

IPAS MVA PLUS[®] ASPIRATOR

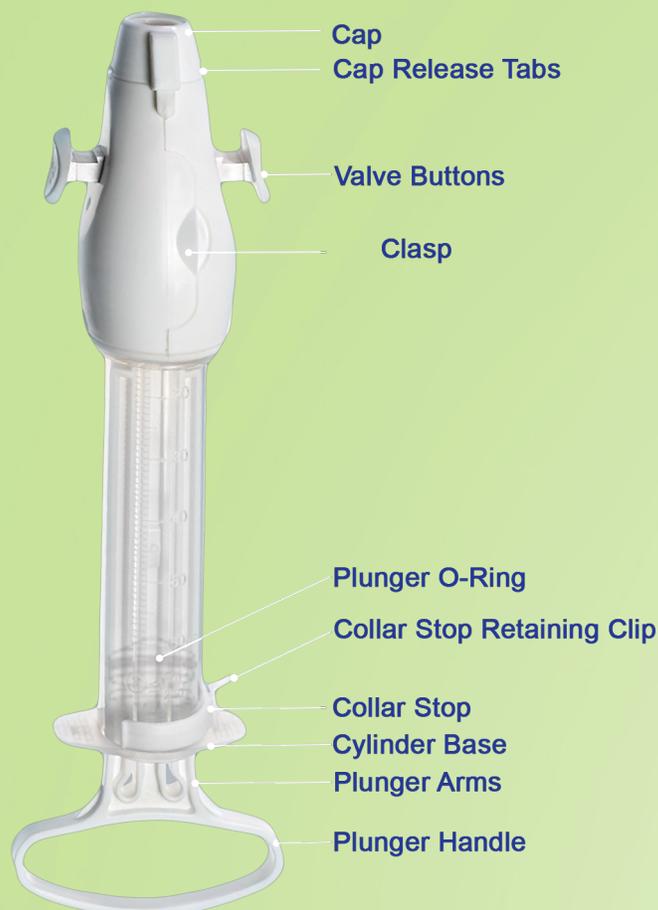
The Global Need

Scope of the Problem

Around the world, efforts are intensifying to improve the availability of affordable modern Contraception. In spite of this over 220 million, women still have unmet contraceptive needs. As a result, 40 million abortions occur each year (1.25 million from Nigeria) and more than half of which are unsafe and can cause death or infertility. Globally, unsafe abortion is one of the five leading causes of maternal death.

Manual vacuum aspiration (MVA) is a World Health Organization (WHO) recommended method for treating complications of unsafe abortion, providing early miscarriage management, and performing endometrial biopsies. This inexpensive portable, and reliable mechanism allows healthcare workers to provide essential care to women even in the most remote places since it does not use electricity.

Parts of the Ipas MVA Plus[®] Aspirator (double valve)



Indications:

1. Treatment of incomplete abortion and complications
2. Early miscarriage management
3. Endometrial biopsy.

Contraindications

Endometrial biopsy should not be performed in cases of suspected pregnancy. There are no known contraindications for treatment of incomplete abortion for uterine sizes up to 12 weeks LMP or first-trimester abortion (menstrual regulation).

Step 1: Preparing the Ipas® MVA

1. To engage the aspirator vacuum pressure, start with the valve buttons open, ensuring they are not pressed down.
2. The plunger should be positioned all the way inside the cylinder, with the collar stop locked in place, and the tabs pushed down into the holes in the cylinder.
3. Push both valve buttons down and forward until they lock in place.
4. Create the vacuum by pulling the plunger straight back until the plunger arms snap outward and catch on the wide sides of the cylinder's base.
5. Test the vacuum before each use. Push the valve buttons down and back (toward you) to release the vacuum. A rush of air indicates the vacuum was retained. If a rush of air is not heard:
 - Remove the collar stop, withdraw the plunger
 - Check that the plunger O-ring is properly lubricated, properly positioned in the groove, and free of damage or any foreign material,
 - Make sure the cylinder is firmly placed in the valve,
 - Engage and test the aspirator again*.

