



Irelands Only Manual Vacuum Aspiration Clinic- A Year in Review

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Introduction

Manual Vacuum Aspiration (MVA) is a safe and effective alternative option for the management of first trimester miscarriage, termination of pregnancy, or retained products of conception (RPOC). MVA is performed in the outpatient setting in the Ambulatory Gynae Department, under local anesthetic and ultrasound guidance.

MVA has been available in Europe and USA for many decades. Several studies have shown MVA to be a safe, effective and acceptable alternative to Electric Vacuum Aspiration with very high success rates.

Ireland's first MVA clinic was set up in The Rotunda Hospital in April 2020. This clinic is held weekly with capacity for up to 5 patients. This facilitates women's choice in the management of early pregnancy complications. MVA reduces patient wait time for definitive surgery, duration of hospital stay, procedural costs and potential morbidity associated with general anesthesia. We carried out a retrospective audit on 12 months of MVA service provision. This is a re-audit, the initial audit was carried out in October 2020 and assessed the first six months of MVA service provision in the Rotunda.

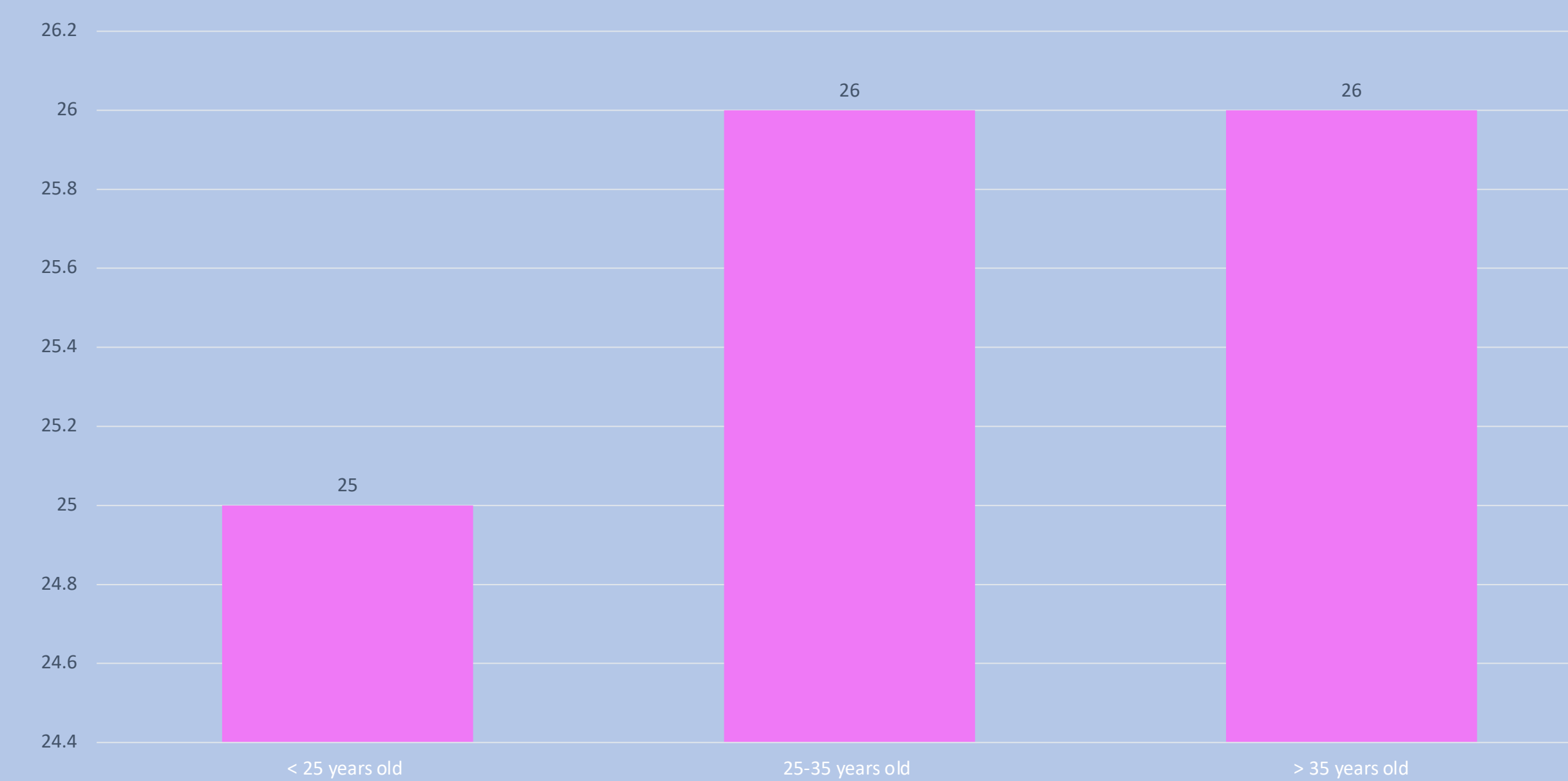
Aims

- To identify how many women underwent MVA in the Rotunda from October 2020- September 2021
- To identify the complication rate with MVA and need for further intervention
- To identify the failure rate of MVA and need for further intervention
- To assess potential areas for improvement
- To compare results between first audit following implementation of service and this reaudit

