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. 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 (Pregnancy Advisory Service [PAS]) 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 (MVA) for termination of early pregnancy

Manual vacuum aspiration for termination of early pregnancy is performed under a local anaesthetic in Clinic 25 (the Ambulatory Gynaecology Unit) based on Daphne ward in the Rosie. During the procedure your pregnancy will be removed using a uterine evacuation technique employing a hand-held syringe. Generally women who have this done are with us for the morning or afternoon depending on the timing of the procedure. You will need someone to collect you and to be with you overnight.

Intended benefits

- To remove your pregnancy
- Avoids an operation under general anaesthetic:
  - quicker recovery time than a surgical procedure under anaesthesia
  - less pain and bleeding
  - reduced hospital admission time
- Some women feel that MVA is a quick and simple process
- You will not have to see the fetus or any tissue.

Who will perform my procedure?

This procedure will be performed by either:

- A consultant gynaecologist who has been trained in the procedure
- A junior doctor who has been trained or is training in this field under supervision of a consultant gynaecologist.

Before your MVA

You will have been seen by one of the staff in clinic 24 / clinic 21 who will have taken details of your medical history and carried 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.

When you are admitted to clinic 25 you will be greeted by a member of the reception and/or nursing staff who will allocate you to a bed. They will 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, which involves you being given vaginal tablets of a drug called misoprostol. This is a prostaglandin (hormone) that stimulates uterine contractions and softens the cervix which will make the procedure easier.
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. If you walk around, gravity may cause it 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 analgesia (pain relief) to lessen any pain you will have and an antibiotic to attempt to prevent infection. Please inform the staff if you are allergic to any antibiotics.

**During the MVA**

You will be awake during the procedure.

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

The doctor carrying out the procedure will place a speculum into the vagina so that he/she will be able to see the cervix (neck of the uterus [womb]). The doctor will then inject some local anaesthetic into the cervix to numb the area.

The cervix will 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 the tissue aspirated. Once the surgeon is sure all the contents of the uterus have been removed, 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.

Once completed, you will 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 move 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.

Emotional impact: Women react in different ways to a termination. The decision to have the procedure can be difficult and you may experience a range of differing emotions such as sadness, relief, guilt, anger etc. These are all normal reactions. It is not unusual to feel low. If however, you are still having these feelings after a few months, we suggest you make an appointment to see your GP.

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 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.

Contraception: Following a termination of pregnancy many women are worried that if their method of contraception has let them down once then it may happen again. Others decide this is an appropriate time to change their method of choice. A preliminary discussion about future contraception will have taken place at the Pregnancy Advisory Service (PAS) Clinic. A new pregnancy can be conceived very soon after a termination and you should start your chosen method of contraception straight away:

- The injection method (Depo-Provera)
- Intra Uterine Contraceptive Device (IUD - coil)
- Nexplanon ( progesterone implant)

These can be organised for you before you leave the unit if you have
discussed this with the nurse / doctor at the PAS clinic visit and it has been prescribed for you. Alternatively you can make an appointment at your GP surgery or at the Family Planning Clinic.

If you have decided to take the oral contraceptive pill, you should start it that same evening or the following morning dependent upon your preference. If the pill is to be the progesterone only pill (POP) you must take it at the same time every day.

**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.

**Do I need to inform anyone about my termination?** No. Generally the practitioner you saw in the PAS clinic will send a letter to your GP to inform them of the procedure. If you do not wish this to occur then please let the staff know.

**Swabs**

You may have taken some self-swabs from your vagina at the PAS clinic to check for infection. Usually the results will be available at the time of your procedure and you will have been given antibiotics if necessary. If you were found to have an infection called chlamydia you will also have been advised that your sexual partner needs to be investigated and, if necessary, treated. You will have been given information about the genito-urinary medicine clinic and how to access it. If your partner is not treated then he may re-infect you with chlamydia.

Occasionally the swab results are not back from the laboratory by the time you have your procedure. In this situation we give you antibiotics ‘just in case’. If, when we later get the results, we find you had a chlamydia infection we will write to you about getting treatment for your sexual partner.

