

The case for Manual Vacuum Aspiration



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In my last column I concentrated on the advances that have been made in women's health in recent years. Within that article I briefly touched upon the increasing popularity of the IPAS Manual Vacuum Aspirator equipment which Durbin supply for incomplete miscarriage. This part of my column resulted in quite a bit of feedback with requests for more information, and as there is obviously an interest, I'm delighted to have the opportunity to expand upon it further.

Miscarriage, and particularly incomplete miscarriage, is an area that women quite understandably do not often wish to discuss openly. The woman affected is obviously already highly distressed and yet, all too often, the first line of treatment is an Evacuation of Retained Products of Conception procedure (ERPC) under a general anaesthesia in an operating theatre using suction pumps. The main difficulty here is that the patient needs to have fasted overnight

before the general anaesthetic and so may have to wait until the next day for the procedure. There is also the difficulty of finding an available theatre slot and a free anaesthetist. Furthermore, after the procedure she is likely to feel 'groggy' for a day or so and will need to be driven home by someone.

An alternative of course is 'Expectant Management' or 'letting nature take its course' so as to allow the Retained Products of Conception to be expelled eventually. But that is the main drawback. No-one can say how quickly it will occur – it might be hours, it might be weeks – drawing out the already unpleasant experience. Medical treatment is also used in other instances but again, the time to expulsion is unpredictable and the procedure is often painful.

The case for using Manual Vacuum Aspiration (MVA) under local anaesthesia for the treatment of incomplete miscarriage could therefore arguably be said to provide the best of all worlds! It is predictably quick – 15 to 20 minutes – and does not require the patient to fast beforehand; it is totally silent; does not leave the patient feeling ill; enables her to drive herself home if she wishes; does not require the presence of an anaesthetist, and, as it may be used in an outpatient or medical office setting, does not require the use – and indeed high cost – of an operating theatre.

Durbin has been actively involved in the promotion and improvement of women's health for a number of years now and as part of this commitment sponsor several awards for doctors, nurses and other support staff who work in this area. I was privileged recently to present one of these awards at the annual UK Association of Early Pregnancy Units

conference in Birmingham. The UK has more than 250 Early Pregnancy Units, all staffed by dedicated doctors and nurses, and the conference provided me with an excellent opportunity to speak directly with a large number of professionals gathered together, many of whom are faced daily with the issue of incomplete miscarriage. I was delighted, and indeed enthused, to hear first-hand from a lot of them about the positive difference that they believe MVA is making in this area. Women who have experience of both MVA and medical management certainly seem to have reported that MVA is far less painful and stressful, and it is therefore no surprise to me that more and more Obstetric/Gynaecology units and clinics in the UK are using MVA for their miscarriage cases.

If you would like more information then please get in touch and I or one of my team will be more than happy to help. 

Durbin PLC is a British company based in South Harrow, London. Established in 1963, the company specialises in supplying quality assured pharmaceuticals, medical equipment and consumable supplies to healthcare professionals and aid agencies in over 180 countries. As well as reacting rapidly to emergency situations, Durbin PLC responds to healthcare supply needs from local project level to national scale programmes.
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