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Manual Vacuum Aspiration: familiarity and Comfort Among OBGYN Physicians at Louisiana State University

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Manual Vacuum Aspiration: Familiarity and Comfort Among OBGYN Physicians at Louisiana State University

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Introduction

Manual vacuum aspiration (MVA) uses a hand-held aspirator to generate a vacuum to aspirate uterine contents for management of early pregnancy loss (EPL) or elective abortion prior to 12 weeks gestation. According to the American College of Obstetricians and Gynecologists, MVA is a safe, cost-saving procedure that promotes patient comfort, convenience, and privacy¹. Despite the advantages of this procedure, it is often overlooked in favor of electric suction or dilation and curettage, more extensive procedures that are associated with increased cost and post-procedural pain and bleeding².

Goal

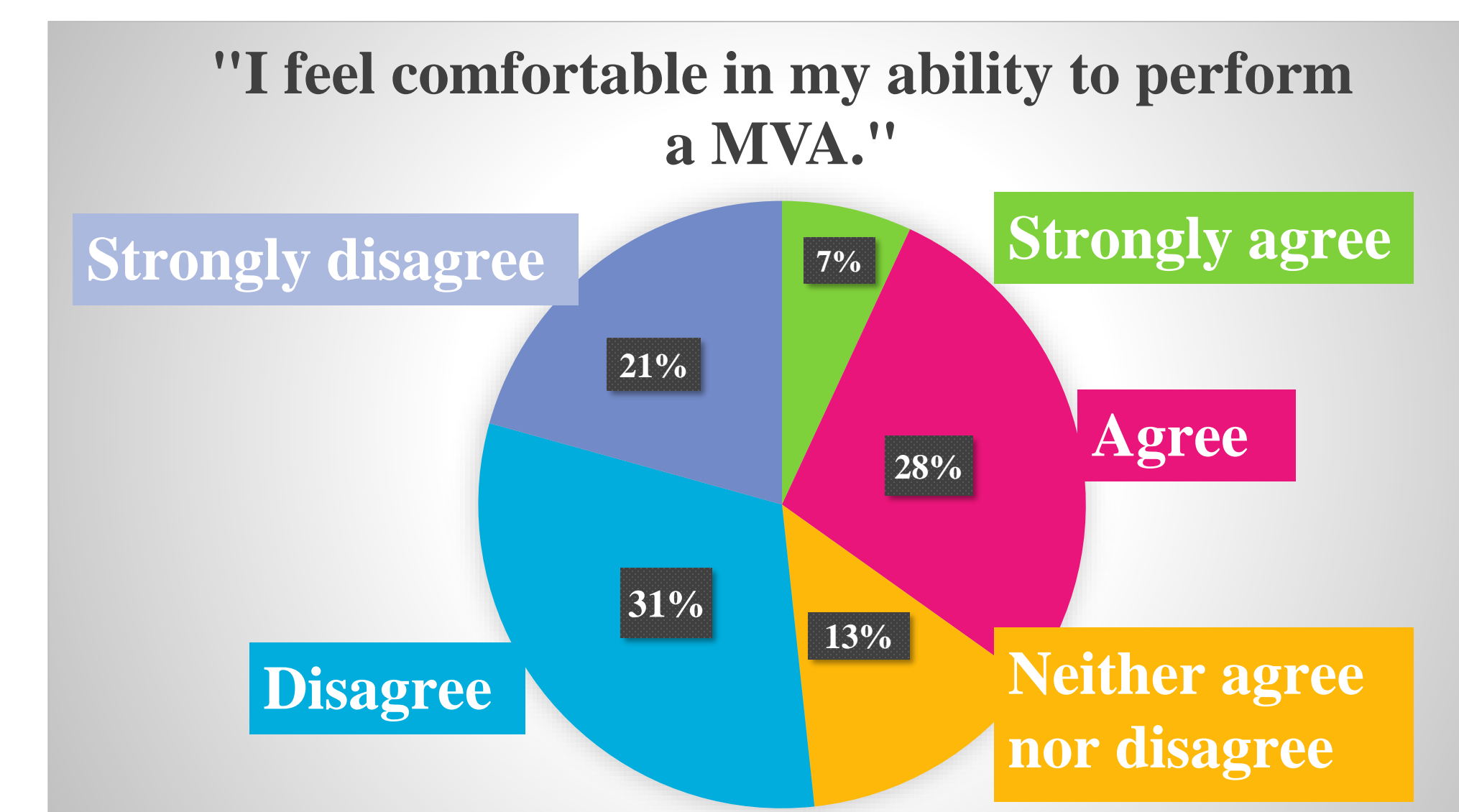
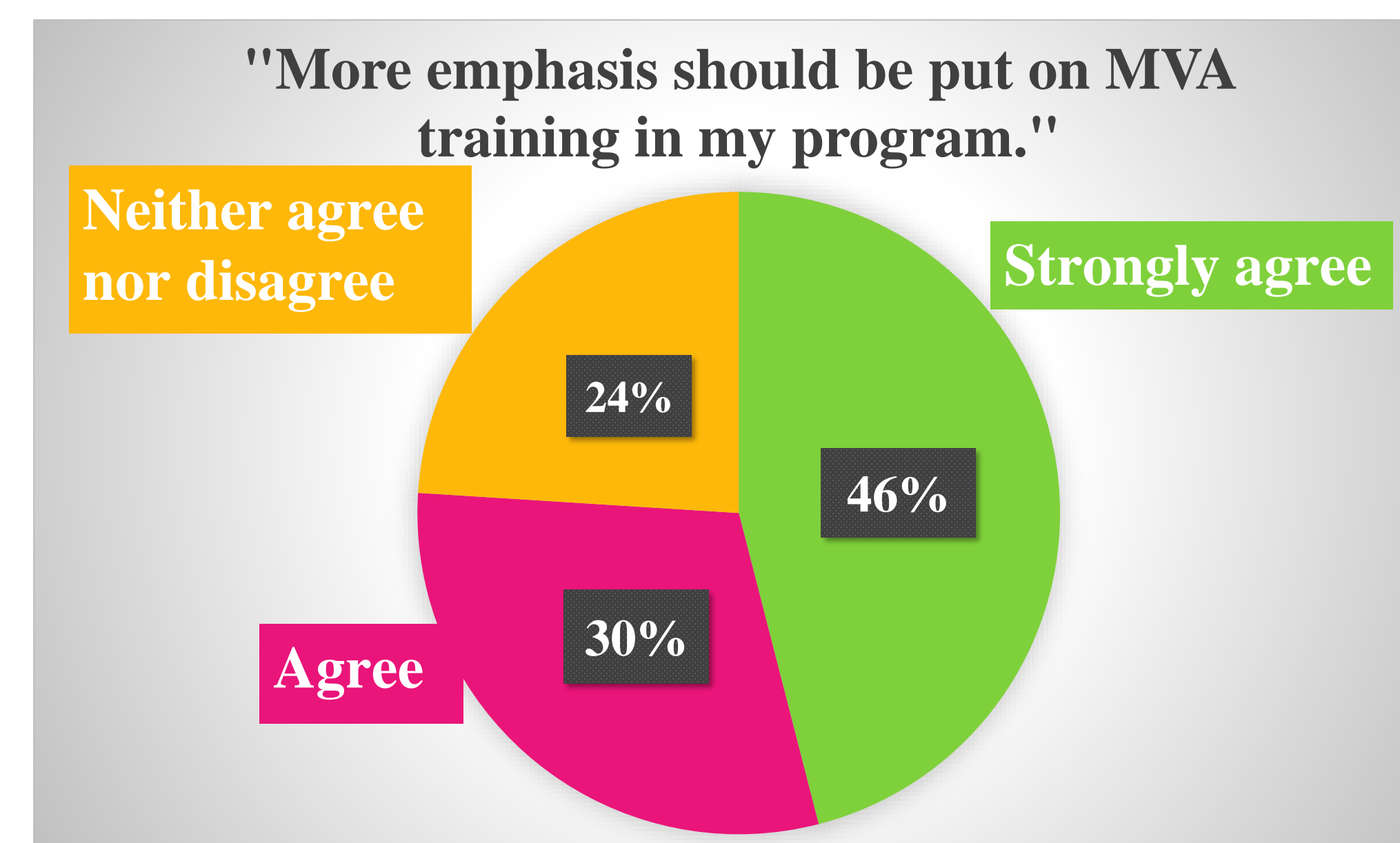
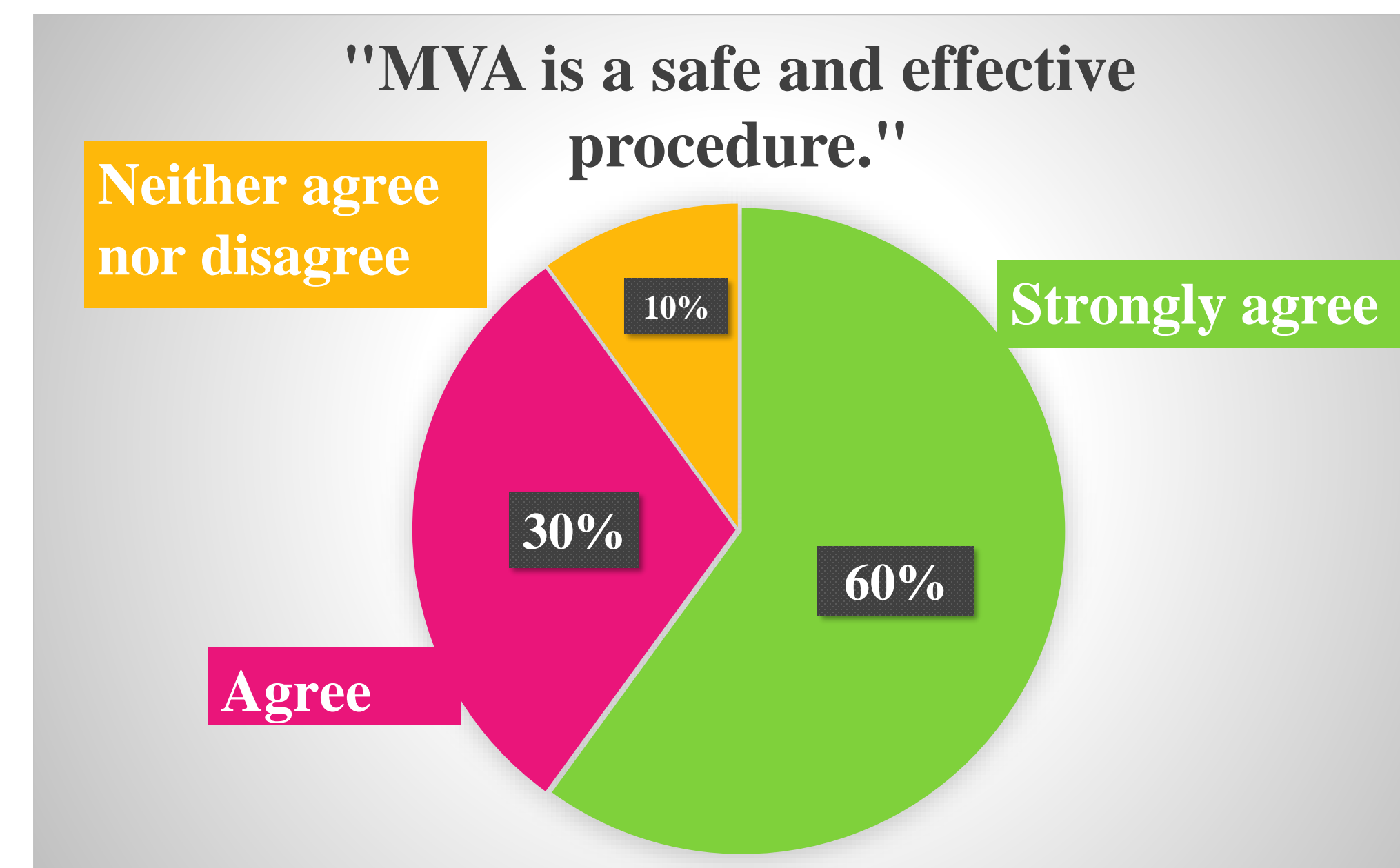
The goal of this study is to assess the attitudes, familiarity, and comfort towards MVA among obstetrician and gynecologist (OBGYN) attending and resident physicians in Louisiana to identify and address gaps in training and clinical support for MVA.

