

## Your Appointment and Information

### Manual vacuum aspiration (MVA) abortion: a surgical termination of pregnancy using local anaesthetic

Please read this leaflet carefully. It gives the date, time and place of your appointment for an MVA abortion and describes what happens on the day.

### Appointment for MVA termination of pregnancy

Please attend Hope House, Gloucestershire Royal Hospital, Great Western Road, Gloucester, GL1 3NN.

The telephone number for the Pregnancy Advisory Service at Hope House is: **0300 421 6532**

Monday / Tuesday / Wednesday / Thursday / Friday

...../...../..... At:.....

Manual vacuum aspiration (MVA) abortion is a safe and simple surgical procedure used to end a pregnancy. It involves having a local anaesthetic to keep you as comfortable as possible and is carried out whilst you are awake. The pregnancy is removed through the vagina using suction and is done as a day case at Hope House.

## Before the procedure

You will have an ultrasound scan and full clinical assessment to ensure that this is a suitable procedure for you.

## Testing in clinic

We offer everybody a sexual health check-up. This includes testing for chlamydia and gonorrhoea by a self-taken swab and a blood sample for HIV and syphilis. We normally send you the results by text message, and will check your preferences on how we should contact you if any of the results need treatment. Please call us if you have not had your results within 3 weeks.

We check your blood rhesus status to identify women who have a rhesus negative blood type. If you have a rhesus negative blood type we recommend that you have a single injection of Anti-D at the time of the abortion procedure. This treatment is to minimise the risk of a future pregnancy developing antibodies that could harm the pregnancy. The Anti-D injection will be given to you before discharge from Hope House. Further information can be obtained from **[www.nhs.uk/conditions/rhesus-disease/prevention](http://www.nhs.uk/conditions/rhesus-disease/prevention)** and will be explained in full, if necessary, before you have this injection.

We will also assess your risk of anaemia and may need to take a blood sample. We will let you know if there are any problems with this result.

## Contraception

We discuss contraception with every patient attending our clinic. Your fertility returns immediately after your abortion procedure so effective contraception is required straight away.

Information about contraceptive choices can be found at:  
**[www.hopehouse.nhs.uk](http://www.hopehouse.nhs.uk)** or **[www.sexwise.fpa.org.uk](http://www.sexwise.fpa.org.uk)**

All methods of contraception are suitable after surgical abortion. If you wish to have the contraceptive injection (depo), an implant fitted or a coil fitted (IUD or IUS), this can be done immediately after your abortion. If you wish to have pills, a supply of these will be given to you to take home.

## Manual vacuum aspiration abortion

### On the day

- Take any regular medications as usual
- Please report to the Hope House reception at your allocated appointment time when a member of staff will greet you
- You will have an opportunity to ask any questions and confirm your consent

### You will need to bring

- Loose comfortable clothing
- Sanitary towels and spare underwear
- Any medication or inhalers you are taking
- Something to occupy you, such as a book or fully charged device.  
Please note that chargers are unable to be plugged in at the hospital
- Something to eat, for example a sandwich or snack

## Preparation for the procedure

We recommend that all women having a surgical termination of pregnancy have medication before their procedure to prepare the neck of the womb (cervix). This medication is called misoprostol. Misoprostol is placed under the tongue. Misoprostol is a medication that is not licensed for this purpose, but is recommended by the Royal College of Obstetricians and Gynaecologists and the National Institute for Health and Care Excellence (NICE) for this procedure.

You need to be certain that you wish to have the procedure before you take the misoprostol. If you have any concerns, please discuss with a nurse before taking the medication.

The misoprostol may give you some cramps and/or bleeding. This is a sign that the medication is working. We will offer you a pain relief suppository called diclofenac. Other common side effects of misoprostol include nausea and vomiting. If this happens, we will offer you anti-sickness medication. You may also notice that you have loose bowels or feel chills. To reduce the risk of infection we will give you some antibiotics.

Approximately 1 hour after having your preparation medications you will be taken to the procedure room. In the procedure room there will be a team who will provide you with treatment and support you throughout the procedure.

## **The procedure**

You will be given some privacy to change into a hospital gown. Women lie on a couch with their legs raised and resting on leg supports. The doctor may use ultrasound scanning to assist with the procedure. The procedure does not require any cutting or stitching. Local anaesthetic is administered to the neck of the womb. The neck of the womb is then gently opened. A flexible plastic tube is inserted and the pregnancy tissue is removed using suction. You can expect to feel some period type cramps at this point and immediately after the procedure; you will be offered further pain relief as required. The procedure usually lasts about 10 minutes.

The Trust will sensitively dispose of all pregnancy remains. Alternatively you can choose to make your own arrangements. Further information can be provided if required.

## **After the abortion**

You will be given some privacy to dress and then shown to a comfortable area. You will be offered more pain relief if required and will probably be ready to go home about half an hour after the procedure. You are usually able to drive yourself home but should consider being collected if possible.

Pain and bleeding is expected following the abortion. You may have cramping pelvic pain for a few days which can be managed with simple pain relief such as paracetamol or ibuprofen.

You may have some intermittent vaginal bleeding for up to 2 weeks. During this time use sanitary towels, not tampons or mooncups. These measures are designed to reduce the risk of infection.

