Patient information and consent to manual vacuum aspiration for management of miscarriage (MVA)

Key messages for patients

- Please read your admission letter carefully.

- Please read this information carefully, you and your health professional will sign it to document your consent. Please bring this consent form with you to the hospital on the day of your procedure.

- Please bring with you any medications you use and its packaging (including patches, creams, inhalers, insulin and herbal remedies) and any information that you have been given relevant to your care in hospital, such as x rays or test results.

- Take your medications as normal on the day of the procedure unless you have been specifically told not to take a drug or drugs before or on the day by a member of your medical team.

- Please call the staff in Clinic 24 on **01223 217636** or Daphne ward on **01223 257206** if you have any questions or concerns.

After the procedure we will scan the consent form into your electronic medical notes and you may take this information leaflet home with you.

Important things you need to know

Patient choice is an important part of your care. You have the right to change your mind at any time, even after you have given consent and the procedure has started (as long as it is safe and practical to do so).

We will also only carry out the procedure on your consent form unless, in the opinion of the health professional responsible for your care, a further procedure is needed in order to save your life or prevent serious harm to your health. However, there may be procedures/treatments you do not wish us to carry out and these can be recorded on the consent form. We are unable to guarantee that a particular person will perform the procedure. However the person undertaking the procedure will have the relevant experience.

All information we hold about you is stored according to the Data Protection Act 1998.
About manual vacuum aspiration for management of miscarriage (MVA)

Sadly your pregnancy has resulted in a miscarriage. We are very sorry that this has happened. Miscarriage in early pregnancy is very common, with as many as one in four confirmed pregnancies ending this way.

After a miscarriage, there can be some tissue and/or blood clot left in the uterus (womb). In some cases there may have been a fetal demise some weeks before and it is only recognised at a routine scan; this is termed a missed miscarriage.

There are four ways in which to proceed. Dependent upon certain criteria the staff in Clinic 24 will discuss which of the following methods are suitable for you:

- The tissue and/or blood clot may pass naturally (Conservative / Expectant management)
- You can also have medication to empty the womb (Medical management).
- We can perform a procedure under local anaesthetic (Manual Vacuum aspiration)
- We can perform an operation to remove this (Surgical management)

You have chosen Manual vacuum aspiration

Manual vacuum aspiration (MVA) is a uterine evacuation technique employing a hand-held syringe. Generally it is performed under local anaesthesia

Intended benefits

- To remove a fetus or any remaining tissue and/or blood clots in the uterus after a miscarriage
- Avoids an operation under general anaesthetic
  - quicker recovery time than a surgical procedure under anaesthetic
  - less pain and bleeding
  - reduced hospital admission time

Who will perform my procedure?

This procedure will be performed by:

- A Consultant Gynaecologist who has been trained in the procedure
- A Junior doctor who has been trained or is training under the supervision of a consultant gynaecologist
- Other suitably trained healthcare professionals
Before your MVA

You will have been seen by one of the staff in Clinic 24 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.

We will ask if you take any tablets or use any other types of medication either prescribed by a doctor or bought over the counter in a pharmacy. Please bring all your medications and any packaging (if available) with you.

You will not have to stop eating and drinking prior to the MVA.

You will be admitted to Clinic 25 (Ambulatory Gynaecology Unit) which is based on Daphne ward on level 2 of the Rosie Hospital. You will be greeted by a member of the reception and or nursing staff who will allocate you to a bed and explain the procedure to you and show you the ward facilities such as the toilets and refreshments.

You will then be prepared for the procedure: This involves your being given vaginal tablets of a drug called misoprostol. This softens the cervix and makes the procedure easier. Occasionally you may also experience some contractions of the womb (cramps) as this medication works. Once this is inserted you will have to stay on the bed as it is placed as close to the cervix (neck of the uterus) as possible and if you walk around gravity may cause this to dislodge and be less effective. The main side effects of misoprostol 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.

You will also be given some oral or rectal analgesia (pain relief) to lessen any pain you will have and a rectal antibiotic to attempt to prevent infection. You are given the medication rectally as the best antibiotic for gynaecological conditions is metronidazole and this can make you vomit if given orally and the rectal analgesia is given to prevent irritation of the stomach which can happen with oral doses.

During the MVA

You will be awake during the procedure.

You will be asked to lie on a specially designed couch in the procedure room; the nursing staff will assist you into the correct position.