Methods

- OBGYN attendings and resident physicians at the Louisiana State University (LSU) New Orleans, Lafayette, and Baton Rouge programs were invited to participate in an online survey
- Likert scale statements regarding their attitudes, familiarity, and comfort with MVA were asked
- Data was analyzed using Microsoft Excel

Results

- A total of 33 respondents
 - 15 attendings and 18 residents
 - 87.9% respondents practicing in NOLA



Discussion

- The data demonstrates that despite the many benefits of MVA for both the patient and the health system, the procedure is vastly underutilized by OBGYN providers at LSU.
- **40% of attending physicians reported never having performed an MVA and more than half of residents reported never even seeing one performed.**
- Though physicians may consider themselves competent in the procedure, they lack the necessary clinical support to offer the procedure to their patients, including clinic time, access to supplies, and availability of pain management options
- Limitations: small sample size, selection bias.
- A larger-scale, national survey should be conducted to assess whether themes demonstrated by the data represent a microcosm at LSU or if they are reflective of national trends.

Conclusions

- Increasing provision of MVA's can help to free up operating room space, reduce staffing needs, and preserve costly resources, all while promoting patient autonomy and quality of care.
- Improving access to MVA's will require the collaboration of academic clinicians and administrative support staff.

Acknowledgements & References

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1. The American College of Obstetricians and Gynecologists. Early Pregnancy Loss Practice Bulletin. Number 200. November 2018.
2. 5. Kulier R, Fekih A, Hofmeyr GJ, Campana A. Surgical methods for first trimester termination of pregnancy. Cochrane Database Syst Rev. 2001;2001(4):CD002900. doi: 10.1002/14651858.CD002900. PMID: 11687167; PMCID: PMC8407039.