

QUESTIONS AND ANSWERS FOR PATIENT



IS MANUAL VACUUM ASPIRATION ONLY FOR ABORTION?

No - the Ipas aspirator is used worldwide for treatment of miscarriage and for taking samples of the uterine lining (known as an endometrial biopsy).

IS MANUAL VACUUM ASPIRATION SAFE?

Yes - the World Health Organization (WHO) and the International Federation of Gynecologists and Obstetricians (FIGO) both recommend vacuum aspiration as a preferred treatment option for women with a miscarriage or seeking an abortion. The safety and efficacy of manual vacuum aspiration have been supported over time by numerous studies.¹

HOW LONG CAN I WAIT UNTIL I GET AN ABORTION?

When deciding how to deal with an unplanned pregnancy, it is better to act sooner than later. Manual vacuum aspiration procedures are suggested for pregnancies up to 12 weeks after your last menstrual period.

If you would like to help calculating your weeks of pregnancy, there is a good resource here: <https://safe2choose.org/pregnancy-calculator/>

IS MVA EFFECTIVE?

Yes - a pilot study showed that 98% of women had a successful procedure without the need for any further surgical or medical intervention.

IS MVA EXPENSIVE?

The cost of a manual vacuum aspiration procedure depends on the clinic you go to. That being said, MVA has significant cost-savings for the health system because procedures do not require general anaesthesia (which can be expensive) and MVA is associated with shorter recovery times than other methods.³

IS MVA PAINFUL?

It depends - some women feel almost nothing after an MVA procedure, while other women report feeling quite uncomfortable. MVA is typically performed under local anaesthesia, meaning the provider will numb the pain receptors during the procedure. Women typically report cramping after the procedure. Taking ibuprofen (400-800mg) before the procedure can help reduce feelings of discomfort.⁴

WHAT ARE THE CONTRA-INDICATIONS?

If you are more than 12 weeks pregnant, please contact your healthcare provider to suggest alternatives to manual vacuum aspiration.

If you have any of the following, you should talk with your healthcare provider for further advice:

- panic attacks
- cervical stenosis
- fibroid uterus >12 weeks in size
- uterine malformation
- haemorrhagic disorder and treatment with anticoagulants
- allergy or contraindication to the use of misoprostol or to local anaesthetic agents
- postnatal retained products
- uterine infection
- inability to tolerate pelvic examination
- retained products more than 5 cm.

REFERENCES

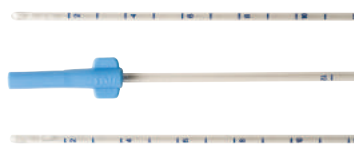
1 Shehla Baqai, Anam Akbar Waheed. MANUAL VACUUM ASPIRATION (MVA): A SAFE AND EFFECTIVE ALTERNATIVE FOR THE SURGICAL MANAGEMENT OF EARLY PREGNANCY LOSS. Pak Armed Forces Med J 2016; 66(2):194-98.

2 Mona Sharma MBBS MD MRCOG. Manual vacuum aspiration: an outpatient alternative for surgical management of miscarriage. 25 July 2015.

3 Tasnim N, Mahmud G, Fatima S, Sultana M. Manual vacuum aspiration: a safe and cost-effective substitute of electric vacuum aspiration for the surgical management of early pregnancy loss. J Pak Med Assoc. 2011 Feb;61(2):149-53.

4 Laura Castleman, MD, MPH and Carol Mann, CRNA, MS. Manual Vacuum Aspiration (MVA) for Uterine Evacuation: Pain Management. © 2002, 2005 Ipas. ISBN: 1882220-35-8.

QUESTIONS AND ANSWERS FOR PROVIDERS



CAN I USE AN IPAS MANUAL VACUUM ASPIRATOR?

Only trained clinicians should use the Ipas Manual Vacuum Aspirator. Please contact us to find out more about training and credentialing opportunities.

HOW COMPLICATED IS THE PROCEDURE?

The total procedure can be done in 10 steps. Please see this chart for pictographic steps: <https://ipas.azureedge.net/files/PERFMVAE17-PerformingMVAPoster.pdf>

ARE THE TOOLS SINGLE USE?

DKT WomanCare sells single-use variants of our products to comply with national regulations. Please ask your distributor whether your product is single-use or not.

DO I NEED ADAPTORS WITH THE ASPIRATORS?

Color-coded adapters allow Flexible Karman Cannula and 3 mm Cannula to be used with the Ipas MVA Plus(R) or Double Valve Aspirators. Please refer to the product technical sheet for more information.

WHAT'S THE CLEANING PROCEDURE?

Please refer to our Technical Resources under "Clean and Disassemble Instruments" or see this sheet from Ipas: <https://ipas.azureedge.net/files/PROPLUSE18-ProcessingIpasMVAPlusAspiratorsEasyGripCannulae.pdf>

WHY ISN'T THE VACUUM WORKING?

- Check that instrument is properly assembled and charged
- Inspect O-ring for proper positioning - if damaged or loose, replace O-ring.
- Too much lubrication.
- Ensure no foreign bodies are present.
- Check cylinder is firmly seated on valve.
- Charge and test again.
- If vacuum is still not retained, use another aspirator.

WHY DID THE VACUUM DECREASE OR STOP WORKING DURING A PROCEDURE?

Check if :

- Aspirator is full.
- Cannula is withdrawn past the cervical os opening.
- Cannula is clogged.
- Aspirator is incorrectly assembled.

WHEN IS IT TIME TO DISCARD AN MVA?

- After the 25th use
- The cylinder is cracked or brittle.
- Mineral deposits inhibit plunger movement.
- The Valve is cracked, bent or broken.
- Buttons are broken.
- Plunger arms do not lock.
- Aspirator no longer holds a vacuum.