MANUAL VACUUM ASPIRATION CURETTAGE: EXPANDING SURGICAL OPTIONS FOR FIRST TRIMESTER PREGNANCY LOSS AND TERMINATION OF PREGNANCY Dr Reahn Farina (RMO)

What is MVAC?

- Removal of products of conception via the cervix using suction with a manual syringe
- The recommended surgical option for management of miscarriage, retained products of conception and termination of pregnancy
- Local anaesthetic and nitrous gas for analgesia
- Introduced to Sunshine Coast University Hospital 1 year ago for management of miscarriage and retained products of conception (MVAC for termination of pregnancy is not yet offered)

Why is MVAC recommended over SD+C?

- ✓ Easier to schedule / reduced waiting times
- ✓ No fasting or GA requirement
- ✓ Shorter procedure
- ✓ Less post procedure pain
- ✓ Less blood loss
- ✓ Quicker return to normal function
- \checkmark $\,$ Improved emotional and physical quality of life scores $\,$

Objective of the study

- Investigate the factors influencing patients' decisions or necessity in opting for SD+C as opposed to MVAC
- Which of these factors can be modified to increase MVAC uptake at SCUH

Methods

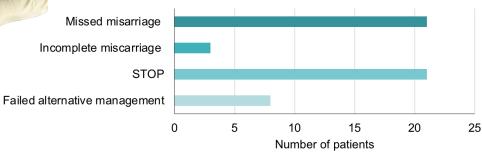
- Study type: retrospective audit
- Locations: Sunshine Coast University Hospital and Nambour General Hospital
- Dates: January to September 2023
- Data collection: ORMIS, individual chart analysis on iEMR
- Variables were selected from the work place instruction outlining the inclusion and exclusion criteria for MVAC



Results

- Most common indications for SD+C were missed miscarriage and surgical termination of pregnancy
- Most common reason patients declined MVAC was due to fear of the procedure e.g. fear of being awake, experiencing pain, the unknown
- Most common contraindication to MVAC was gestation >12 weeks
- Most junior doctors don't know what MVAC is, this extends to many staff in the emergency department where miscarriage is often diagnosed and initial counselling regarding management takes place

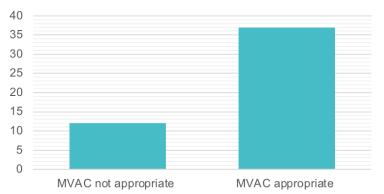
Indication for SD+C / inclusion criteria for MVAC.



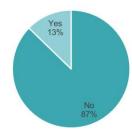
Reasons patients had SD+C over MVAC.

Anxious / patient preference >12 weeks gestation Haemorrhage with CVS instability Sepsis or pelvic infection Uterine abnormalities Cervical stenosis Coagulopathy 0 5 10 15 Number of patients

Number of patients who underwent SD+C that were suitable or not suitable for MVAC.



Percentage of Junior House Officers that know what MVAC is at SCUH.



Recommendations

- Increased education for staff and patients
- Consider offering additional analgesia, as needed
- Notify emergency department staff MVAC is available at SCUH
- Provide updated handouts for miscarriage management that includes MVAC as an option
- Offer MVAC for surgical termination of pregnancy



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