

Service evaluation of a new Manual Vacuum Aspiration pathway amid COVID restrictions

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OBJECTIVE

Manual vacuum aspiration (MVA) is a safe and effective way of managing miscarriage, which avoids the need for general anaesthetic and is met with high patient satisfaction rates (Dodge et al, 2017). A new MVA service was launched at St Michael's in 2021 as part of an emerging ambulatory gynaecology service, in response to COVID restrictions and training needs. We assessed whether this improved access to training, increased the provision of service, reduced waiting times, met with patient approval and changed patient preferences with regards to management of miscarriage.

DESIGN

The former service was a consultant-led, ad hoc service via outpatients, with patchy availability. We launched a new service, delivered by overseeing senior clinicians, or competent trainees, and booked as an elective or, newly, an emergency procedure. The pathway was introduced in light of a desire to reduce aerosol-generating procedures and hazards of general anaesthetic, required for Surgical Management of Miscarriage (SMM), as well as a need to increase service provision for patients, and teaching for trainees.

METHODS

A 69- and 68-day period were analysed respectively of the former and new services. Waiting times were recorded via coding and bookings. Patient questionnaires were distributed regarding counselling, expectations, service delivery and follow-up. Relevant staff gave feedback regarding the service, and trainees reported OSATs. Complications were recorded by direct reporting and inspection of incident forms. Descriptive statistics are used to demonstrate changes pre- and post- the service change.

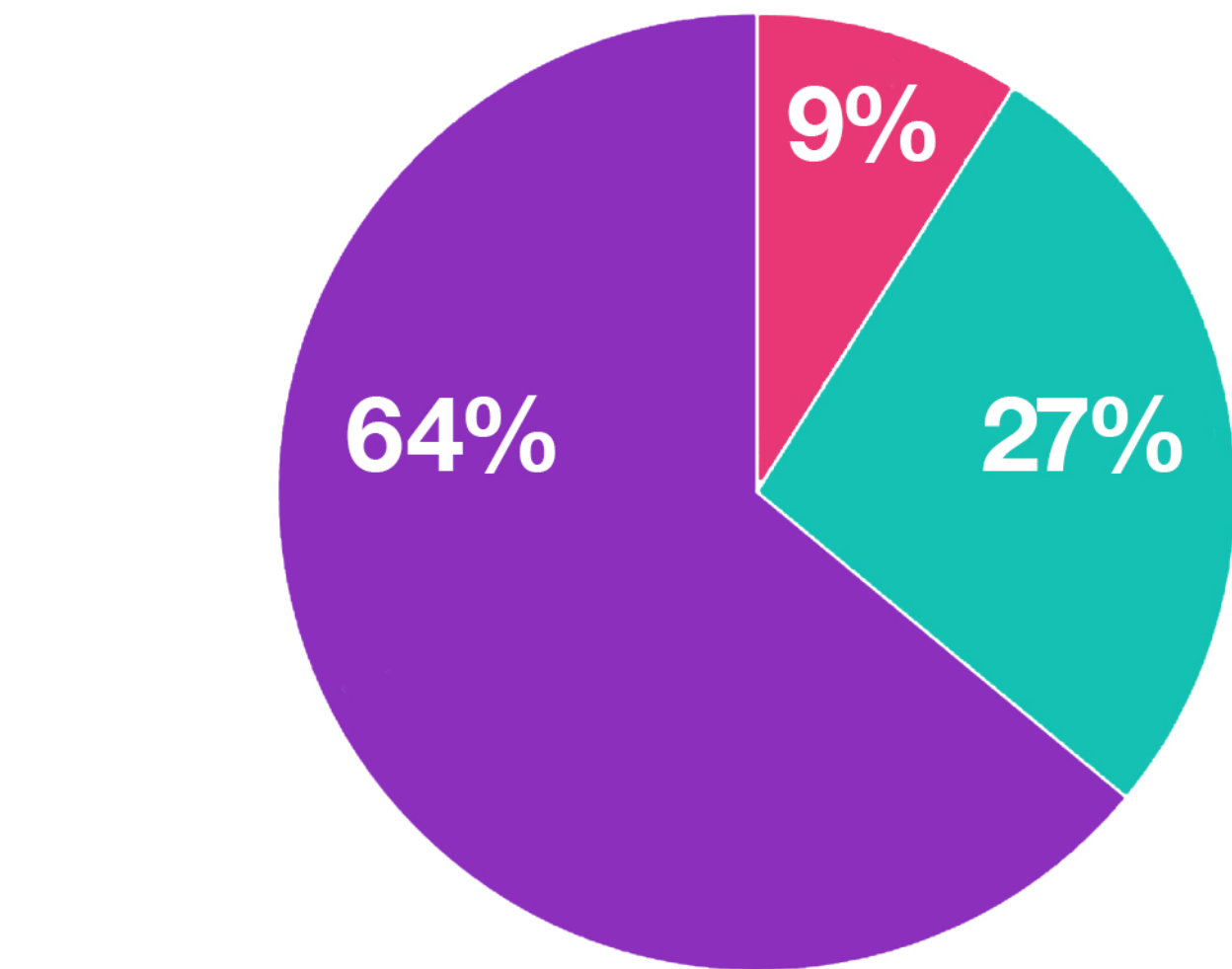
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Dodge, L. E., Höfler, L. G., Hacker, M. R., & Haider, S. (2017). Patient satisfaction and wait times following outpatient manual vacuum aspiration compared to electric vacuum aspiration in the operating room: a cross-sectional study. Contraception and reproductive medicine, 2, 18.

