

Why choose MVA over EVA?

Surgical management of abortion can be performed with either manual or electric vacuum aspiration (MVA or EVA) or dilation and evacuation (D&E). The method of surgical abortion depends on gestational age: generally vacuum aspiration at < 14 weeks of gestation and D&E at \geq 14 weeks.¹

Benefits of Manual Vacuum Aspiration:

* Ipas MVA Plus®

FOR PROVIDERS



Cost¹

MVA avoids the resources required for hospitalization, since it can be performed in an outpatient setting

The initial investment with MVA is smaller compared to EVA

There is no need for **electricity** with MVA



Convenience²

MVA is portable, quiet and easily stored in a small office

Identification of the products of conception is easier with MVA, since it causes less disruption of the evacuated tissue



Safety

There is a reduced risk of complications from general anesthesia or sedation if MVA is performed in the outpatient setting ¹

MVA might be safer than EVA in the management of induced abortion³



Time-saving

With MVA, there is no waiting time for surgery, if performed in the outpatient setting



Skills Transfer¹

EVA **skills** are readily transferable to MVA





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Quality of Life⁴

Higher quality of life with MVA under **local anesthesia** than with EVA under monitored anesthesia care, general or spinal anesthesia:

- i. Better emotional and physical functioning
- ii. Less work or school missed
- iii. Less help from family or friends needed

FOR WOMEN



Time-saving¹

Short procedure that typically lasts around 15 minutes: Women can go home soon after the procedure



Women might prefer MVA to EVA because the procedure is **quieter**



Definitions¹

Manual (MVA) and Electronic Vacuum
Aspiration (EVA): Procedures to
evacuate the contents of the uterus
through a plastic or metal cannula,
attached to a vacuum source. With
MVA, the vacuum is created using a
hand-held, hand-activated, plastic
syringe. EVA employs an electric
vacuum pump.

Dilation & Evacuation (D&E): Procedure to evacuate uterine contents. Used for second trimester abortions.

References:

- 1. World Health Organization. (2022). Abortion care guideline. World Health Organization. https://apps.who.int/iris/handle/10665/349316. License: CC BY-NC-SA3.0 IGO
- 2. Goldberg AB, Dean G, Kang MS, Youssof S, Darney PD. Manual versus electric vacuum aspiration for early first-trimester abortion: a controlled study of complication rates. Obstet Gynecol. 2004 Jan;103(1):101-7. doi: 10.1097/01.AOG.0000109147.23082.25. PMID: 14704252.
- 3. Wen J, Cai QY, Deng F, Li YP. Manual versus electric vacuum aspiration for first-trimester abortion: a systematic review. BJOG. 2008 Jan;115(1):5-13. doi: 10.1111/j.1471-0528.2007.01572.x. PMID: 18053098.
- 4. Edwards S, Tureck R, Fredrick M, Huang X, Zhang J, Barnhart K. Patient acceptability of manual versus electric vacuum aspiration for early pregnancy loss. J Womens Health (Larchmt). 2007 Dec;16(10):1429-36. doi:10.1089/jwh.2007.0362. PMID:18062758.

