

PATIENT INFORMATION ABOUT SURGICAL MANAGEMENT OF MISCARRIAGE UNDER LOCAL ANAESTHETIC (MVA)

Please read this leaflet carefully. It is important that you take note of any instructions or advice given. If you have any questions or problems that are not answered by the information here, please ask your doctor or nurse.

Improving options in miscarriage

We are very 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 from the EPAU nurse.

This leaflet gives you information about a surgical option called Manual Vacuum Aspiration (MVA), which can be carried out under local anaesthesia. 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 risks associated with general anaesthetic, as you are awake during the procedure

What does it involve?

With your consent we will insert four tablets (Misoprostol) into your vagina, 2-3 hours before the procedure, alternatively you can administer these yourself using a tampon if you wish. This treatment is to help soften and open the neck of the womb (cervix) which helps make the MVA procedure easier and safer. These tablets can sometimes cause cramping, pain and bleeding, and very rarely can cause a complete miscarriage. If you do have any pain, you will be offered pain relief. We will otherwise advise you to take the pain relief one hour before the procedure. There is no need to fast for this procedure, you can eat and drink normally beforehand.

The MVA will be performed on the Women's Unit where a doctor will use a speculum (the same equipment that is used in a smear test) which is inserted into the vagina in order to look at the neck of the womb. Local anaesthetic is injected into the neck of the womb to numb this area then, the pregnancy remains will be removed using a tube and syringe.

The actual procedure should take only a few minutes although you will need to be on the couch for longer. During this time you are likely to experience moderate pain which should settle after the procedure. A nurse will be at your side throughout the procedure. If at any time the procedure is too uncomfortable you can ask the doctor to stop. We do want you to be as comfortable as possible during this procedure. Entonox or Nitrous oxide (known as gas and air) is also available for pain relief and the staff will help you use this if this is what you choose. For some women stronger pain relief may be required but this will depend on the clinical circumstances.

Painkillers if required, will also be offered at the end of the procedure. You will also be offered a drink. We would like you to stay on the Women's Unit for between 30 minutes to one hour to make sure there are no problems. We would like an adult to accompany you home as you should not drive or use a taxi unaccompanied. You will be able to resume normal activities within 48 hours. You are expected to bleed for up to 2-3 weeks. During

this time we advise that you do not have sex and should use sanitary towels rather than tampons. This is to reduce the risk of infection.

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 of not removing all the pregnancy remains. Therefore the procedure may have to be repeated.
- There is a small risk of bleeding, and even smaller risk of severe bleeding requiring a blood transfusion.
- There is a minimal risk of infection which can be treated with antibiotics. If you develop any problems such as flu-like symptoms, a fever, severe stomach pains or a heavy or foul-smelling discharge, you should let your doctor know.
- There is a very rare risk of perforating the womb ie: making a hole.
- You may also feel faint after, or near the end of the procedure. This reaction is normal, and usually soon disappears.
- If you experience any problems or are worried please contact EPAU on 01423 555373 or outside of opening hours Nidderdale Ward on 01423 553647.

What alternatives are available?

There are alternative options for managing your miscarriage and this information should already have been provided and discussed with you by the EPAU nurse. They include:

- Natural management i.e. doing nothing and allowing the natural emptying of the miscarriage [pregnancy remains]
- Medical management using tablets.
- Surgical management under general anaesthetic where you are put to sleep for the operation.

What if I cannot decide?

Please feel free to take as much time as you need. 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 method they felt best for them at that time. Please feel free to contact the EPAU staff if you have any questions.

What happens to the pregnancy remains?

We will ask for your written permission to undertake further examination of the pregnancy remains to ensure that there are no abnormalities. The permission also includes what options you wish to arrange for disposal of the pregnancy remains.

If you have had 3 consecutive miscarriages, a follow up appointment after 8 weeks will be arranged. You will be offered further tests to try and establish the reason for your miscarriage.

Useful Websites

www.miscarriageassociation.org.uk

www.earlypregnancy.org.uk

If you require this information in an alternative language or format (such as Braille, audiotape or large print), please contact the Early Pregnancy Assessment Unit on telephone 01423 555373.

