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

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 all of your medications and its packaging (including inhalers, injections, creams, eye drops, patches, insulin and herbal remedies), a current repeat prescription from your GP, any cards about your treatment 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. If you have diabetes please ask for specific individual advice to be given on your medication at your pre-operative assessment appointment.
- 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, 2018.
Patient Information

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

You have chosen 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 pregnancy 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
- some women find there is less pain and bleeding
- reduced hospital admission time
- less risk of uterine perforation – compared to surgical management

Who will perform my procedure?

This procedure will be performed by:

- A consultant gynaecologist who has been trained in the procedure
- A healthcare professional who is being trained under the guidance of a consultant gynaecologist
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 a drug called misoprostol vaginally. This softens the cervix (neck of the uterus) and makes the procedure easier. Occasionally you may also experience some contractions of the uterus (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 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 and rectal analgesia (pain relief) to lessen any pain you will have plus a rectal antibiotic in an attempt to prevent infection.

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 (Clinic 25); 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.
This may cause some discomfort; you are able to use entonnox (gas and air) if you need to. 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 device (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 you have an adult escort 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 pregnancy 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 (brand name Nurofen) 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 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 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 in Clinic 24 will have written to your 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).

<table>
<thead>
<tr>
<th>Term</th>
<th>Equivalent numerical ratio</th>
<th>Colloquial equivalent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very common</td>
<td>1/1 to 1/10</td>
<td>A person in family</td>
</tr>
<tr>
<td>Common</td>
<td>1/10 to 1/100</td>
<td>A person in street</td>
</tr>
<tr>
<td>Uncommon</td>
<td>1/100 to 1/1000</td>
<td>A person in village</td>
</tr>
<tr>
<td>Rare</td>
<td>1/1000 to 1/10 000</td>
<td>A person in small town</td>
</tr>
<tr>
<td>Very rare</td>
<td>Less than 1/10 000</td>
<td>A person in large town</td>
</tr>
</tbody>
</table>

Recent studies have shown that the failure rate of MVA is 5.3% – 10.4% (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% (Common)
- Moderate bleeding >100mls 2.4% (Common)
- Endometritis (Infection/Inflammation of the uterus) requiring re-admitting to hospital and having intravenous or oral antibiotics 1.63% - 6.6% (Common)
- Conversion to general anesthesia 4.7% (Common)
- Creation of false passage 0.41% (uncommon)
- Severe pain requiring overnight hospital stay 0.81% (Uncommon)

**Alternative procedures or treatments that are available**
- The tissue and / or blood clot may pass naturally (Expectant management of miscarriage)
- You can have medication to empty the uterus (Medical management of miscarriage)
- We can perform an operation to remove the pregnancy tissue under general anaesthetic (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 interment of pregnancy remains at the Arbory Trust Woodland Burial Site, Barton (Barton Glebe). Further information concerning this is available in the leaflet: Rosie Hospital arrangements for the burial of pregnancy remains please ask a member of staff to discuss this with you or to give you a copy of the leaflet.
Patient Information

Individual parents are able to make their own sensitive disposal/funeral arrangements, upon request, but in the majority of cases, the hospital will make these arrangements.

For further Information, please contact one of the Rosie Bereavement Team.

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

- **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 Rosie Bereavement Team**
  01223 217619

- **The Miscarriage Association**
  01924 200799 (Monday–Friday 09:00 – 16:00)
  [www.miscarriageassociation.org.uk](http://www.miscarriageassociation.org.uk)

- **The Royal College of Obstetricians and Gynaecologists**
  Recovering Well Patient Information
  [www.rcog.org.uk](http://www.rcog.org.uk)
  Early miscarriage: information for you (pdf)

- **Stillbirth and Neonatal Death Society (SANDS)**
  020 7436 7940
  Open 09.30 – 17.30
  [https://www.sands.org.uk/](https://www.sands.org.uk/)

- **Petals**
  0300 688 0068

Local Anaesthesia

Local anaesthetic drug is injected into the skin and tissues at the site of the procedure, in this case the cervix. 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.

Manual vacuum aspiration for miscarriage, CF493, Version 2; April 2019
This is like the local anaesthetic a dentist may give when operating on your teeth.

Entonnoxx is available during the procedure.

**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 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 or audio, please contact Interpreting services on telephone: 01223 256998, or email: interpreting@addenbrookes.nhs.uk For Large Print information please contact the patient information team: patient.information@addenbrookes.nhs.uk.

**Document history**

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Version number/Ref: 2/36149/Document ID 36149

Manual vacuum aspiration for miscarriage, CF493, Version 2; April 2019
Manual vacuum aspiration for miscarriage

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 and reduced hospital admission time.

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

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:

For staff use only:
Hospital number:
Surname:
First names:
Date of birth:
NHS no: _ _ _ / _ _ _ / _ _ _
Use hospital identification label
Manual vacuum aspiration for miscarriage

d) any extra procedures that might become necessary during the procedure such as:

☐ Blood transfusion ☐ Other procedure (please state)

The following information leaflet has been provided:

Patient information and consent to manual vacuum aspiration for miscarriage

Version, reference and date: Version 2, Doc ID:36149, April 2019

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

This procedure will involve:

☐ General and/or regional anaesthesia ☐ Local anaesthesia ☐ Sedation ☐ None

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

Name (PRINT): Time (24hr): H.H.:M.M.

Designation: Contact/bleep no:

C Consent of patient / person with parental responsibility

I confirm that the risks, benefits and alternatives of this procedure 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 and then put a tick in the relevant boxes for the following questions:

1 Creutzfeldt Jakob disease (CJD)
Have you ever been notified that you are at risk of CJD or variant CJD for public health purposes? If yes, please inform your health professional. ☐ Yes ☐ No

2 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

3 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

4 Use of Tissue

a) I agree that tissue (including blood) not needed for my own diagnosis or treatment can be used and stored for ethically approved research which may include ethically approved genetic research. □ Yes □ No

b) Where additional clinical information is needed for the purposes of ethically approved research, I agree that relevant sections of my medical record may be looked at by researchers or by relevant regulatory authorities. I give permission for these individuals to have access to my records. □ Yes □ No

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

I have read and understood the Patient Information about this procedure and the above additional information. I agree to the procedure or treatment.

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

Name of patient (PRINT): ______________________

If signing for a child or young person; delete if not applicable.
I confirm I am a person with parental responsibility for the patient named on this form.

Signed: _____________________________________ Date: D.D./M.M./Y.Y.Y.Y.

Relationship to patient:

If the patient is unable to sign but has indicated his/her consent, a witness should sign below.

Signed (Witness): ____________________________ Date: D.D./M.M./Y.Y.Y.Y.

Name of witness (PRINT): ______________________

Address: ___________________________________

Patient safety – at the heart of all we do

Addenbrooke’s Hospital | Rosie Hospital

CF493, Manual vacuum aspiration for miscarriage, April 2019, V2
Consent Form

Manual vacuum aspiration for miscarriage

D Confirmation of consent

Confirmation of consent (where the treatment/procedure 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 treatment/procedure to go ahead.

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

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

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