

Objective

The SARS-CoV-2 pandemic presented novel healthcare challenges including restricted access to the operating theatre. Manual Vacuum Aspiration (MVA) under local anaesthesia in an outpatient setting is an established alternative to electric vacuum aspiration under general anaesthesia (GA-EVA) for early pregnancy loss and early termination of pregnancy. A new MVA service was established at the two sites of the Lewisham and Greenwich NHS Trust during the pandemic. This study aimed to evaluate the efficacy, safety and women's experience of this new service.

Design and Methods

This was a prospective mixed-methods cohort study undertaken between June 2020 and July 2021. 52 women who underwent ultrasound-guided MVA were enrolled into the study. Data on efficacy, blood loss and complications were collected prospectively. Women were invited to complete a paper survey about their experience prior to discharge, which consisted of structured closed questions as well as open-ended questions.

Results

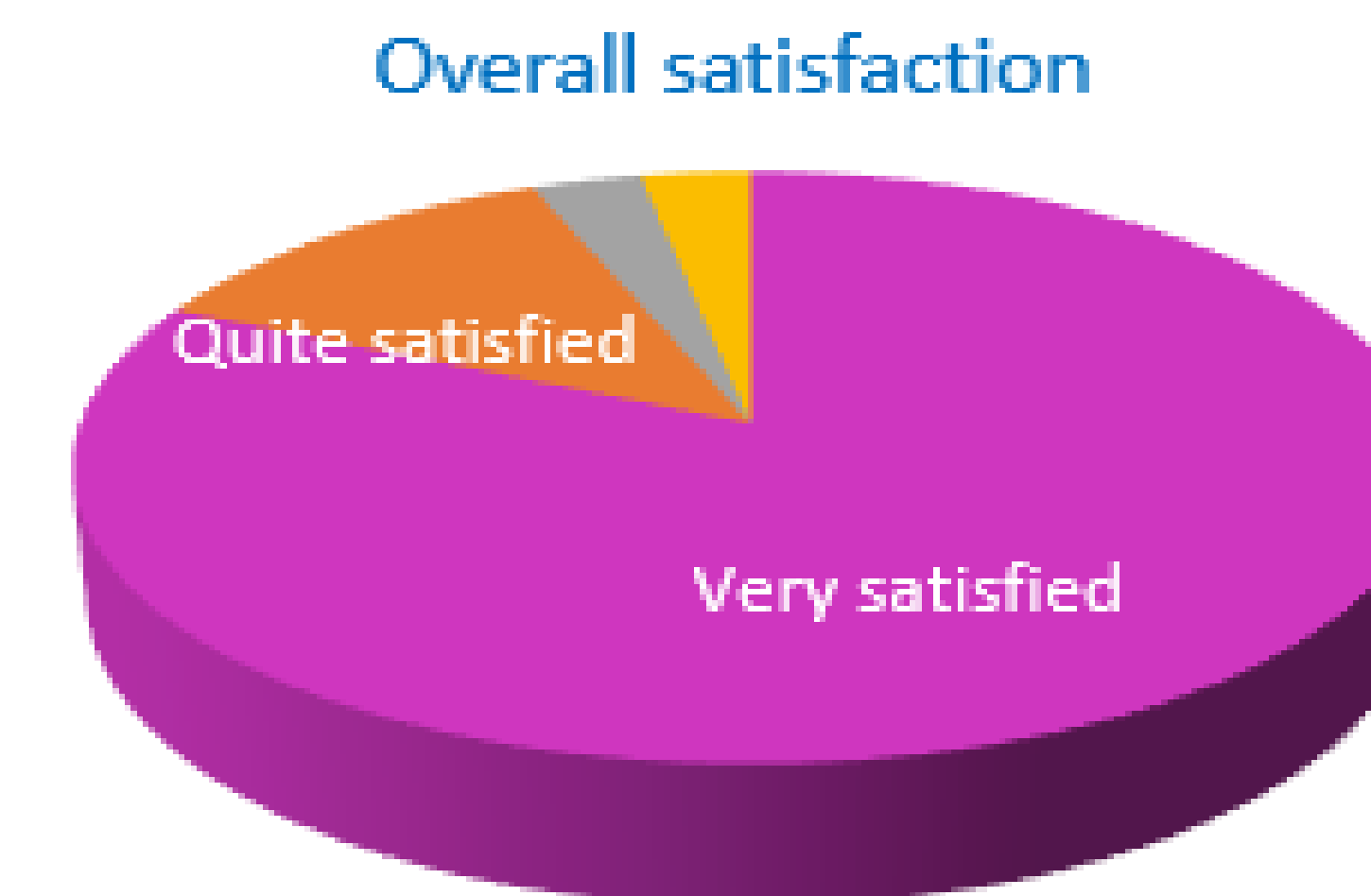
Women with incomplete miscarriage or with retained pregnancy tissue post medical termination or post GA-EVA were more likely to have incomplete MVA evacuation than those with missed miscarriage, 23.5% vs 2.9% (RR 8.24; 95% CI 0.995-68.15; $p=0.05$). Women later found to have incomplete uterine evacuation were more likely to have bled ≥ 50 mls compared to those who had complete evacuation, 80% vs 12.5% (RR 6.40; 95% CI 2.53-16.22; $p=0.0001$).

Results

Complete uterine evacuation	86% (45 women)
Unable to dilate → GA EVA	4% (2 women)
RPOC → conservative mnx	2% (1 woman)
RPOC → GA EVA	8% (4 women)
Blood loss <50mls	80%
Blood loss 50-100mls	7%
Blood loss >100mls	13%
Major complications	0%

"I am happy with procedure and team are really nice and supportive. I would recommended this procedure."

"The team gave me comfort and stress free environment especially during COVID when husband can't sit next to me."



Overall satisfaction (very or quite satisfied)	97%
Well informed beforehand	100%
Mean pain score- start of MVA	3.25 (SD 2.08)
Mean pain score- during MVA	4.94 (SD 2.56)
Mean pain score- after MVA	2.38 (SD 1.90)
Adequate analgesia received	100%
Staff friendly	100%
Clinical area comfortable	100%
Would recommend MVA to others	79%
Unsure if would recommend MVA to others	21%

Conclusion

MVA is an effective and safe surgical treatment for early pregnancy complications in our population. A diagnosis of retained pregnancy tissue (versus missed miscarriage) and intraoperative blood loss ≥ 50 mls were associated with incomplete evacuation. MVA is associated with high satisfaction levels in women and is especially beneficial when theatre access is restricted. MVA services should be expanded nationally, particularly in district general hospitals.