects, Anti-D immunoglobin is given after the procedure. The staff will discuss this in detail, provide leaflet and get your consent before administering the injection.

You will be ready for home about 30 minutes to one hour after the procedure.

## After the procedure

- A responsible adult should stay with you for the rest of the day.
- You may notice irregular bleeding for the first two weeks.
- Do not use tampons, use sanitary towels instead.
- Avoid intercourse until the bleeding has stopped. (These measures are needed to reduce the risk of infection).
- You may bathe or shower as normal, but avoid using bubble bath until your next period.

- Pain may continue to be cramp like for a day or so. Use simple pain relief such as paracetamol or codeine; avoid ibuprofen for 24 hours as we will have given you Voltarol, which is in the same family of drugs.
- You can start using contraception straight away if you wish. It is reasonable to return to work and normal activity as soon as you feel able.

#### You should seek advice from E ward if:

- You have heavy bright red bleeding to the extent that you soak two maxi-pads within an hour, for at least two hours, with or without clots.
- You have chills or a fever.
- You feel dizzy, faint or light-headed.
- You generally feel unwell.

If you notice an offensive smelling vaginal discharge, you can seek advice either from E ward or from your GP.

#### E ward telephone number:

01695 656 901 or 01695 656 528

#### **Special instructions**

Avoid ibuprofen for 24 hours as we will have given you Voltarol, which is in the same family of drugs.

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