

How long does the bleeding last?

Following your procedure, the bleeding may continue for up to three weeks. It should get lighter, like the end of a period. Do NOT use tampons as this can increase the risk of infection. It is normal to experience some tummy cramps and even some small clots after the procedure.

If any of the following happens you need to see you GP as you may require some antibiotics:

- Very heavy bleeding
- The pain becomes very severe
- You have an unpleasant smelling discharge

When Can I resume normal activities?

Having a bath or shower after the procedure is safe, but avoid swimming until your bleeding has stopped. Avoid intercourse for at least one week after the bleeding has stopped. Physically, you should be fine to return to work after a few days, but many women feel very sad after a miscarriage and need a little extra time off to recover. In this case see your GP to arrange a sick note.

When will I get my period again?

Your periods should return within 4-6 weeks, but this can vary.

When can I try to get pregnant

There is no right time to start trying again, but we would advise waiting until your next normal period before trying for a baby again and you both feel ready.

Do I need anti D?

If your blood group is Rhesus negative, you will need an anti-D injection. This is to prevent a condition called Haemolytic Disease of the Newborn (HDN). This occurs if your body makes antibodies to rhesus positive blood cells.

It is very important for the safety of any future pregnancies that you have anti D injection when advised.



Management of your miscarriage under local anaesthetic (Manual Vacuum Aspiration)

Clinic Appointment Date:....

Venue: Level 5 Gynaecology Clinic Women's Health Unit Torbay Hospital Phone 01803 656355

Please report to reception on arrival

If you require urgent assistance when you go home please contact:

Gynaecology clinic 01803 656355 between 9am and 5pm Monday to Friday Out of hours McCallum Ward 01803 655501



We are very sorry you have had a miscarriage. We hope this information is useful for you in preparing to come into clinic for your procedure.

What is Manual Vacuum Aspiration (MVA)

This is an effective clinical procedure and is an excellent choice for the management of miscarriage without the need for a general anaesthetic. It is performed in the out patients clinic and you do not need to starve prior to the procedure.

What do I bring with me?

We suggest you bring in some essentials (Sanitary towels and spare underwear. Please leave any non-essential valuables at home.

Do I need to bring anyone with me?

It would be a good idea to bring a supportive friend/relative with you. They won't come into the room when we do the procedure, but most women find it useful to have extra support after the procedure and someone to take you home. Usually you are fine to leave after about 1 hour, but occasionally you may need to stay longer.

How do I prepare for it?

You may like to have a bath or shower at home on the morning of admission. You will require some pain killers at home for after your procedure.

Suitable painkillers to take are:

Paracetamol 1g **and** Ibuprofen 400mg **or** Co-codamol 8mg/50mg 1-2 tablets.

What happens when I arrive?

You will be seen by the clinic nurse to check all your details and ensure you are prepared. We will also give you some antibiotics to reduce the risk of infection and it is important that you take pain killers to help treat any discomfort during the procedure. You will also be given misoprostol tablets vaginally to make the cervix (neck of the womb) easier to dilate during the procedure.

What does the procedure involve?

You will be positioned on a gynaecology couch. A speculum is placed into the vagina and local anaesthetic injected into the cervix (opening of the womb). The cervix is gently dilated (stretched). The pregnancy is removed using a small suction device. This normally takes a few minutes.

Will it hurt?

You will experience some period type cramps during the procedure. This can be severe for one to two minutes. You will have a nurse with you the whole time and we will give you entonox (gas & air) to relieve the pain if you need it.

What are the risks?

This is a very safe procedure, but occasionally as with any procedure there can be complications. These include infection, heavy bleeding and perforation (making a hole) in the womb with the instruments used. Occasionally the pregnancy is not all removed and there may be the need for further treatment.

What happens to the pregnancy tissue?

The pregnancy tissue will be sent to the laboratory for inspection. We always treat the tissue with respect and dignity. We have a special label identifying it as a sensitive sample.

Why do I need antibiotics?

When you have the procedure we routinely give antibiotics to try to reduce the risk of infection. The two antibiotics we use are one off doses.