It is reasonable to return to work and normal activity as soon as you feel able.

## Symptoms needing medical attention

**Heavy bleeding:** If you soak two or more pads in an hour for more than two hours, you should seek URGENT advice and help. Please go to Gloucestershire Royal Hospital Emergency Department and show them your discharge letter.

**Infection:** If you develop abdominal pain, smelly vaginal discharge or persistent bleeding along with feeling generally unwell and/or a temperature, you may have developed an infection. Seek medical help through your GP, out of hours services or Hope House (0300 421 6532).

## What are the risks?

Abortion is a safe procedure for which major complications are uncommon at any stage of pregnancy. The earlier in your pregnancy you have an abortion, the safer it is. Abortion is safer than carrying a pregnancy and having a baby, but all procedures have risks. These are described below.

**Infection:** 1-2 women in 100 will get an infection after an abortion. Taking antibiotics at the time of the abortion helps to reduce this risk. If the results of the swab taken in clinic are not available we will discuss the most appropriate action for you. If the swab has detected an infection, further antibiotics will be given. If you are not treated it can lead to a more severe infection known as pelvic inflammatory disease, which can affect future fertility. To further reduce the risk of infection avoid having sex or using tampons and mooncups for at least 2 weeks following the abortion, until the bleeding has settled.

**Retained products of conception:** Less than 5 in 100 women having a surgical abortion require further treatment if the uterus is not completely emptied. This treatment involves a short course of tablets or another procedure, and additional antibiotics may be recommended. In our service, the risk of retained products is reduced by the availability of an ultrasound machine to scan the womb during the procedure.

**Injury to cervix:** 1 in 100 women will have damage to their cervix. This risk is lower for early gestations and further reduced by the use of misoprostol prior to the procedure.

**Risk of the abortion failing:** All methods of early abortion carry a small risk of failure to end the pregnancy and therefore a need to have another procedure. This occurs in less than 1 in 100 women.

**Uterine perforation:** Uterine perforation with damage to surrounding structures, including the bowel, bladder and blood vessels, occurs in 1-4 in every 1000 abortions. The womb can heal by itself with some perforations however occasionally, further surgery may be required. If needed this would happen in the hospital under general anaesthetic (fully asleep) and would involve a longer stay in hospital and extended recovery period. Further surgery might involve:

- Laparoscopy - a type of surgical procedure to see the inside of the abdomen and pelvis and can be used to investigate any damage (known as keyhole surgery).
- Laparotomy - where a cut is made in the abdomen to be able to repair any damage.

**Excessive vaginal bleeding:** There may be some bleeding during the procedure. If needed, medications can be used to control bleeding. Severe bleeding, such that you require a blood transfusion, occurs in less than 1 in every 1000 abortions.

**Hysterectomy:** Hysterectomy would only be required in life saving situations; this occurs in 1 in 10,000 women (extremely rare).

### **Will abortion affect my chances of having a baby in the future?**

If there are no problems with your abortion it will not. It is important to remember that the risks of abortion are lower than the risks of carrying a pregnancy and childbirth.

### **Will abortion cause complications in future pregnancies?**

Abortion does not increase your risk of a miscarriage, ectopic pregnancy or low placenta if you have another pregnancy. However, you may have a slightly higher risk of a premature birth.

### **Does abortion cause breast cancer?**

An abortion does not increase your risk of breast cancer.

## **Follow up**

If there are no problems following the procedure and you are happy with your contraception, a follow up appointment is not needed. However, if you have any problems or concerns following the procedure please call 0300 421 6532.

If you wish to discuss contraception further, you may arrange a follow up appointment either at Hope House (if you are over 25 years old this needs to be within 12 weeks of your abortion and state when calling that you are a "PAS patient") or alternatively at your GP practice.

Women who have an IUD or IUS fitted may attend for a check-up either with their GP or at a sexual health clinic after 4 weeks if needed.

## **Emotional support**

For most women the decision to have an abortion is not easy. How you react will depend on the circumstances of your abortion, the reasons for having it and how comfortable you feel about your decision. You may feel relieved or sad, or a mixture of both. Most women will experience a range of emotions around the time of the decision and abortion procedure.

The majority of women who have abortions do not have long-term emotional problems. Long-term feelings of sadness, guilt and regret appear to linger in only a minority of women. Please talk to your GP if you have concerns or to someone who can help and support you.

An abortion will not cause you to suffer emotional or mental health problems in itself, but if you have had mental health problems you may experience more after an unplanned pregnancy. These are likely to be a continuation of previous problems, and to happen whether you choose to have an abortion or to continue with the pregnancy.

If you think it would be helpful to talk through your feelings, please call 0300 421 6532.

## Directions

Hope House is situated on Great Western Road at the Western Entrance to the Gloucestershire Royal Hospital site (pedestrian access only).

- **By car:** there is a pay and display car park, reached either from the Orchard Entrance on Great Western Road (turn left at the mini roundabout and then first left to car park) or from Claremont Road entrance off London Road (turn first right to car park). Please note parking space is limited on the hospital site
- **By bus:** buses number 6 and number 99 run through Gloucester and stop on the hospital site
- **By rail:** there is an underpass from the railway station on to Great Western Road, a short distance from Hope House