***Important:** if the vacuum is still not retained, discard the device and use another aspirator.

Usage of Protective Barriers Always wear barriers (gloves and face protection) should be used whenever you expect to encounter blood or body fluids.

Step 2: Select Appropriate Cannula

It is advisable to have cannulae of several sizes available. Using a cannula that is too small may result in retained tissue or loss of suction. The range of suggested sizes relative to uterine size is listed in the table.

Range of cannula size relative to uterine size	
Uterine size in weeks LMP	Suggested cannula sizes
4 - 6 weeks	4 - 7 mm
7- 9 weeks	5 - 10 mm
9-12 weeks	8 - 12 mm

Step 3: Preparing the Patient

Perform the following steps:

- Obtain informed consent
- Administer pain medications as per facility protocol
- Perform cervical antiseptic prep
- Administer Paracervical block
- Dilate the cervix (if necessary)



Step 4: Inserting the Cannula

You can insert the cannula through the internal cervical os, then attach the charged aspirator to the cannula or first attach the cannula to the aspirator, charge the aspirator, and then insert the cannula.

1. Start by gently applying traction to the cervix.
2. Rotate the cannula while applying gentle pressure
3. Insert the cannula slowly until it touches the fundus, and then draw it back.
4. Alternatively, the cannula may be inserted just past internal os.

Step 5: Aspiration of the Uterine Contents

Release the valve buttons to engage the vacuum suction (“charge” the aspirator) by pushing the valve buttons down and toward you. Gently rotate the cannula 180° in each direction, using a gentle “in and out” motion. During this process, be careful not to withdraw the cannula opening beyond the os.

Confirmation of Aspirator

The following signs will indicate that the uterus was successfully evacuated:

- The presence of red or pink foam, without tissue, passing through the cannula
- A gritty sensation will be felt against the cannula
- The uterus will begin contracting around the cannula, and the patient will begin to experience increased uterine cramping

Removal of Aspirator

Remove the cannula from the patient’s uterus without first disconnecting it. After tissue inspection, a re-evacuation process may be necessary.

Step 6: Inspecting the Tissue

After the procedure it’s important to examine the aspirated tissue to be sure the process is complete and that tissue is consistent with the estimated length of gestation.

Precautions and Warnings*

Precautions

While Ipas® MVA procedures is usually performed in an outpatient setting, some patients may require hospital based care due to serious health problems thus Ipas® MVA can also be used in an inpatient setting if necessary. For such patients, treat any serious medical conditions that may be present; once

patient is stabilized, do not delay aspiration. Procedural difficulty may result with fibroids, uterine or cervical anomalies, and blood dyscrasia.

***Warnings**

- Pelvic infection
- Uterine or cervical injury/perforation
- Acute hematometra
- Incomplete evacuation
- Vagal reaction

*Uterine aspiration is a procedure that involves minimal trauma to the uterus and cervix. However, in a small percentage of cases, complications may occur during or after the procedure.

Post-Procedure Care

Upon completion, reassure the patient and let her know the procedure is finished. Gently help her into a comfortable position.

1. Ensure she is safely escorted to the recovery area.
2. While in the recovery area, the patient’s bleeding and pain should be monitored.
3. When the patient is ready, follow up with a discussion of contraceptive options (**see below table**) and ensure to provide one if patient permits, if not previously discussed.
4. Provide information about follow-up care, what to expect, and your contact phone number if the patient has questions or concerns.

Table: Contraceptive options and when to start

CONTRACEPTIVE OPTIONS		WHEN TO START
Combined oral contraceptive pills		You can start on the first day of the procedure
Injections 	Implants  	
Copper IUDs		Start immediately after procedure is confirmed as complete and successful (i.e. without complications)
Hormonal IUDS		

Processing your instruments

Follow manufacturer’s instructions and reference the product packaging



2 Iwaya Road, Onike-Yaba, Lagos, Nigeria
E-mail: info@dktnigeria.org **Tel:** +234 (0) 812 991 7857
 www.dktinternational.org  DKTNigeria  DKTNigeria
 dkt-international-ads  DKTHQ#p/f