**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 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 - 8 in 100</td>
<td>A person in family</td>
</tr>
<tr>
<td>Common</td>
<td>1/10 to 1/100</td>
<td>1 in 100</td>
<td>A person in street</td>
</tr>
<tr>
<td>Uncommon</td>
<td>1/100 to 1/1000</td>
<td>1 in 1000</td>
<td>A person in village</td>
</tr>
<tr>
<td>Rare</td>
<td>1/1000 to 1/10000</td>
<td>1 in 10000</td>
<td>A person in small town</td>
</tr>
<tr>
<td>Very rare</td>
<td>Less than 1/10000</td>
<td>1 in 10000</td>
<td>A person in large town</td>
</tr>
</tbody>
</table>

It is reassuring to know that MVA is very safe. However, no procedure is absolutely safe, and it is important that you know what the risks are. Recent studies have shown:

- Failure rate of MVA is less than 1 – 8 in 100 women (Uncommon):
  - Retained products (some tissue left behind) 4 in 100
  - Need for further intervention 1 in 100

This is more likely before seven weeks of pregnancy, which is why the procedure is not normally performed before this time. However, it can rarely happen at later dates and so it is important that you contact Clinic 24 if you continue to feel pregnant. You should expect to have a period about four weeks after the operation. (Pregnancy tests may continue to show positive for several days after a successful termination).

- Injury to the cervix or uterus (womb) at the time of the procedure 0.05 – 4 in 100 (Common)
- Difficulty dilating cervix 2 – 4 in 100 (common)
- Difficulty during suction 2 in 100 (common)

If it is thought such an injury may have occurred at the time of your procedure, the surgeon may go on to perform a laparoscopic examination - looking into the abdomen (tummy) through a laparoscope (telescope) to check whether any damage has occurred which requires further intervention; this will require a general anesthetic. If further treatment is necessary you may have to be admitted to hospital overnight.

- Heavy bleeding requiring hospital admission 0.5 - 6 in 100 (Uncommon)
- Pelvic Infection 0.01 - 0.9 in 100 (Uncommon)

If infection is left untreated it may make it difficult to get pregnant at a later date. If you experience an increase in bleeding, lower abdominal pain, a raised body temperature or a smelly vaginal discharge after your procedure you should see your GP immediately so that you can be started on antibiotics. Occasionally, women have to be readmitted to hospital for an infection to be treated more intensively.

- Pain: 38 in 100 find the procedure painful. We will endeavor to ensure you have adequate analgesia (pain relief).
Alternative procedures or treatments that are available

- Any alternative procedures to MVA depend on the stage of your pregnancy. These options will be discussed with you in detail at the clinic. Generally the alternatives are:
  - Surgical termination of pregnancy (7-13 weeks gestation)
  - Medical termination as a day case: Patient information and consent to termination of early pregnancy with mifepristone and prostaglandin
  - Medical termination at home: Patient information and consent to home termination of early pregnancy with Mifepristone and Prostaglandin
  - You could choose to keep the pregnancy.

What happens to any tissue or the fetus?

All fetal remains are sent to the mortuary. There are standard procedures in place for the disposal of fetal remains; 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 (Pregnancy Advisory Service (PAS) and Early Pregnancy Unit (EPU))
  01223 217636
  Monday to Friday 08.00 – 20.00
  Weekends 08.30 – 14.00
  Closed Bank holidays
  Or
- Daphne ward – inpatient gynaecology and Ambulatory Care Unit
  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 Clinic 24 is closed.

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.
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

Authors: Lisa Prentice & Andrew Prentice
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Version number/Ref: 1/CF494

Manual vacuum aspiration for termination of early pregnancy, CF494, V1; September 2015
Manual vacuum aspiration for termination of early pregnancy

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)?  

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

1 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 your pregnancy. Avoids an operation and general anaesthetic. Quicker recovery time than a surgical procedure. Less pain and bleeding. Reduced hospital admission time. Some women feel that MVA “gets it over and done with. You will not have to see the fetus or any tissue.

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

Recent studies have shown that the failure rate of MVA is less than 1% - 8% (Uncommon):

- Retained products 4%. Need for further intervention 1%
- Injury to the cervix or uterus (womb) at the time of the procedure 0.05% - 4% (Uncommon).
- Difficulty dilating cervix 2 – 4 % (common). Difficulty during suction 2% (common)
- Heavy bleeding requiring hospital admission 0.5% - 6% (Uncommon)
- Pelvic Infection 0.01% - 0.9% (Rare)
- Pain - 38% find the procedure painful.

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 termination of early pregnancy

**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 termination of early pregnancy

Version, reference and date: Version 1, CF494, 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.D./M.M./Y.Y.Y.Y.

Name (PRINT): _______________________________ Time (24hr): _______________________________

Designation: _______________________________ Contact/bleep no: _______________________________

**C** 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 termination of early pregnancy

3 Insert here any other details /consents required
Insertion intrauterine contraceptive device (IUCD)

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


I have read and understood the Patient Information about this procedure/treatment 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: .................................................................
Consent Form

Manual vacuum aspiration for termination of early pregnancy.

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.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: .................................................................