The doctor/ nurse doing the procedure will then place a speculum into the vagina so that they will be able to see the cervix and they will then inject some local anaesthetic into the cervix to numb the area.
The cervix will then be gently dilated (stretched slightly open) and a small cannula (thin tubing) will be inserted into the uterus. A small aspirator (syringe) will then be attached to the cannula and then the tissue aspirated by hand. This may cause some discomfort. The contents are examined to ensure tissue has been removed and then the cannula is withdrawn.

If you have consented to further treatments such as the insertion of an intrauterine (IUCD – coil) this will then be undertaken.

You will then be taken back to your bed and allowed to rest and recover.

**After the MVA**

**Eating and drinking.** You are allowed to eat and drink normally both before and after the MVA.

**Getting about immediately after the procedure.** You will be allowed to mobilise straight after the procedure. However the nursing staff will be taking your pulse, blood pressure, temperature and monitoring any vaginal bleeding regularly.

**Leaving hospital.** Generally most people who have had this procedure will be able to leave hospital after two hours. However, the actual time that you stay in hospital will depend on your general health, how quickly you recover from the procedure and your doctor’s opinion. We prefer that you have been able to pass urine before you go home and that someone will be with you for 24 hours.

**Resuming normal activities including work.** Most women prefer to take the following day off work, both for their emotional and physical recovery. If you feel you need longer you are able to self-certificate for up to five days. If you have another child at home we suggest you have another adult around to assist you.

**Emotional impact:** Women react in different ways to a miscarriage: some women come to terms with what has happened within a few weeks, others can take much longer. It is normal to feel tearful and sad, angry or even guilty. Losing a baby can be a very painful experience for partners too, and sometimes their grief is unacknowledged.

**Special measures after the procedure:** Women whose blood group is rhesus negative will be given an injection of anti-D before leaving to protect future pregnancies from being affected by rhesus incompatibility.

**Pain:** You may have period-like pains for a few days; this is normal. Simple painkillers that you can buy over the counter such as ibuprofen and paracetamol should help this. If your pain is not relieved by this medication then please contact us on the numbers below.
**Vaginal bleeding:** 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. The bleeding is like a heavy period for the first day or so but this will lessen over time and you may even have a brown discharge before it stops completely. We also suggest that you avoid long soaks in the bath and use a shower instead; ensure someone is around when you do this in case the hot water makes you feel faint / dizzy. Should you have concerns that your bleeding is not settling or you have a fever and ‘flu-like’ symptoms then contact your GP (General Practitioner) or contact us on the numbers below.

**Next period and future pregnancies:** Your next period may happen in four to six weeks after the procedure. Prior to this you will have ovulated and therefore will be able to become pregnant again. You may therefore wish to consider some form of contraception if you have not already made arrangements. Please see your General Practitioner (GP) for this.

**Check-ups and results:** Unless you are otherwise told, you will not be contacted following the procedure. However, if you have any concerns or questions you can telephone Clinic 24 on the number listed below.

If this is not your first miscarriage and you meet certain criteria you may be referred to the recurrent miscarriage clinic. This may involve your having additional tests before this appointment. The staff in Clinic 24 will have discussed this with you.

**Do I need to inform anyone about my miscarriage?** No. Staff on Clinic 24 will have written to your General Practitioner (GP) and community midwife and any antenatal scans or appointments will have been cancelled, so you do not need to worry about doing this.

**Significant, unavoidable or frequently occurring risks of this procedure/treatment**

If you have a pre-existing medical condition, are obese or have had previous surgery the quoted risks for serious or frequent complications will be increased.

The table below is designed to help you understand the risks associated with this type of surgery (based on the RCOG Clinical Governance Advice, Presenting Information on Risk)

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<thead>
<tr>
<th>Term</th>
<th>Equivalent ratio</th>
<th>Numerical ratio</th>
<th>Colloquial equivalent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very common</td>
<td>1/1 to 1/10</td>
<td>1:10 to 1:100</td>
<td>A person in family</td>
</tr>
<tr>
<td>Common</td>
<td>1/10 to 1/100</td>
<td>1:100 to 1:1000</td>
<td>A person in street</td>
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<tr>
<td>Uncommon</td>
<td>1/100 to 1/1000</td>
<td>1:1000 to 1:1000</td>
<td>A person in village</td>
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<tr>
<td>Rare</td>
<td>1/1000 to 1/10000</td>
<td></td>
<td>A person in small town</td>
</tr>
<tr>
<td>Very rare</td>
<td>Less than 1/10000</td>
<td></td>
<td>A person in large town</td>
</tr>
</tbody>
</table>
Recent studies have shown that the failure rate of MVA 5.3 – 10.4 in 100 women (Common)

It is reassuring to know that this procedure is very safe. However, no procedure is absolutely safe, and it is important that you know what the risks are.

