DilationandCurettage

(D&C)

by EditorialStaffandContributors

EnEspañol(SpanishVersion)

Definition

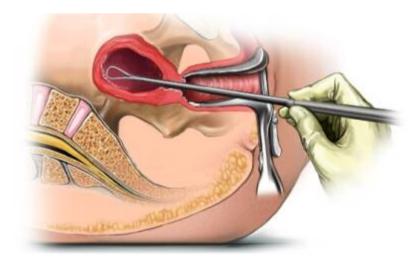
Dilation is done to open and widen the cervix. The cervix is the entrance to the uterus.

Curettageisusedtosampletheliningoftheuterus. Theliningisknownastheendometrium.

PartsoftheBodyInvolved

- Vagina
- Cervix
- Uterus

DilationandCurettage



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ReasonsforProcedure

Indications/Contraindications

- AD&Cisindicatedtodetermineconditionsthatcauseabnormalbleeding:
 - Miscarriage
 - Irregularitiesinmenstrualbleeding
 - Postmenopausalbleeding

- Endometrialpolyps
- Endometrialhyperplasia
- Endometrialcancer
- AD&Ciscontraindicated(ie.notadvised)in:
 - Infectionoftheuterus
 - Infectionofthefallopiantubes

RiskFactorsforComplicationsDuringtheProcedure

- Pre-existinginfection
- Pre-existingheartorothermedicalcondition

WhattoExpect

PriortoProcedure

Inthedaysleadinguptotheprocedure, arrange for a rideto and from the procedure.

Anesthesia

• Generalorlocalanesthesia

DescriptionoftheProcedure

Apelvicexamisdonetofindoutthesizeandlocationoftheuterus. The vaginaand cervixiscleaned with an antiseptic solution. Aspeculum is placed in the vagina. An instrument called a cervical dilatoris placed into the cervical canal. Ascoop-shaped instrument, called a curette, is inserted. It is used to scrape the uterine lining and remove tissue through the vagina. After sampling the endometrium, the instrument is removed from the cervix.

AfterProcedure

Thetissueisevaluatedinalab.

HowLongWillItTake?

About10minutes

WillItHurt?

Generalanesthesia will prevent pain during the D&C. With local anesthetic, most report feelings ome cramping and backpain. It may last for a day after the procedure. Over-the-counterpain medications or a mild prescription drug are all that is usually needed to relieve minor discomfort.

PossibleComplications

- Complications related to the anesthetic
- Injurytothecervixwithcervicallaceration
- Scarringofendometriallining
- Infectionoftheuterusorfallopiantubes
- Uterineperforation(holeintheuterus)leadingtopossiblebowelperforationorsignificantamountof bleedingintotheuterus
- Hemorrhagethatmayrequirea <u>bloodtransfusion</u>

- Damagetobowelomentum, mesentery, ureter, bladder, and fallopian tube
- Punctureoftheuterus
- Incaseofsignificantinjuryorbleeding,possibleneedtoopentheabdomenandhavetheuterinewound sutured
- Possibleneedtoremovetheuterus(<u>hysterectomy</u>)

AverageHospitalStay

None

PostoperativeCare

Aftertheprocedure, you will be taken to the recovery area. After a short period of time you can leave.

- Planonhavinganescortfortransport.
- Theremaybesomenauseafromtheanesthesia.
- Milduterinecrampingmaybeexperienced. The doctormay give pain medication for this discomfort.
- Itisnotuncommontoexperiencevaginalbleedinganddischargeforsometime.
- Mostcommonly, normal activity may be started after a few days.
- Refrainfromplacinganythinginsidethevaginauntilinstructedbythedoctorbecausethecervixhasbeen openedandthismayallowbacteriatopassupintotheuterus.
- Theendometriumwillbuildupwithinthenextmonth. Thenextmenstrualcyclemaynotberegular. Itmay belateorearly.

Outcome

It generally takes a couple of days for your doctor to receive the lab report. At your follow-up visit, your doctor will make recommendations for any additional treatment. Patients can usually return to nonstrenuous work after two or three days.

CallYourDoctorlfAnyoftheFollowingOccurs

- Fever
- Increasingabdominalpain
- Heavyvaginalbleeding(greaterthanapadperhour)
- Foulsmellingvaginaldischarge

RESOURCES:

The American College of Obstetricians and Gynecologists http://www.acog.org/

Womenshealth.gov http://www.4woman.gov/

CANADIANRESOURCES:

TheSocietyofObstetriciansandGynaecologistsofCanada http://www.sogc.org/

Women'sHealthMatters http://www.womenshealthmatters.ca/

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