

The Effectiveness of Manual Vacuum Aspiration (MVA) as Outpatient Procedure

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Objective: To evaluate the cost effectiveness of MVA as outpatient procedure and to determine the adherence with trust guideline.

Design: It's a retrospective audit conducted in DMH Emergency Gynaecology. A proforma has been developed to collect data .

Methods: Patients from 1/10/2019 to 30/06/2021 who opted for MVA were included .

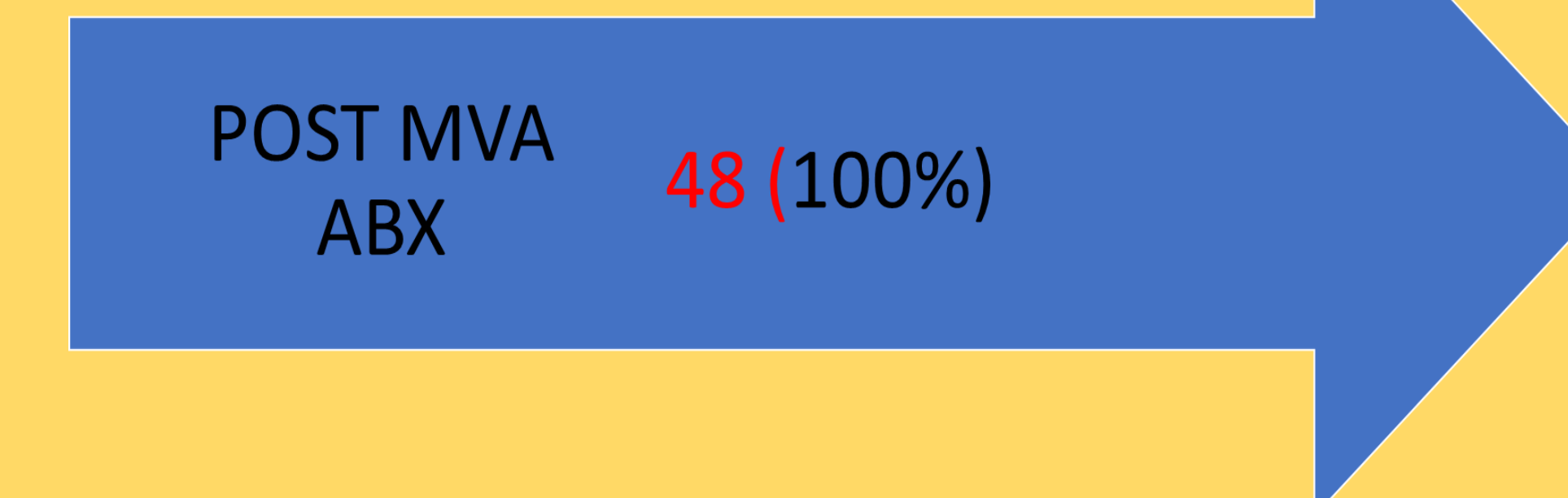
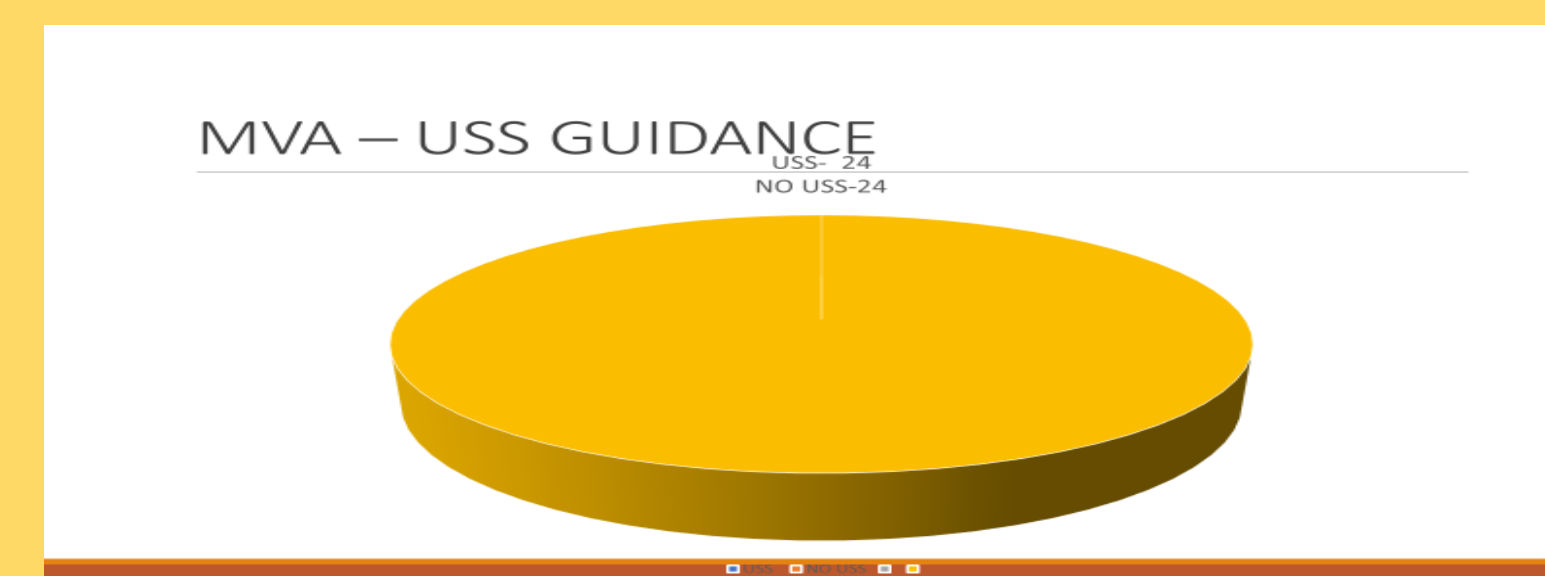
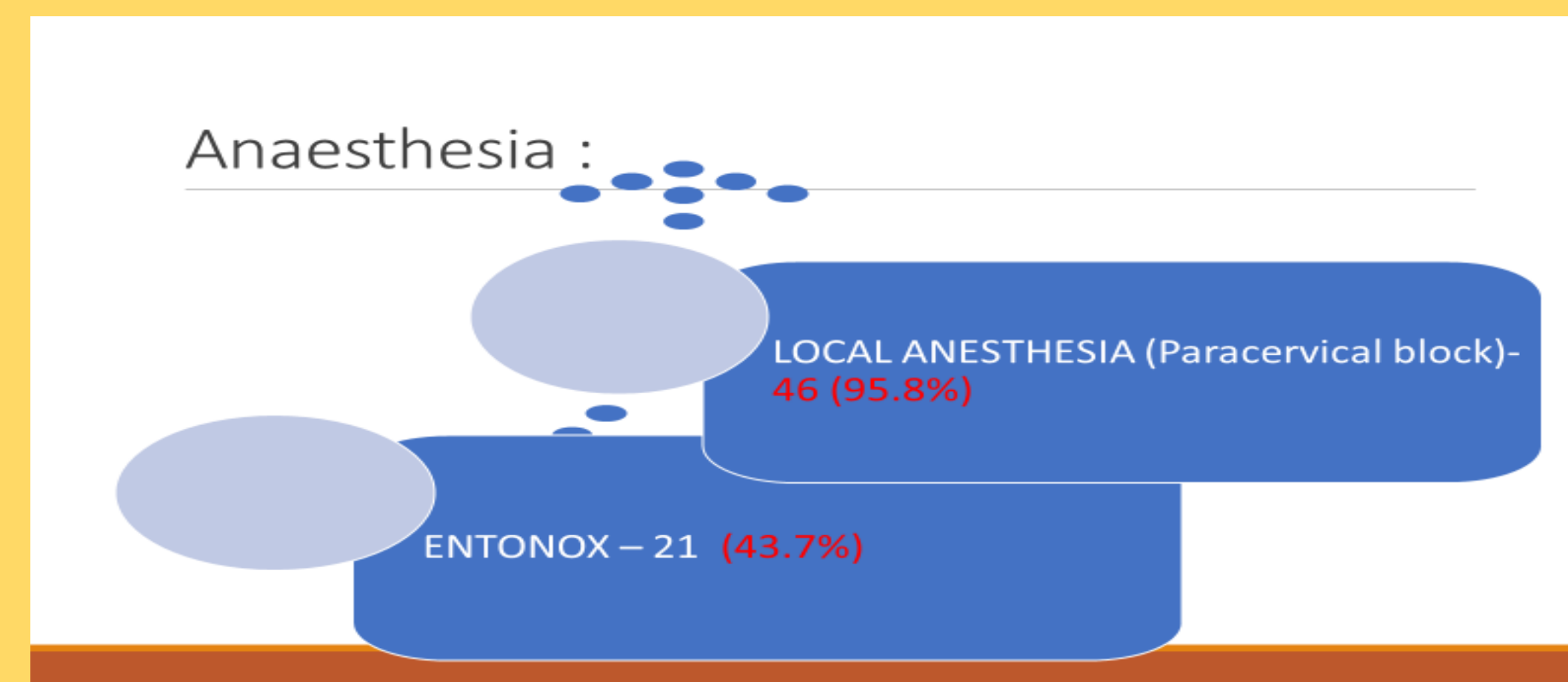
All procedures were performed in clinic setting /OPD under cervical block/local anaesthesia + Entonox. Patients with hemodynamic instability were not suitable for MVA and has been excluded. A written consent was taken before procedure. Patients were given misoprostol prior to procedure and antibiotics. The procedure has been performed under local anaesthesia. All products of conception has been sent for histology. Data analysed statistically, means and percentages were collected.