**Serious Risks**

- Heavy bleeding requiring surgical intervention 2.2 in 100 (Common)
- Moderate bleeding >100mls 2.4 in 100 (Common)
- Endometritis (Infection/Inflammation of the uterus (womb)) requiring readmitting to hospital and having intravenous or oral antibiotics 1.63 - 6.6 in 100 (Common)
- Conversion to general anesthesia 4.7 in 100 (Common)
- Creation of false passage 0.41 in 100 (uncommon)
- Severe pain requiring overnight hospital stay 0.81 in 100 (Uncommon)

**Alternative procedures or treatments that are available**

- The tissue and / or blood clot may pass naturally (Conservative / Expectant management of miscarriage)
- You can also have medication to empty the womb (Medical management of miscarriage)
- We can perform an operation to remove this (Surgical management of miscarriage)

**What happens to any tissue or the fetus?**

Any tissue or fetal parts are sent to the histopathology laboratory to confirm the miscarriage.

No other investigations are usually carried out into the cause of the miscarriage at this time unless specifically discussed with you.

**Further arrangements**

There are standard procedures in place for the disposal of fetal remains following miscarriages; they are buried in a local woodland burial site. Further information concerning this is available in the leaflet: Barton Glebe woodland burial site please ask a member of staff to discuss this with you or to give you a copy of the leaflet.

For further Information, please contact one of the chaplaincy team (01223 217769)
Information and support

If you have any concerns you should contact

- Clinic 24 (Early Pregnancy Unit (EPU) and Emergency Gynaecology Unit)
  01223 217636
  Monday to Friday 08.00 – 20.00
  Weekends 08.30 – 14.00
  Closed Bank holidays

  Or

- Daphne ward
  01223 257206
  At any time

You can also attend the Emergency Department (ED) at any time if you are concerned about the amount of bleeding you have and the EPU is closed.

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)

  Petals
  0300 688 0068 Petals Charity

Local Anaesthesia

In local anaesthesia the local anaesthetic drug is injected into the skin and tissues at the site of the procedure. The area of numbness will be restricted and some sensation of pressure may be present, but there should be no pain. Local anaesthesia is used for minor operations such as stitching a cut, but may also be injected around the surgical site to help with pain relief. Usually a local anaesthetic will be given by the doctor doing the operation. This is like the local anaesthetic a dentist may give when operating on your teeth.

Sedation

Sedation is the use of small amounts of anaesthetic or similar drugs to produce a ‘sleepy-like’ state. Sedation may be used as well as an anaesthetic. The anaesthesia prevents you from feeling pain, the sedation makes you drowsy. Sedation also makes you physically and mentally relaxed during an investigation or procedure which may be unpleasant or painful (such as an endoscopy) but where your co-operation is needed. You may remember a little about what happened but often you will remember nothing. Sedation may be used by other professionals as well as anaesthetists. If you have sedation you will need someone to drive you home and someone to stay with you overnight.
Information about important questions on the consent form

1  Photography, Audio or Visual Recordings

As a leading teaching hospital we take great pride in our research and staff training. We ask for your permission to use images and recordings for your diagnosis and treatment; they will form part of your medical record. We also ask for your permission to use these images for audit and in training medical and other healthcare staff and UK medical students; you do not have to agree and if you prefer not to, this will not affect the care and treatment we provide. We will ask for your separate written permission to use any images or recordings in publications or research.

2  Students in training

Training doctors and other health professionals is essential to the NHS. Your treatment may provide an important opportunity for such training, where necessary under the careful supervision of a registered professional. You may, however, prefer not to take part in the formal training of medical and other students without this affecting your care and treatment.

Privacy & Dignity

Same sex bays and bathrooms are offered in all wards except critical care and theatre recovery areas where the use of high-tech equipment and/or specialist one to one care is required.

We are now a smoke-free site: smoking will not be allowed anywhere on the hospital site.
For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169.

Other formats:

If you would like this information in another language, large print or audio, please ask the department where you are being treated, to contact the patient information team: patient.information@addenbrookes.nhs.uk.
Please note: We do not currently hold many leaflets in other languages; written translation requests are funded and agreed by the department who has authored the leaflet.

Document history

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Version number/Ref  1/CF493
Manual vacuum aspiration for miscarriage

A Patient’s side  left / right or N/A

Consultant or other responsible health professional

Name and job title:

☐ Any special needs of the patient (e.g. help with communication)?

