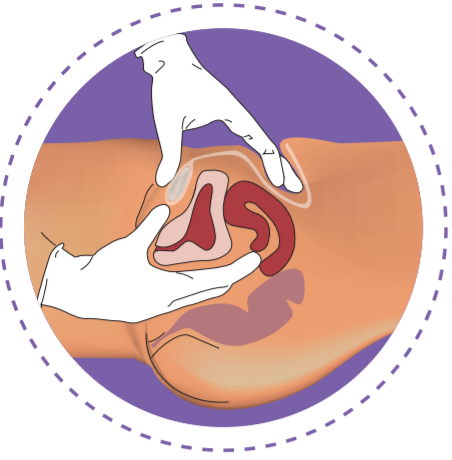


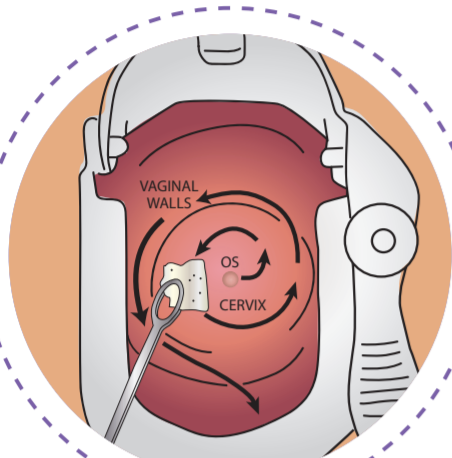
# Steps for Performing Manual Vacuum Aspiration (MVA) Using the Ipas MVA Plus<sup>®</sup> and Ipas EasyGrip<sup>®</sup> Cannulae

## STEP ONE: PREPARE THE PATIENT



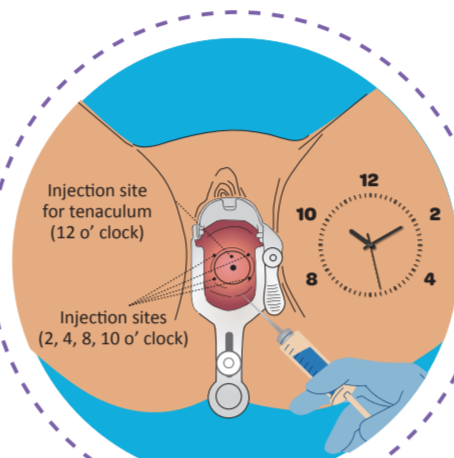
- Administer pain medication before the procedure to have maximum effect when the procedure begins.
- Give prophylactic antibiotics to all women, or therapeutic antibiotics if indicated.
- Ask the woman to empty her bladder.
- Conduct a bimanual exam to confirm uterine size and position.
- Insert speculum and observe for signs of infection, bleeding or incomplete abortion.

## STEP TWO: PERFORM CERVICAL ANTISEPTIC PREP



- Use antiseptic-soaked sponge to clean cervical os. Start at os and spiral outward without retracing areas. Repeat until os has been completely covered by antiseptic.

## STEP THREE: PERFORM PARACERVICAL BLOCK

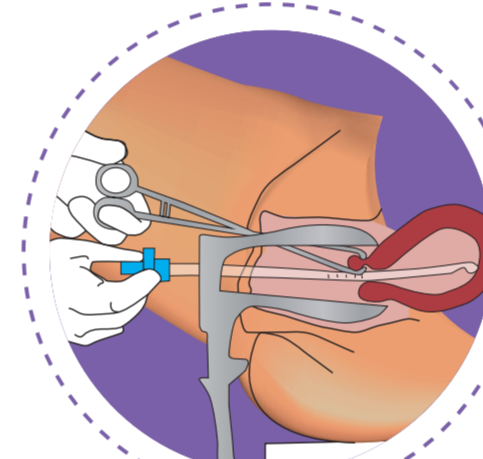


- Paracervical block is required prior to MVA.
- Perform paracervical block with 20cc of 1% lidocaine, or 10cc of 2% lidocaine. Inject a small amount of lidocaine (1-2cc) into the cervix at the tenaculum site (12 o'clock). Inject the remaining lidocaine in equal amounts at the cervicovaginal junction at 2, 4, 8 and 10 o'clock. Always aspirate before injecting to prevent intravascular injection of lidocaine.

