

Surgical care of miscarriage under local anaesthetic using manual vacuum aspiration (MVA)

Early Pregnancy Assessment Unit [Patient information](#)

We are sorry that you are having a miscarriage. We hope that the information contained within this leaflet helps explain the option of surgical management of your miscarriage under local anaesthetic and answers any questions or concerns you may have.

We would like to assure you and your partner of our continued support throughout this difficult and emotional experience.

This leaflet aims to explain the benefits, risks and what to expect.

What is MVA?

MVA is a procedure carried out in the Early Pregnancy Clinic to remove the pregnancy tissue from inside the womb under local anaesthetic. It is an alternative procedure to SMM (Surgical Management of Miscarriage) which is a similar procedure done under General Anaesthetic in the operating theatre.

How does a MVA compare to surgery under general anaesthetic?

Many studies have compared MVA to surgical evacuation under general anaesthetic. They show MVA to be equally effective. Most women (more than 97 out of 100) will not need any further surgical treatment.

What are the advantages of choosing MVA?

MVA has been shown to be:

- 98-99% effective
- Associated with less blood loss
- Associated with less pain
- No risks of general anaesthetic
- Shorter length of stay in hospital (1-2 hours)
- You can drive home the same day, although you may wish to arrange to have someone pick you up in case you feel unable to travel on your own.

What are the disadvantages of choosing MVA?

- You may prefer not to be awake for the procedure.
- You may be concerned or anxious about feeling pain

What do I need to do before the MVA?

You will be given an appointment to attend the Women's Health Unit on the first floor of the Jigsaw building.

Date to attend:

You will have been given instructions and medication to soften your cervix along with pain killers to take prior to your appointment, (to be taken only if you have no known allergies to these medications).

You may require a blood test to check your Rhesus status if this is not already known. If you experience heavy vaginal bleeding before your appointment please call us in EPAU. It may be necessary to arrange a further scan appointment to reassess if the treatment is still necessary.

What will happen on day of procedure?

You will come to the Early Pregnancy Assessment Unit and may need to stay for up to 2 hours.

Consent

We must by law obtain your written consent to this procedure beforehand. This will be completed by the Doctor on the day of procedure who will again explain all the risks and benefits to you before you sign the consent form. If you are unsure of any aspect of the treatment proposed, please do not hesitate to speak with a senior member of staff.

What happens during the procedure?

A vaginal ultrasound scan may be performed before and after the procedure. A local anaesthetic will be injected into your cervix, or the cervix may be numbed with a gel and then the cervix is dilated (stretched) gradually. A narrow suction tube is then inserted into the uterus to remove the remaining pregnancy tissue.

Should you become aware of any pain after you have been given the local anaesthetic please speak with the nurse or doctor looking after you. If appropriate or required, additional local anaesthetic may be used.

You may feel slight discomfort during the procedure (similar to period pain) therefore you will be offered further pain relief Nitrous oxide (known as gas and air) if required. These cramps should wear off gradually after the procedure. The procedure usually takes about 15-20 minutes and following this you may have some light vaginal bleeding. Some women may need an injection to help stop the bleeding however this will be discussed with you if needed.

What happens after the procedure?

We will keep you in the recovery area for up to an hour afterwards to check you are well enough to go home. You can expect some vaginal bleeding after the MVA. This usually settles within seven days. This is expected to be a manageable bleed.

You are advised to have your usual painkillers at home. While you are bleeding, we advise you to use sanitary towels only as tampons can occasionally cause infection. It is probably best not to have sexual intercourse until your bleeding has stopped.

If you have a Rhesus negative blood group you will be given an anti-D injection.

Will I need a follow up appointment?

Routine follow up is not normally necessary; however you will receive a telephone consultation 48-72 hours following the procedure.

What are the possible complications of MVA?

MVA is safe but like all procedures there is a small risk of complications. The risk of complications with an MVA is similar to surgical uterine evacuation under general anaesthetic but without the complications of a general anaesthetic.

Complications related to the procedure are rare. They include heavy bleeding, infection, and the need for a repeat operation if not all the pregnancy tissue is removed, (three in 100 women) and, less commonly a perforation (tear) of the womb that may need repair (less than one in 1000 women).

The risk of infection is the same with surgical treatment (MVA or surgery under general anaesthesia), medical treatment or expectant management.

When to contact EPAU?

The risk of complications is very small, but if you have heavy bleeding, severe abdominal pain, a fever or vaginal discharge, please call the EPAU or your GP for advice. If you become unwell and need urgent medical advice you should go to the Emergency Department.

After the miscarriage

This Hospital has a policy of sensitive disposal of all fetal tissue in accordance with appropriate ethical and professional standards. This is by means of a shared or individual cremation or by the choice of burial. This is held at Bournemouth Crematorium. You will have been given the options to discuss and requested to sign a consent form to enable completion of this policy.

Alternatively you may wish to make your own arrangements. If you require any further information regarding this please contact the hospital chaplain.

Contact details

Early pregnancy assessment unit: **0300 019 5713**

Out of hours urgent care: 111

Hospital Chaplain: 0300 019 4221

Miscarriage Association: 01924 200799 www.miscarriageassociation.org.uk

Counselling Support

There is a counselling service and SPRING support charity which offers support through any loss in pregnancy. You can contact them direct.

Counselling service: Call **0300 019 8752**
or email **uhd.maternity.counsellors@nhs.net**

SPRING support charity: Call **0300 019 8084**
Email **uhd.spring.support@nhs.net** Visit **www.springsupport.org.uk**

To read this leaflet in a different language,
please visit our website: **www.uhd.nhs.uk/visit/patient-information-leaflets**
and use the language and accessibility function available along the top of the site.

To ask for this leaflet in larger print, please contact the patient experience team on **0300 019 8499**
or email **uhd.patientexperienceteam@nhs.net**.

The Royal Bournemouth Hospital, Castle Lane East, Bournemouth, Dorset, BH7 7DW

Author: **Vanessa Wood** Date: **March 2026** Version: **Six** Review date: **March 2029** Ref: **427/21**

t: 01202 303626 w: www.uhd.nhs.uk  @UHTrust  @uhd_nhs

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