Please use ‘procedure completed’ stamp on completion of procedure/ treatment where applicable

B Statement of health professional (details of treatment, risks and benefits)

I confirm I am a health professional with an appropriate knowledge of the proposed procedure/treatment, as specified in the hospital’s consent policy. I have explained the procedure/treatment to the patient. In particular, I have explained:

a) the intended benefits of the procedure/treatment (please state)

To remove any remaining tissue and blood clot in the uterus after a miscarriage. Avoids an operation and general anaesthetic. Quicker recovery time than a surgical procedure. Less pain and bleeding. Reduced hospital admission time.

b) the possible risks involved. Addenbrooke’s always ensures any risks are minimised. However all procedures carry some risk and I have set out below any significant, unavoidable or frequently occurring risks including those specific to the patient:

- Heavy bleeding requiring surgical intervention 2 in 100 (common)
- Moderate bleeding >100mls 2.4 in 100 (common)
- Endometritis (Infection/Inflammation of the uterus (womb) requiring re-admitting to hospital and having intravenous or oral antibiotics 1.63 – 6 in 100 (uncommon)
- Conversion to general anesthesia 4.7 in 100 (uncommon)
- Creation of false passage 0.24 in 100 (uncommon)
- Severe pain requiring overnight hospital stay 2.2 in 100 (common)
- Recent studies have shown that the failure rate of MVA 5.3 – 10.4 in 100 (common)

c) what the treatment or procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient:

Manual vacuum aspiration (MVA) is a uterine evacuation technique employing a hand-held syringe. Generally it is performed under local anaesthesia.
Consent Form

Manual vacuum aspiration for miscarriage

**d)** any extra procedures/treatments that might become necessary during the procedure/treatment such as: ☐ Blood transfusion ☐ Other procedure/treatment (please state)

The following information leaflet has been provided:
Patient information and consent to Manual vacuum aspiration for miscarriage

Version, reference and date: Version 1, CF493, September 2015

or ☐ I have offered the patient information about the procedure/treatment but this has been declined.

This procedure/treatment will involve: ☐ General and/or regional anaesthesia ☐ Local anaesthesia ☐ Sedation ☐ None

Signed (Health professional): ___________________________ Date: ☐ D.M.Y.

Name (PRINT): ___________________________ Time (24hr): ☐ H.H.

Designation: ___________________________ Contact/bleep no: ___________________________

Consent of patient / person with parental responsibility

I confirm that the risks, benefits and alternatives of this procedure/treatment have been discussed with me and that my questions have been answered to my satisfaction and understanding.

Important: please read the patient information about this procedure/treatment and then put a tick in the relevant boxes for the following questions:

1. **Photography, Audio or Visual Recording**
   a) I agree to the use of any of the above type of recordings for the purpose of diagnosis and treatment. ☐ Yes ☐ No
   b) I agree to unidentified versions of any of the above recordings being used for audit and medical teaching in a healthcare setting. ☐ Yes ☐ No

2. **Students in training**
   I agree to the involvement of medical and other students as part of their formal training. ☐ Yes ☐ No
Consent Form

Manual vacuum aspiration for miscarriage

I have listed below any procedures/treatments that I do not wish to be carried out without further discussion.

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## Consent Form

**Manual vacuum aspiration for miscarriage**

### D Confirmation of consent

**Confirmation of consent** (where the procedure/treatment has been discussed in advance)

On behalf of the team treating the patient, I have confirmed with the patient that she/he has no further questions and wishes the procedure/treatment to go ahead.

**Signed** (Health professional): .......................................................... Date: ...D.D./M.M./Y.Y.Y.Y.

**Name (PRINT):** .......................................................... **Job title:** ..........................................................

Please initial to confirm all sections have been completed:

### E Interpreter’s statement (if appropriate)

I have interpreted the information to the best of my ability, and in a way in which I believe the patient can understand:

**Signed** (Interpreter): .......................................................... Date: ...D.D./M.M./Y.Y.Y.Y.

**Name (PRINT):** ..........................................................

Or, please note the language line reference ID number:

### F Withdrawal of patient consent

☐ The patient has withdrawn consent (ask patient to sign and date here)

**Signed** (Patient): .......................................................... Date: ...D.D./M.M./Y.Y.Y.Y.

**Signed** (Health professional): .......................................................... Date: ...D.D./M.M./Y.Y.Y.Y.

**Name (PRINT):** .......................................................... **Job title:** ..........................................................

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Patient safety – at the heart of all we do

Addenbrooke’s Hospital | Rosie Hospital

CF493, Manual vacuum aspiration for miscarriage, September 2015