## STEP FOUR: DILATE CERVIX

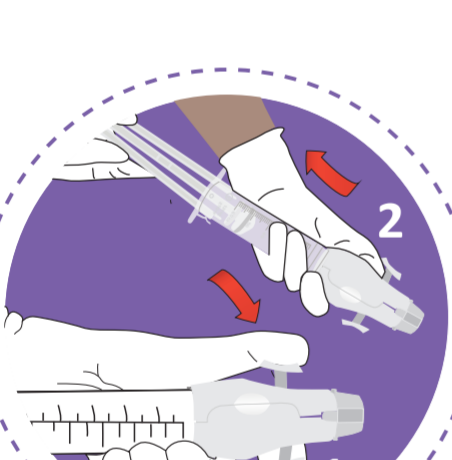
- Observe no-touch technique when dilating the cervix and during aspiration. Instruments that enter the uterine cavity should not touch your gloved hands, the patient's skin, the woman's vaginal walls, or unsterile parts of the instrument tray before entering the cervix.
- Use mechanical dilators or progressively larger cannulae to gently dilate the cervix to the right size.

## STEP FIVE: INSERT CANNULA



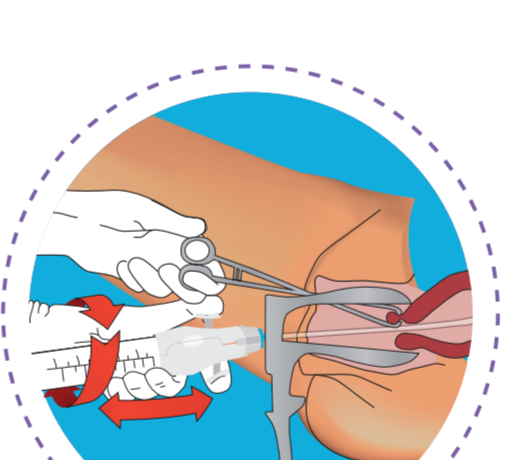
- While applying traction to the tenaculum, insert cannula through the cervix, just past the os and into the uterine cavity.
- Do not insert the cannula forcefully.

## STEP SIX: PREPARE THE ASPIRATOR



- Position the plunger all the way inside the cylinder.
- Have collar stop in place with tabs in the cylinder holes.
- Push valve buttons down and forward until they lock (1).
- Pull plunger back until arms snap outward and catch on cylinder base (2).

## STEP SEVEN: SUCTION UTERINE CONTENTS



- Attach the prepared aspirator to the cannula.
- Release the vacuum by pressing both buttons.
- Evacuate the contents of the uterus by gently and slowly rotating the cannula 180° in each direction, using an in-and-out motion.
- When the procedure is finished, depress the buttons and disconnect the cannula from the aspirator. Alternatively, withdraw the cannula and aspirator without depressing the buttons.

## SIGNS THAT INDICATE THE UTERUS IS EMPTY:

- Red or pink foam without tissue is seen passing through the cannula.
- A gritty sensation is felt as the cannula passes over the surface of the evacuated uterus.
- The uterus contracts around or grips the cannula.
- The patient complains of cramping or pain, indicating that the uterus is contracting.

## STEP EIGHT: INSPECT TISSUE



- Empty the contents of the aspirator into a container.
- Strain material, float in water or vinegar and view with a light from beneath.
- Inspect tissue for products of conception, complete evacuation and molar pregnancy.
- If inspection is inconclusive, reaspiration or other evaluation may be necessary.

## STEP NINE: PERFORM ANY CONCURRENT PROCEDURES

- When procedure is complete, proceed with contraception or other procedures, such as IUD insertion or cervical tear repair.

## STEP TEN: IMMEDIATELY AFTER THE PROCEDURE

- Reassure the woman that the procedure is finished.
- Ensure she is escorted to the recovery area.
- Immediately process or discard all instruments, according to local protocols.