

MANUAL VACUUM ASPIRATION PROCEDURE

I. The Procedure

In many cases, women will be coming in first for options counseling and they will be making a decision during this visit about whether they elect to undergo a medication abortion or a suction procedure. This Policy and Procedure statement applies to the women who have elected to undergo a suction procedure (manual vacuum aspiration).

- **Arrival:** Women who come for an aspiration abortion (manual vacuum aspiration or MVA) will enter the **[your health center name here]** system as do all patients. They will be registered and have vital signs performed. They will be called to the exam/treatment room in the order of appointments.
- **Counseling and consent:** Each woman will have the opportunity to discuss the options of termination, birth or adoption and her choice with her provider and, if deemed necessary, with the social worker, before the procedure. If the woman is sure of her blood type or has a donor card, the labs may be drawn on the day of the procedure. Rh testing will not be repeated if the result is already on the chart from a prior pregnancy. If not available, the Rh testing must be done prior to the day of the procedure with the results available that day. The procedure consent form will be signed at this time.
- **Set up:** All equipment needed for the procedure will be stored in the supply room where the equipment for other procedures is stored.
- **Procedure:** The physician and a staff member will be with the patient during the procedure. The woman will undress from the waist down, cover herself with a paper sheet, and lie in lithotomy position on the exam table. A bimanual exam will be performed. A sonogram will be done to confirm the presence of the pregnancy in the uterus and assess the gestational age, if not already done. The external genitalia will be cleaned with antibacterial solution and a sterile speculum inserted in the vagina. No-Touch Technique will be observed throughout the procedure: any instruments, or parts of instruments, that enter the uterus must be sterile. The cervix and vagina will be cleaned with antibacterial solution. The provider will inject an anesthetic for paracervical block. The cervix will be stabilized with a tenaculum and gentle traction to straighten the cervical canal. Sterile dilators will be used to open the cervix to the appropriate diameter. A sterile suction catheter will be inserted into the cervical os, and attached to a hand held suction device (a manual vacuum aspirator). Tissue will be removed and, after inspection by the physician, collected in a specimen jar. The instruments will be removed and the patient will be observed for bleeding and general stability. The tissue will be examined by the clinician for

completeness. A sonogram will be done when indicated. When the completeness of the procedure is assured and the patient feels ready, she will get off the exam table and get dressed.

- **Recovery:** Women will recover in the same exam room or in the back waiting area, under observation of medical and nursing staff. They will remain for a minimum of 30 minutes for post-procedure observation. Patients' vital signs will be monitored, and the patients' need for pain medication to diminish cramping will be assessed. If the woman is Rh negative, Rh immune globulin will be administered before discharge. When the patient is ready, and staff and provider confirm that she is stable, the patient may leave.
- **Discharge and follow-up:** Each woman will be given a 2-week follow-up appointment with a written reminder of that appointment before she leaves on the day of the procedure. During the 6 month start-up phase of providing MVA procedures at **[your health center name here]**, the clinician will call the patient the evening after the procedure to see how she is doing, if the patient is comfortable with being called at home. **[Your health center name here]** routinely follows-up on patients who do not keep their appointments by phone and/or letter.
- **Tissue pathology:** All tissue will be sent to the appropriate laboratory for inspection and a report, following the system already in place for other pathological tissue.

II. Emergency Back-up/Transfer

[Your health center name here] has a policy and procedure for the hospital back-up/emergency transfer of patients. This policy is applicable to all patients at the **[your health center name here]**, and will be utilized for patients undergoing pregnancy termination. On-call issues for pregnancy termination patients will be handled in the same manner as the medication abortion calls are handled: the provider offering the service will give her beeper number to the patient and will be available or arrange for another trained provider to be available at all times.

III. Quality Improvement

[Your health center name here] maintains a QI committee which consists of practice medical directors, trained clinicians, administrators and other staff. The committee will review the procedures and outcomes for important indicators on a quarterly schedule, and will report findings in committee minutes.

IV. Facilities and equipment

1. Facility

At **[your health center name here]**, providers have private exam rooms, for both

consultation and treatment. Clinicians currently perform other procedures in these rooms, including sonography, endometrial biopsy, and IUD insertion and removal. Patients will have the suction procedure in an exam/treatment room, and recover in the same room (see above).

2. Equipment

Sterile instrument trays will be made up of the following:

- 2 sponge sticks
- Single tooth tenaculum
- Set of dilators
- Sterile gauzes
- Medicine cup

Additional equipment for the procedure will be kept available:

- 10 cc syringes
- 21 gauge 2" needles
- 18 gauge 1" needles
- IPAS aspirators
- Cannulas sizes 5 through 10
- Betadine
- Lidocaine

3. Disposal of medical waste

[Your health center name here] has a procedure for the removal of medical waste such as blood and other infectious body fluids, as well as contaminated equipment. This procedure will continue to be followed.

V. Staffing

All clinicians performing aspiration abortion procedures at **[your health center name here]** will have adequate training from **[list accredited training program here]**.

Nursing staff will assist clinicians.