- There is a minimal risk of infection which can be treated with antibiotics.
- There is a very rare risk of perforating the womb (a hole in the uterus).
- You may also feel faint after, or near the end of the procedure. This reaction is normal and usually disappears soon after.

**What alternatives are available?**
- Medical Termination of Pregnancy (MTOP) using tablets.
- Surgical Termination of Pregnancy (STOP) under general anaesthetic where you would be put to sleep for the procedure.

**How will I feel afterwards?**

You will have light bleeding and the cramps will wear off gradually.

**When to contact us?**

The risks of complications are very small, but if you have heavy bleeding, severe abdominal pain, a fever or vaginal discharge, please call the Gynaecology Ward and ask to speak to a nurse.

**Contact numbers:**
Lincoln County Hospital, Lincoln:
Branston ward: 01522 573132/01522 572558
Hemswell Clinic: 01522 573677 (Mon-Fri 8:00am to 4:00pm)
Pilgrim Hospital, Boston:
Gynaecology Ward M2: 01205 445432

The Trust endeavours to ensure that the information given here is accurate and impartial.

If you require this information in another language, large print, audio (CD or tape) or braille, please email the Patient Information team at patient.information@ulh.nhs.uk
You should have already received information on different treatment options for abortion. This leaflet gives you information about a surgical option called Manual Vacuum Aspiration (MVA), which can be done using local anaesthesia.

**Surgical Termination of Pregnancy (STOP)**

Surgical Termination of Pregnancy/surgical abortion is the term used when pregnancy tissue in the uterus (womb) is removed during a small procedure. This procedure is done either as manual vacuum aspiration (MVA) or conventional electric vacuum aspiration (EVA).

**What is the difference between MVA and EVA?**

- MVA is done under local anaesthetic whereas EVA is done under general anaesthetic.
- Both procedures are similar and both result in 98-99% chance of removing all the tissue from the womb.
- There is a reduced risk of womb perforation (hole in the womb) with MVA compared with EVA.
- There is a similar chance of other complications such as infection as there is with all other options. Less than 1% have major complications.

**Do I need any special preparation?**

You do not need to be nil by mouth, so you can eat normally prior to your treatment. You will be advised to take painkillers; Paracetamol or Ibuprofen 1 to 2 hours prior to the procedure.

**What does MVA involve?**

You will be admitted to our ward for 2 to 3 hours (approximately). Tablets are inserted into the vagina 1 hour before the procedure, to soften the neck of the womb to make the procedure easier. However, these tablets can sometimes cause cramping pain and bleeding and rarely can cause a complete abortion on their own.

The procedure takes about 10 to 15 minutes. We will insert a speculum into the vagina to see the neck of the womb. You will have a local anaesthetic injection into the neck of the womb. The neck of the womb will be opened up gently. A plastic tube will be inserted into the womb and suction will be applied. The tissue will be gently removed from the womb. This takes only a few minutes. You will feel some pain and cramps during this part of the procedure. However you will be offered pain relief such as Nitrous oxide (known as gas and air) and staff are aware of your needs.

**What happens after the procedure?**

We will keep you on the ward for 1 to 2 hours to make sure you are well enough to go home. You will be given painkillers to help with any ongoing discomfort.

If your blood group is Rhesus Negative you will be given an injection of Anti-D.

Most women will be able to drive home but if the staff looking after you feel you are not ready to drive, they may ask you to stay longer or someone to drive you home.

**What are the risks of the procedure?**

Although MVA has been proven to be very safe, like any treatment there are some risks:

- There is a small risk that we may not remove all the tissue, therefore, the procedure would have to be repeated again.
- There is a small risk of bleeding and even smaller risk of severe bleeding, which may result in needing a blood transfusion.