

Manual Vacuum Aspiration for Miscarriage

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We are sorry that you have had a miscarriage. Miscarriage in early pregnancy is very common, with as many as one in four confirmed pregnancies ending this way. To help you get through this difficult time, you should have already received information on different treatment options available. Manual vacuum aspiration (MVA) involves removal of pregnancy tissue using hand-held syringe under local anaesthesia.

Intended benefits

- 98-99% effective
- Avoids an operation under general anaesthetic
- Quicker recovery time than a surgical procedure under anaesthesia

Risks of the procedure

- Heavy bleeding requiring surgical intervention 2.2 women in 100 (Common)
- Moderate bleeding >100mls 2.4 in 100 (Common)
- Infection/Inflammation of the womb requiring readmission to hospital and having antibiotics 1.63 - 6.6 in 100 (common)
- Conversion to general anaesthesia 4.7 in 100 (Common)
- Uterine perforation (damage to uterine wall) 0.41 in 100 (uncommon)
- Severe pain requiring overnight hospital stay 0.81 in 100 (Uncommon)

Who will perform my procedure?

This procedure will be performed by:

- A Consultant Gynaecologist / Middle grade doctor who has been trained in the procedure
- A Junior doctor / nurse who has been trained or is training under the supervision of a Consultant Gynaecologist / Middle grade doctor.

Before your procedure

You will have been seen by one of the staff who will have taken details of your medical history and carry out any necessary clinical examinations and investigations. Please ask us any questions about the procedure, and feel free to discuss any concerns you might have at any time.

- You will not have to stop eating and drinking prior to procedure
- Before reporting to our Gynaecology ward 3E you will be asked to take pain relief tablets.

On admission to ward 3E you will be given vaginal pessary which helps to soften the cervix and makes the procedure easier. Occasionally you may experience some cramps as this medication works. Once this is inserted you will have to stay on the bed as it needs to be placed as close to neck of the womb as possible and if you walk around gravity may cause this to dislodge and be less effective. The main side effects of pessary are pain and bleeding. Other side effects may include diarrhoea (10-30%), vomiting (10-45%) and nausea (40-70%). Dizziness, chills, shivering and fever are also reported.

During the procedure

- You will be awake and will be asked to lie on a couch in the procedure room; the nursing staff will assist you into the correct position.
- The doctor doing the procedure will then place the plastic speculum into the vagina to see the cervix and will apply some local anaesthetic gel onto the cervix to numb the area. Rarely we may have to inject local anaesthetic injection into the cervix to reduce the pain. Entonox (gas and air) is also available for pain relief and the staff will help you to use this if this is what you choose.
- The womb neck will then be gently stretched and small thin tubing will be inserted. A small special syringe will then be attached to the tubing and then the tissue removed.
- You will be allowed to rest and recover.

After the procedure

- You will be allowed to eat and drink normally.
- The nursing staff will be taking your pulse, blood pressure, temperature and monitoring any vaginal bleeding regularly.
- You will be able to leave hospital after two hours provided you are well after the procedure, passed urine and someone will be with you for 24 hours.
- You are able to self-certify absence for up to five days.
- If your blood group is rhesus negative then you will be given an injection of anti-D before leaving.
- You may have period-like pains for a few days; this is normal. Simple painkillers such as Ibuprofen and Paracetamol should help this.
- **If your pain is not relieved by this medication or if you have any other concerns then please contact us:**

Gynaecology Ward 3E (Green Zone) – 0151 430 1522 (24 hours)

Buchanan Suite 0151 430 4356

Monday to Saturday 09.00 – 12.00 : Closed on Sundays and bank holidays

You can also attend the A&E at any time if you are concerned about the amount of bleeding you have.

- You may have some vaginal bleeding for up to three weeks following the procedure and we advise you to use sanitary towels and **not** tampons. Avoid sexual intercourse or swimming until the bleeding has stopped; this is to help prevent any infection.
- Your next period may happen in four to six weeks after the procedure.

Other useful sources of support:

- The Miscarriage Association
01924 200799 (Monday-Friday 09:00 – 16:00)
www.miscarriageassociation.org.uk
- The Royal College of Obstetricians and Gynaecologists
Recovering Well Patient Information
www.rcog.org.uk
[Early miscarriage: information for you \(pdf\)](#)

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