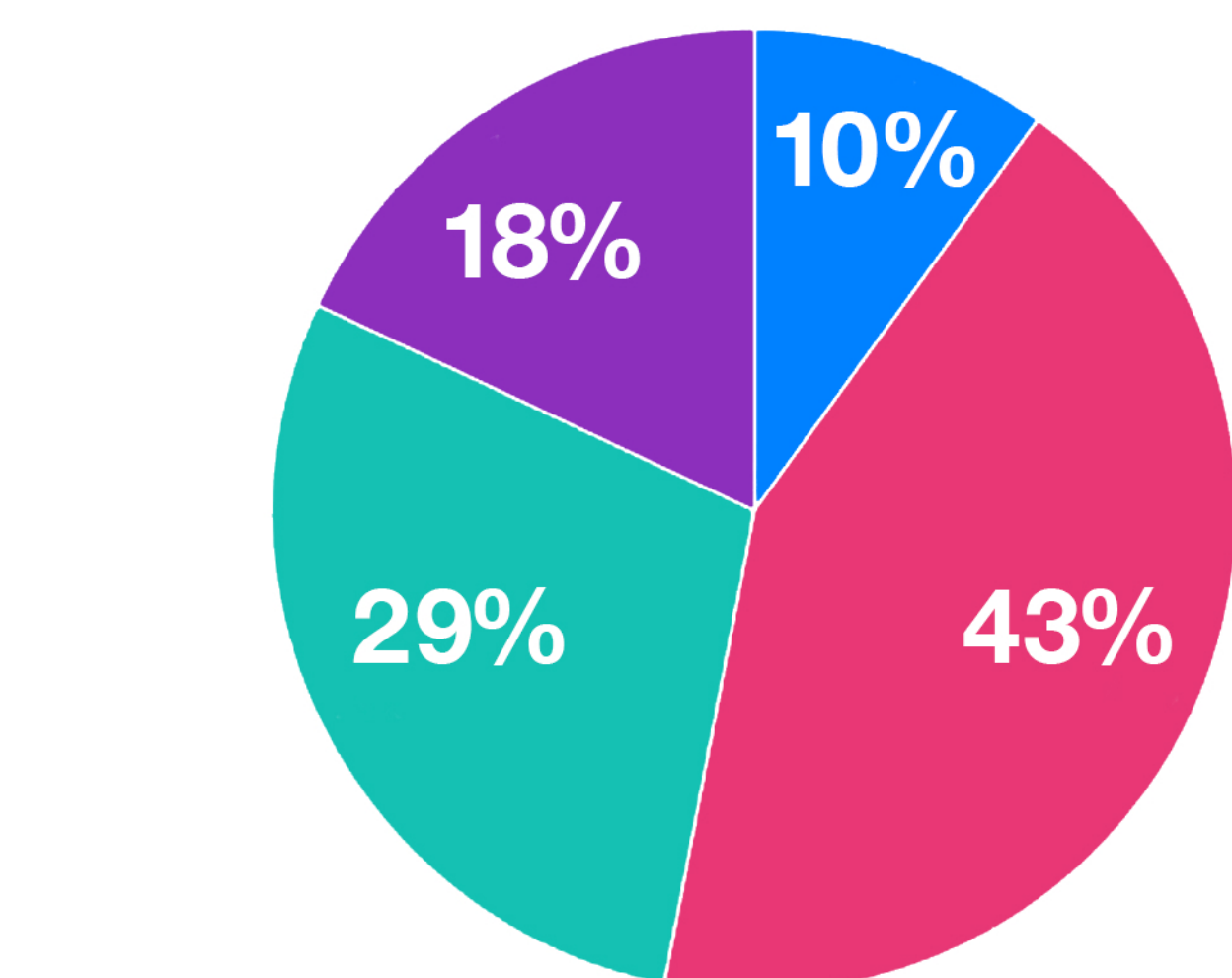
RESULTS

Our analysis showed that the new service is increasingly trainee-delivered (Fig. 1), and demonstrates both an increase in provision of service, and of proportion of patients choosing MVA vs SMM (Fig 2). There is a reduction in mean and median waiting times for MVA (Fig. 3). Patient feedback showed “no GA” and “shorter stay” were the most commonly cited reasons for choosing MVA. All respondents felt “very involved” with their decision, and were either very (29%) or extremely (71%) satisfied with their counselling.

