

How feasible is Manual Vacuum Aspiration (MVA) for early caesarean scar and cervical ectopic pregnancies?

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Objective: To determine whether Manual Vacuum Aspiration (MVA) under local anaesthetic could be offered as an alternative to suction evacuation under general anaesthetic for selected patients with cervical (CP) or caesarean scar pregnancies (CSP).

Design and Method	Results	Conclusion
<p>Design: Retrospective observational study in an urban UK Early Pregnancy Unit.</p> <p>Method:</p> <ul style="list-style-type: none">• Viewpoint images and documentation reviewed• Cases reviewed since 2011 in regards to management• The clinical and ultrasound findings, estimated blood loss, infection and incidence of retained products of conception were recorded	<p>Results: Jan 2004-Aug 2021</p> <ul style="list-style-type: none">• 149 CSP cases• 34 CP cases <p>Women who opted for MVA:</p> <ul style="list-style-type: none">• 3 CSP's and 4 CP's• 3 cases < 7/40• 1 case at 13/40 by LMP-non-viable pregnancy with no visible embryo• Done in ambulatory unit by consultant• No haemostatic measures required• Minimal blood loss• No retained products of conceptions following procedure	<ul style="list-style-type: none">• MVA can be offered as a feasible alternative to suction and evacuation under general anesthetic for uncomplicated CP/CSPs• To determine suitability for MVA gestation i.e <7/40, Gestation sac, CRL, Vascularity, Myometrial thickness should be taken in consideration• Although the study was small it has shown:<ul style="list-style-type: none">○ Reduced risk of bleeding under local anesthetic vs use of inhalation anesthetic which can cause atony therefore requiring haemostatic measures such as balloon tamponade○ To have better recovery post procedure○ To be more cost effective