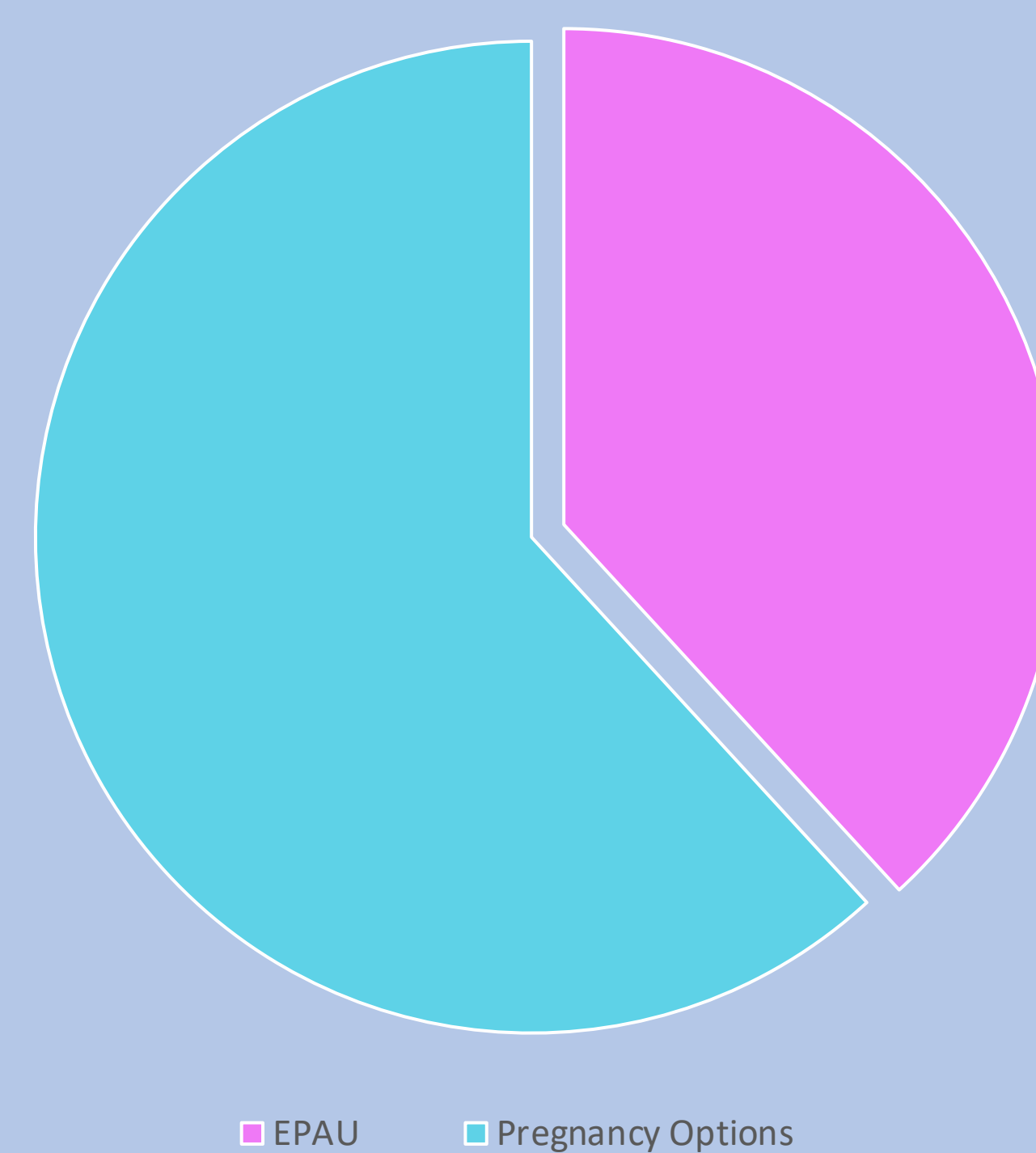
Methods

- Audit approval was obtained from The Rotunda Clinical Audit Committee on 30/09/2021, reference number 21_045
- A list of all patients that underwent MVA between October 2020 and September 2021 was obtained from the Ambulatory Gynaecology Department
- A data collection proforma was prepared
- A retrospective electronic chart review was performed using Maternal Neonatal - Clinical Management System (MN-CMS).
- Data was collected and analyzed using Microsoft Excel, with the assistance of the Clinical Audit Team

