

Dilation and Curettage

Patient Guidebook

Kingston Health
Sciences Centre

Centre des sciences de
la santé de Kingston



Hôpital
Hotel Dieu
Hospital



Hôpital Général de
Kingston General
Hospital

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Glossary

Introduction

What is a dilation and curettage?

A dilation and curettage (D&C) is considered a minor surgical procedure. There are two parts to the procedure. The first part, dilation, opens the cervix. The cervix is the lower part of the uterus that opens into the vagina. The second part is curettage. A thin instrument, called a curette, is inserted past your cervix into your uterus. This instrument is used to remove tissue from the inside of your uterus.

Why is a dilation and curettage done?

A D&C can be done to gain information to diagnose medical condition. This is called a diagnostic D&C. A D&C can also be done to treat many conditions that affect the uterus. This is called a therapeutic D&C. For example, a D&C can be done to perform a therapeutic abortion when a patient chooses to end their pregnancy. A D&C can also remove tissue that may be left after a miscarriage.

Where is a dilation and curettage done?

At Kingston Health Sciences Center – Kingston General Hospital Site, your D&C may be performed in the Main Operating Room (O.R.), Labour and Delivery Operating Room or our Women’s Clinic. Your surgeon will determine the most appropriate location for your procedure to be performed.

How do I prepare for my procedure?

What preparation is needed for a dilation and curettage?

Upon arrival to the hospital, the health care team will review your medical history, medications you use and any drug allergies you may have. You may have some blood testing done. These tests look for blood count, blood type and/or tests of blood clotting factors. A nurse may place an intravenous catheter at this time. This may be used to give fluids and medicine before, during and after the procedure.

Your surgeon may want to soften or begin to dilate your cervix prior to your D&C. This can be done by medication. You may also receive some pain medication prior to your procedure.

The Procedure

What type of pain control will I be offered?

The type of pain medication you receive will be dependent on many factors, including where your procedure is taking place. Your healthcare team will discuss the pain control options available for you. Our goal is to make the procedure as comfortable as possible for you.

If your procedure is to take place in our Women's Clinic, you will receive a mild sedative and pain medication by mouth and have local anesthetic (freezing) in the area of the cervix.

If your procedure is to take place in the Main O.R. or the Labour and Delivery O.R. you will receive an anesthetic. An anesthetic is a drug that takes away the feeling in all, or part, of your body. You may have a local, spinal or general anesthetic. A local anesthetic freezes the area around your cervix. You may feel abdominal cramping while the freezing is taking place. The cramping will only last a few minutes. If you receive a spinal or general anesthetic, you should feel no pain during the procedure. If you do feel any discomfort, the anesthetist can give you additional pain medication. Your Anesthetist will talk with you about the kind of anesthetic that is best for you.

What happens during the procedure?

During the procedure, your blood pressure, pulse and blood oxygen levels may be monitored. You will be assisted to lying on your back and your legs will be placed in stirrups. A speculum will be inserted into your vagina. Your surgeon will then proceed to dilate your cervix using thin instruments called dilators. Once your cervix is dilated, the tissue lining your uterus will be removed using a curette or suction.

In most cases, the tissue will be sent to a laboratory for examination.

What are the risks of dilation and curettage?

A dilation and curettage is a commonly performed procedure that is usually very safe. As with any surgical procedure, complications can occur. Potential complications include:

Bleeding

It is uncommon to have heavy bleeding or require a blood transfusion after having a D&C. You will be assessed during and after the procedure to watch for signs of increased blood loss.

Infection

Your cervix is still open during the first week after your D&C. During this time, you have a higher risk of getting an infection. It is important not to put anything in your vagina after your D&C.

Pain

You may have mild cramps for up to 1 week after your D&C. Discuss the use of over-the-counter pain medication with your surgeon.

Adhesions

In rare cases, after a D&C has been performed, bands of scar tissue called adhesions may form inside the uterus. This scar tissue can affect fertility and cause

changes in your period. Your surgeon will discuss this risk and treatment options prior to your D&C.

Perforation of the Uterus

Very rarely, the tip of an instrument used during your D&C can pass through the wall of the uterus. It is more common when a D&C is done during or just after pregnancy.

Most uterine perforations heal on their own and do not require any treatment. If a blood vessel or internal organ is injured, a second procedure or surgery may be needed to repair these injuries.

Cervical Injury

Injuries to the cervix can occur during a D&C. Trauma or “cuts” to the cervix are managed with pressure to the area, medications, or in some cases, stitches.

Problems Related to Anesthesia

Problems after receiving anesthesia are rare. You will be monitored during and after the procedure for any potential complications. Please discuss any concerns you have with your Anesthetist.

After the Procedure

What should I expect after the procedure?

After the procedure, you will rest for some period of time in a recovery or post-anesthesia care unit. The health care team will monitor for excessive vaginal bleeding and other complications. This time will allow you to rest and recover. How long you stay in the recovery unit will depend on what type of anesthesia you had. This can range from 30 minutes to a several hours.

If you had a spinal anesthetic, your legs will feel heavy for a couple of hours after the D&C. It is important that you get assistance the first time you are going to get out of your bed.

If you had a general anesthetic, you may feel sleepy and experience nausea and/or vomiting. These symptoms can last up to 24 hours and can be treated with medications. During this 24 hours period, do not perform any tasks that will need your close attention. For example, do not drive a car.

You will need to arrange someone to drive you home after your procedure. It will be unsafe for you to operate a vehicle.

If you had a D&C for a therapeutic or spontaneous abortion, you may need a medication called WinRho. This is given if your blood type is negative. It is given to prevent complications in any future pregnancies.

You may bleed from your vagina up to 14 days after your D&C. You may also have mild cramps for up to 1

week after your D&C. Discuss the use of over-the-counter pain medication with your surgeon.

Most people feel well enough to go back to work the day after their D&C. You can return to your usual activities when you feel ready.

Your regular menstrual period usually occurs within four to six weeks of the procedure.

What should I do, or not do?

Do:

- Use sanitary pads
- Change your pad before you go to bed, when you get up, and every time you go to the toilet
- Wash your hands before and after you go to the toilet
- Watch for signs and symptoms of infection:
 - Fever
 - Pain and tenderness in your belly
 - Foul discharge from your vagina

Do Not:

- Use tampons for two weeks after your D&C
- Douche for two weeks after your D&C
- Have sex for seven days after your D&C, or 48 hours after you stop having vaginal bleeding, whichever is longer

When should I seek medical attention?

You should seek medical attention if you have any of the following:

- Heavy bleeding from the vagina that fully soaks two or more heavy-flow sanitary pads in two hours
- Foul-smelling discharge from the vagina
- Fever greater than 38.5° Celsius
- Increasing rather than decreasing pain

Glossary

Adhesions: Scars that can make tissue surfaces stick together.

Anesthesia: Relief of pain by loss of sensation.

Cervix: The lower, narrow end of the uterus at the top of the vagina.

Miscarriage: Loss of a pregnancy that is in the uterus.

Speculum: An instrument used to hold open the walls of the vagina.

Uterus: A muscular organ in the pelvis. During pregnancy, this organ holds the fetus.

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