

Having a surgical abortion by manual vacuum aspiration

Department of Gynaecology

Information for Patients

Produced: July 2020
Last reviewed: October 2022
Next review: October 2025
Leaflet number: 1018 Version: 2

Introduction

We understand that you do not wish to continue with your pregnancy as you feel this is unsafe, unplanned or unintended. We understand this may be a difficult decision to make and we are here to support your decision and provide you with safe medical care.

You have chosen to have, or are thinking of having a surgical abortion. We hope the information here will explain your option.

If you have any questions or if there is anything you do not understand, please ask the nurse, doctor or service team at the Orchid Clinic.

Surgical abortion

Surgical abortion is when any pregnancy tissue from the womb (uterus) is removed with a small suction tube through the neck of the womb (cervix).

What is manual vacuum aspiration (MVA)?

Manual vacuum aspiration (MVA) is a procedure to remove the pregnancy tissue from inside the womb, done with painkillers and a local anaesthetic injection in the neck of the womb.

It can be carried out up to 9 weeks of pregnancy.

It is an alternative procedure to conventional electric vacuum aspiration (EVA), which is a similar procedure done under general anaesthetic.

**Health information and support is available at www.nhs.uk
or call 111 for non-emergency medical advice**

Visit www.leicestershospitals.nhs.uk for maps and information about visiting Leicester's Hospitals
To give feedback about this information sheet, contact InformationForPatients@uhl-tr.nhs.uk

What does an MVA procedure involve?

You will come to the Gynaecology Ward and will need to stay for about 2 to 3 hours.

You will be given strong painkillers such as paracetamol or co-codamol by mouth, and a rectal medication (diclofenac suppository) to be pushed into your bottom. If you are allergic to these, different painkillers will be given.

1 hour before the procedure, misoprostol tablets may be inserted into your vagina or taken under the tongue to soften the neck of the womb to make the procedure quicker, safer and easier. You may start to bleed or get cramps, if so please inform the nurse.

During the procedure an instrument called a speculum is inserted into the vagina to see the neck of the womb (cervix). You will have a local anaesthetic injection into the cervix.

After opening the cervix gently, a plastic tube is inserted into the womb through the cervix. The pregnancy tissue is then gently removed from the womb using suction. You will feel cramps during this part of the procedure.

You will feel pain similar to period pain during the procedure, but this varies from person to person.

Do I need to do any special preparation before the procedure?

You do not need to fast before the procedure, so you should eat normally before your appointment.

Please bring sanitary towels with you.

Arrange to have someone pick you up at the end, as we do not advise you to travel home alone.

How long does the procedure take?

The procedure normally takes about 10 to 15 minutes.

What happens after the procedure?

You will stay on the ward for about 1 hour afterwards to check you are well enough to go home.

You will be given painkillers on the ward, if needed. You should keep paracetamol, ibuprofen or co-codamol to take at home, if you need them for a few days.

If your blood group is **rhesus negative**, you will need an anti-D injection. Your doctor will let you know if this applies to you before the procedure.

If you have a risk of infection you may be given antibiotics.

How will I feel afterwards?

You will have light bleeding and cramps for 5 to 7 days.

What are the risks?

MVA is a safe procedure. The risk of major complications is less than 1 in 100 procedures.

The procedure is very effective at removing all of the pregnancy tissue. 98 out of 100 MVA procedures are carried out successfully.

Both MVA and EVA cause less bleeding compared to taking tablets to end a pregnancy.

There is less chance of damage to the womb (accidentally making a hole in the womb) with MVA compared to EVA, so the risk of damage to the bowels or bladder is also less.

- **Infection (1- 10 in 100 procedures):**

Infection after an MVA or EVA is fairly common.

Early treatment with antibiotics is needed if you have symptoms of infection (bad smelling vaginal discharge, tummy pain, fever or bleeding for more than 3 weeks).

- **Damage to the neck of the womb (1 in 100 procedures):**

Tearing of the neck of the womb (cervix) during opening may happen if it is very tight.

Most of the trauma will heal naturally. Taking misoprostol tablets before the procedure to soften the cervix reduces the risk of this happening.

- **Bleeding (1 in 1000 - 2000 procedures):**

It is normal to experience period type blood loss after this procedure, which can last for 7 to 10 days. Rarely (1 in 1000), bleeding might be so heavy that you may be offered a blood transfusion.

- **Perforation (1 in 1000 procedures):**

Rarely there is a chance the instruments used during the operation could make a hole (perforation) in the wall of the womb (uterus).

If this happens a further operation may be needed to assess and repair any damage caused to the uterus, or any other organs involved.

What alternatives are there?

You can have an electric vacuum aspiration (EVA) which is a similar procedure under a general anaesthetic, or take tablets (medical abortion) to end the pregnancy.

How will the pregnancy tissue be disposed?

You will be given information about pregnancy tissue disposal. You will be asked to sign a consent form allowing the hospital to dispose of the tissue from your pregnancy. If you wish to arrange a different method of disposal please speak to the nurses.

Going home

We recommend an adult accompanies you home in case you are not comfortable. It is important that you have someone to take you home and who will care for you for 24 hours afterwards.

We recommend that you take a minimum of 2 days off work to rest and allow your body to recover.

How will I be followed-up?

You do not need a routine follow-up.

Take a urine pregnancy test in 3 weeks to make sure it is negative. If the test is still positive please contact the team at the Orchid Clinic.

If you are not well within the next 4 weeks and have any of the following, please contact the Gynaecology Assessment Unit (GAU):

- A fever.
- A lot of tummy pain.
- Bad smelling vaginal discharge.
- Bleeding for more than 3 weeks.

Contact numbers in case of emergency

- **Orchid Clinic Service** (Monday to Friday, 9am to 4pm): 0116 258 5939 or 07867 528 791
- **Gynaecology Assessment Unit** (Monday to Sunday, 24 hours):
Level 3 Balmoral Building, Leicester Royal Infirmary - 0116 258 6259 / 0116 258 7793
- **Counsellor** (Monday to Friday, 9am to 4pm): 07534 168299

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔
على هذه المعلومات بلغة أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل
જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।
Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

If you would like this information in another language or format such as EasyRead or Braille, please telephone 0116 250 2959 or email equality@uhl-tr.nhs.uk