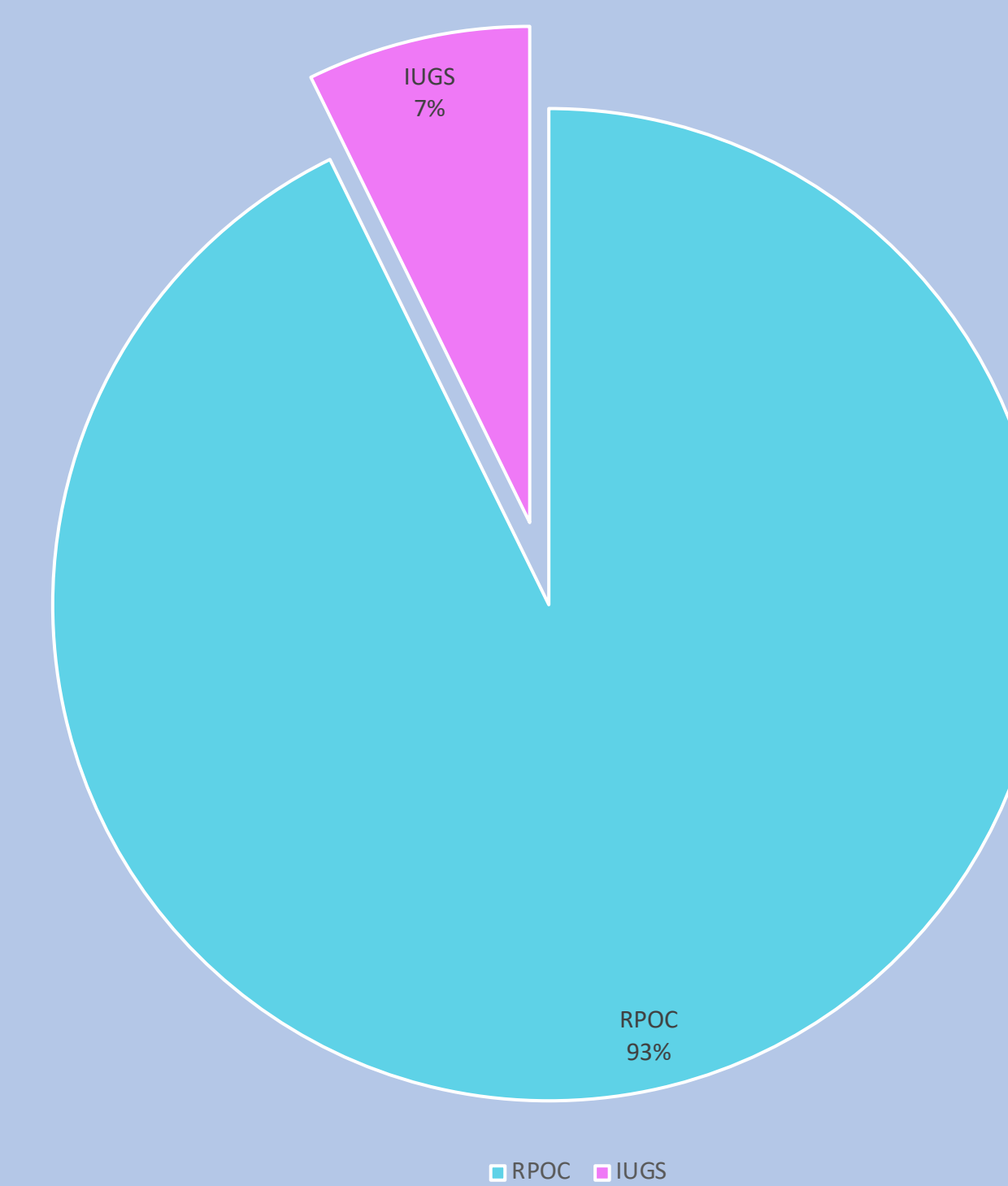
Age of Patients



Referral Source



Indication for Procedure



Results

- In total 55 women underwent MVA between October 2020 and September 2021
- Patients age ranged from 21 to 46 years old, with a median age of 35 years old
- Mean Gestational Sac Diameter ranged from 12- 31mm, with a median measurement of 22mm
- Crown Rump Length ranged from 6-11mm, with a median measurement of 8.5mm
- RPOC ranged from 9-47mm, with a median measurement of 20mm
- MVA was the first line treatment selected in 50.9% (n=28) of women
- MVA was able to be completed in all 55 patients
- There were 3 Rhesus negative women, all of whom appropriately received Anti-D within 72 hours of exposure
- There were no immediate complications, and no immediate hospital transfers required
- There were 3 emergency room attendances in the following 14 days – each of these were for ongoing vaginal bleeding
- Emergency ERPC was required in the following 7 days after the procedure in 1 patient
- 52 of the 55 patients had a negative pregnancy test 14 days following the MVA procedure
- Further review was required following MVA in 2 patients
- Further treatment was required post MVA in 2 patients – both required non emergent ERPC

Conclusion

Our data has shown that MVA is a safe and successful management option for first trimester miscarriage, termination of pregnancy or RPOC. Overall, there were no immediate procedure complications or emergency ERPC required. Patient selection is essential in order to achieve these good outcomes and avoid complications. Patients themselves must be highly motivated to undergo MVA. MVA should be offered to facilitate women's choice in management of early pregnancy complications. Through introduction of this outpatient procedure, we aimed to offer women increased management choice and autonomy of decision making. The COVID-19 Pandemic made the timing of the introduction of this service particularly pertinent. MVA reduces unnecessary admissions to hospital, separation from family and the need for general anaesthetic. It also protects staff from potential aerosolization of virus during intubation in asymptomatic COVID carriers.