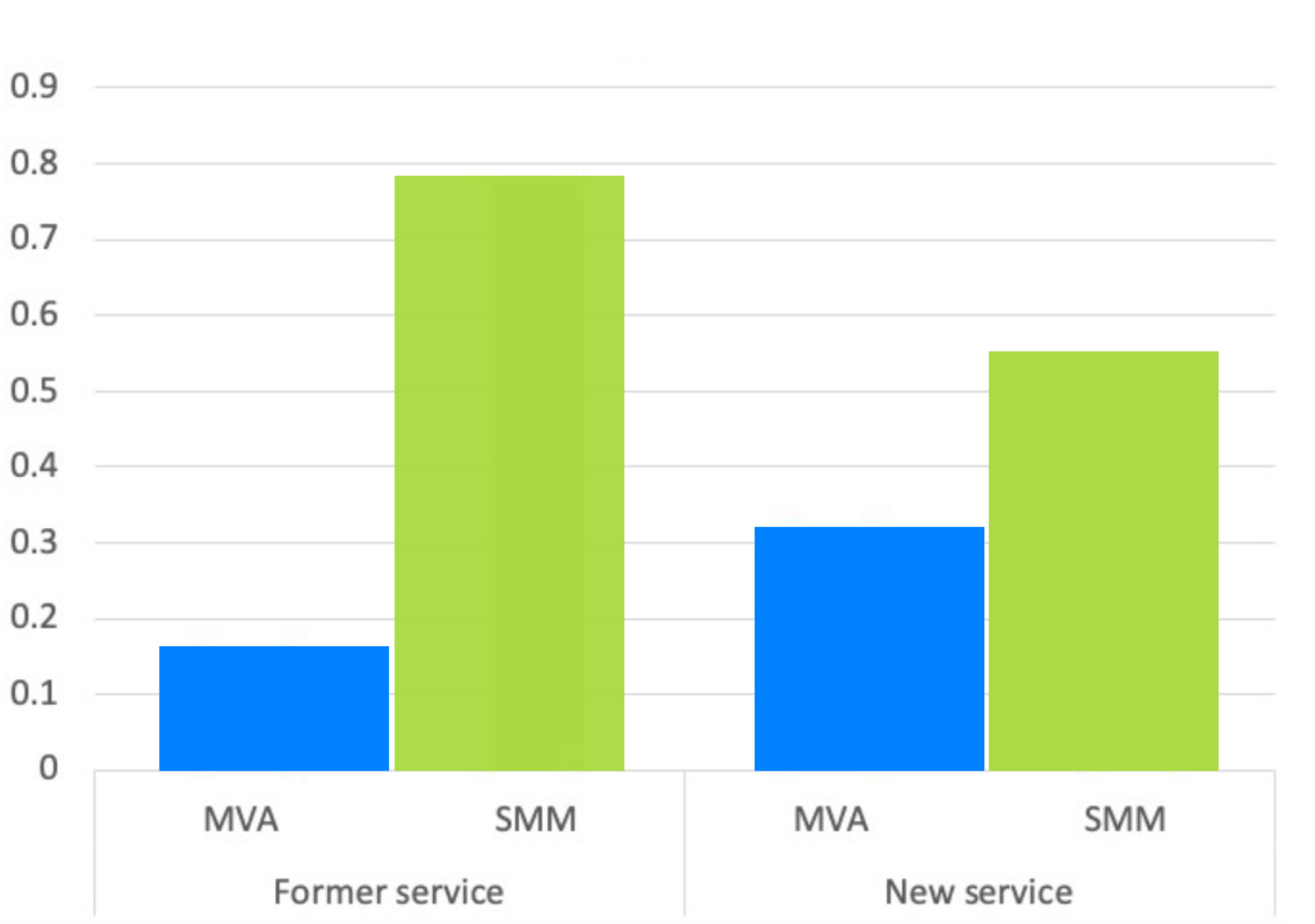
Grade of surgeon: Former service



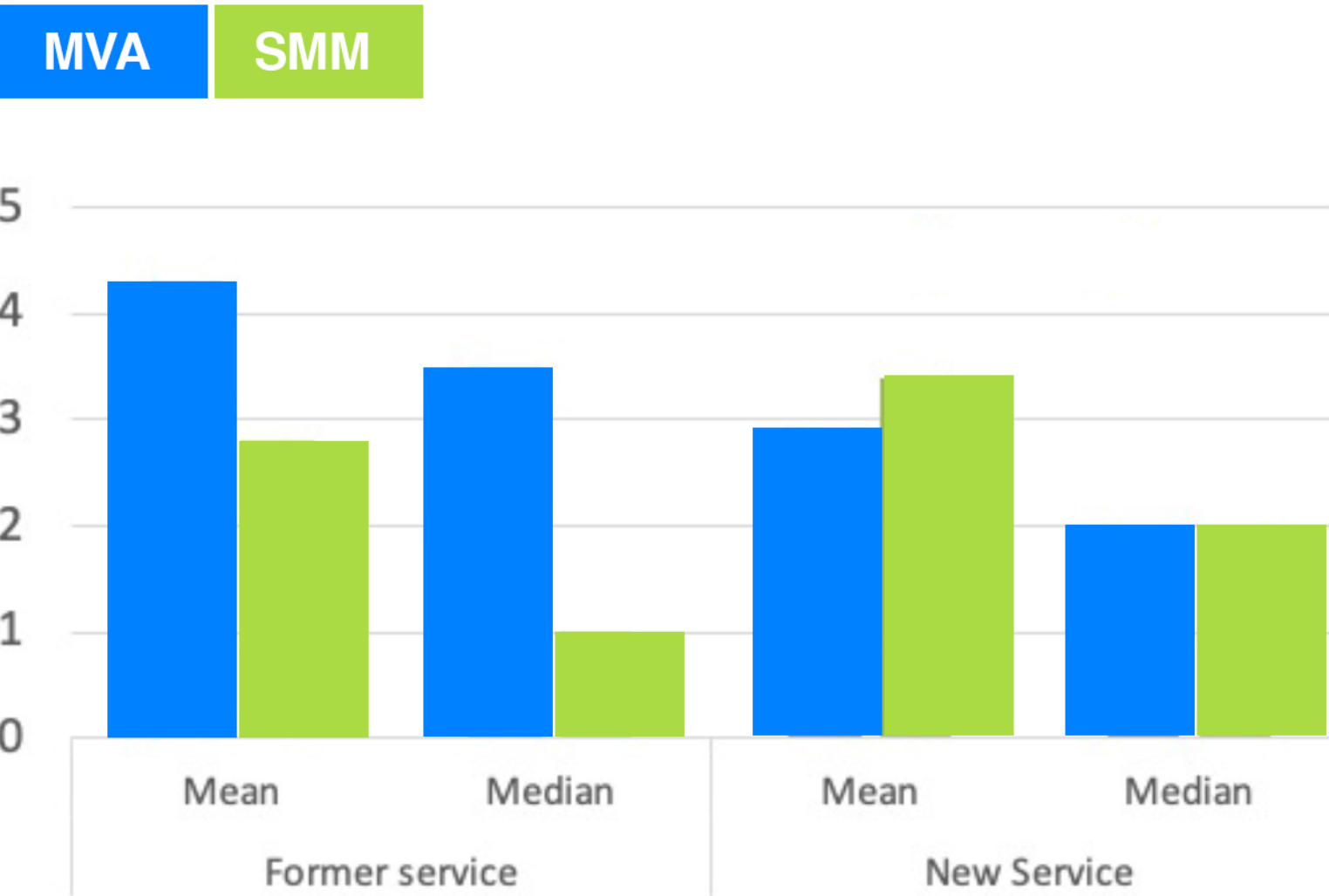
Grade of surgeon: New service



Procedures per day: Old vs new service

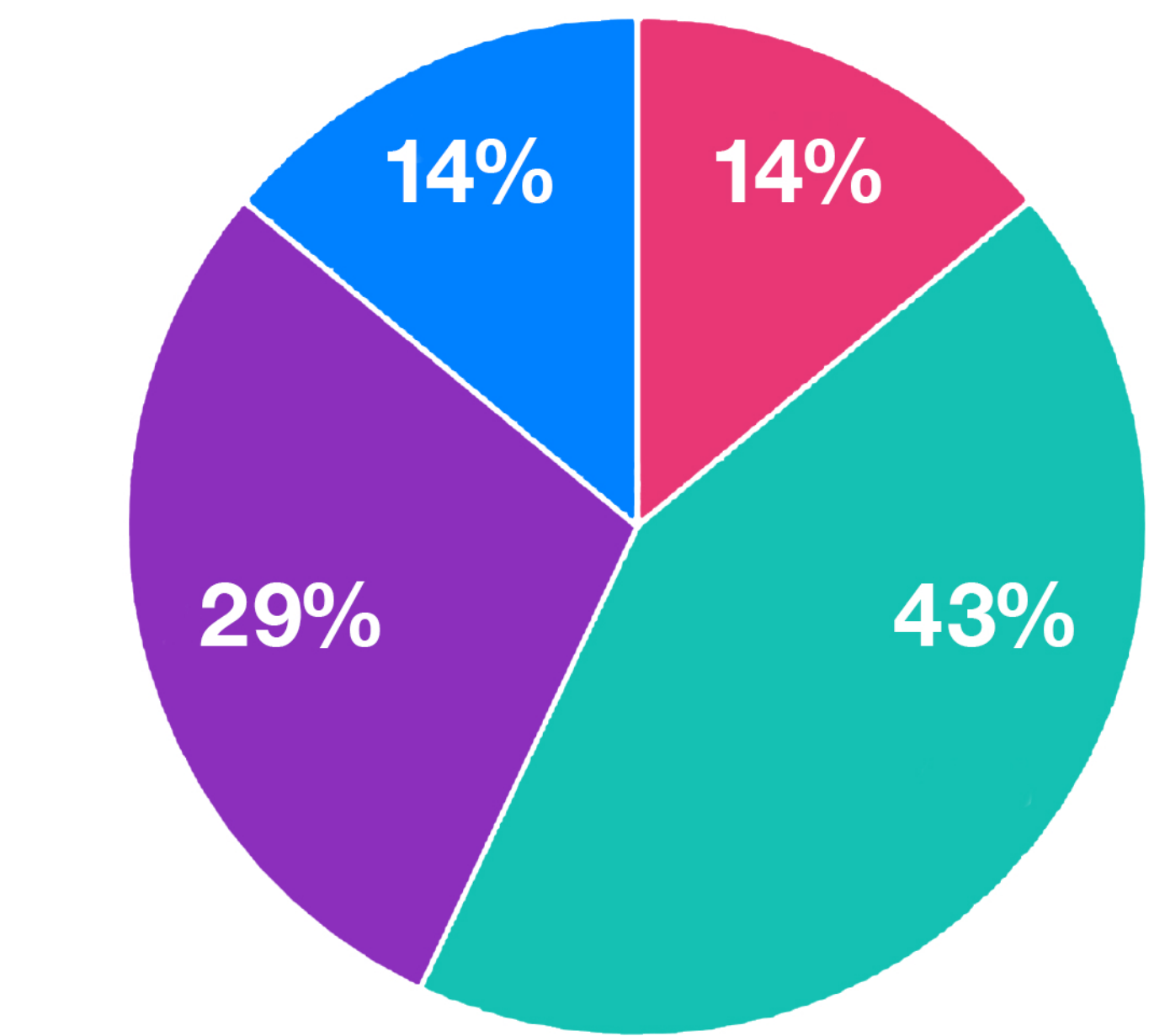


Waiting times (in days): Old vs new service



Most women (57%) experienced “nil”/ “slight pain” during the procedure (Fig. 4). 71% would choose the procedure again in retrospect and would recommend it to a friend. 64% of juniors have received training, and 67% of those have subsequently achieved competent OSATs in this core skill. One complication occurred under the old service (bleeding requiring GA SMM) and none under the new service.

Level of pain experienced:



CONCLUSIONS

MVA is now an established part of the core service of miscarriage management in this hospital. It is a procedure which trainee gynaecologists should be able to provide and is especially useful in emergency non-starved patients. This evaluation revealed no complications, high patient satisfaction rates, and a valuable opportunity for training junior doctors; confirming the need for, ongoing investment in, and expansion of, this service.