Results:

Total 48 patients were included in audit who underwent MVA as outpatient procedure.

A written consent has been obtained in all 48 cases. Oral analgesia has been given in 87.5% of cases.43.75% cases has received vaginal misoprostol pre MVA.72.9% of cases the indication was missed miscarriage ,16.6% for retained products of conception and 10.4% for incomplete miscarriage. The 95.8% cases MVA performed under local anaesthesia and 43.7% cases used Entonox as well. There was no case of uterine perforation complication while 50% cases has been performed without USS guidance. The 1 case required repeat surgical management under general anaesthesia due to high BMI and history of LLETZ . The post MVA antibiotics has been given in 100% cases. There was 1 case of infection reported. The 83.3% cases have been performed by consultant.

POST MVA	
COMPLICATIONS	NO OF CASES
Perforation	0
Bleeding requiring admission	0
Infection	1
Repeat surgical management under G/A	1 (prev 3 x lscs ,prev LLETZ)
Patient feedback Questionnaire	11 (22.91%)



LEVEL OF SURGEON FOR MVA	
Surgeon	No of cases
consultant	40 (83.3%)
REG /jho uso	6
REG independent	2

Conclusion:

MVA has been effectively performed in 97.9 % of case. Procedure has been performed safely without USS Guidance in 50% of cases. Anti D was not included in proforma but has been given to all rhesus negative women post procedure. MVA has been associated with lowest complication rate and has been cost effective. There has been no case of uterine perforation or bleeding only 1 case abandoned due to pain.