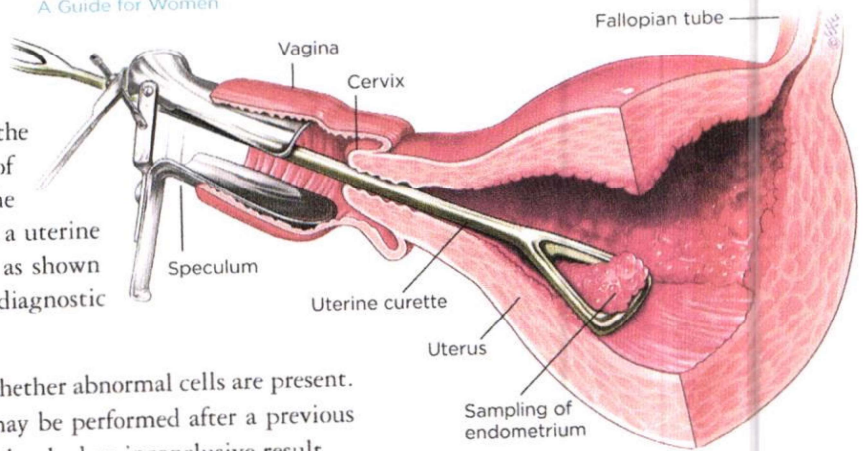


# DILATATION AND CURETTAGE - D&C

A Guide for Women

**D**ilatation and curettage, known as D&C, is a procedure to assess tissues from the inside wall of the uterus. Dilatation (or dilation) is the opening of the cervix. Curettage is the light scraping of the inside wall of the uterus, the endometrium. The surgeon uses a small, spoon-shaped instrument called a uterine curette to lightly scrape and clean the endometrium, as shown in the illustration (right). D&C may be performed for diagnostic reasons or in conjunction with another procedure.



## Diagnosis of a uterine condition

To assist diagnosis, D&C can be used to investigate:

- the cause of abnormal or irregular menstrual bleeding
- bleeding after menopause
- some types of abnormal cells (found on a Pap test) that may indicate endometrial or uterine cancer
- pre-cancerous tissue or growths (such as endometrial polyps or endometrial hyperplasia)
- infertility or difficulty becoming pregnant.

D&C can assist diagnosis because it provides a larger tissue sample (biopsy) than other biopsy methods. The tissue sample is sent to a pathology lab to deter-

mine whether abnormal cells are present. D&C may be performed after a previous biopsy that had an inconclusive result.

## Treatment of a uterine condition

D&C can be used to:

- remove pregnancy-related tissues remaining in the uterus after miscarriage
- remove parts of the placenta not completely expelled after childbirth
- assist in management of excessive bleeding after childbirth (postpartum haemorrhage)
- treat a molar pregnancy (hydatidiform mole), an uncommon, non-cancerous tumour of the placenta that may develop in a non-viable pregnancy
- remove an endometrial polyp

- remove an intrauterine device (IUD).

D&C does not treat heavy menstrual bleeding, but it may help in the short term. Following curettage of the endometrium, it will regrow as part of the normal menstrual cycle.

## Hysteroscopy

D&C is usually performed in conjunction with the gynaecological procedure known as hysteroscopy. The patient education pamphlet "Hysteroscopy - a guide for women" can provide more information and is available from your gynaecologist.

## Your complete medical history

Your gynaecologist needs to know your complete medical history. Tell your gynaecologist about any health problems you have had. This information is confidential. Inform your gynaecologist if you have or have had:

- an allergy or bad reaction to antibiotics, anaesthetic drugs or any other medication

- recent or current infection
- recent or long-term illness
- prolonged bleeding or excessive bleeding when injured
- any previous surgery.

Tell your gynaecologist if you are, could be, or plan to become pregnant. Provide a list of ALL medicines you are taking or have been taking recently. These include prescription medications, those

bought "over the counter", herbal preparations, fish oil or supplements. Include long-term medicines such as the contraceptive pill, blood thinners, aspirin, arthritis drugs or insulin. Your gynaecologist may ask you to stop taking certain medications a week or more before your procedure, or you may be given an alternative dose. Discuss this carefully with your gynaecologist.

**Anaesthesia:** D&C is usually performed under general anaesthesia, although local or regional anaesthesia may be preferred for some patients. Anaesthesia is administered by an anaesthetist. Ask your anaesthetist for more information.

## IMPORTANT: FILL IN ALL DETAILS ON THE STICKER BELOW

**Dear Doctor:** When you discuss this pamphlet with your patient, remove this sticker, and put it on the patient's medical history or card. This will remind you and the patient that this pamphlet has been provided. Some doctors ask their patients to sign the sticker to confirm receipt of the pamphlet.

### TREATMENT INFORMATION PAMPHLET

PEEL HERE

PROCEDURE: \_\_\_\_\_

PATIENT'S NAME: \_\_\_\_\_

DOCTOR'S NAME: \_\_\_\_\_

EDITION NUMBER: \_\_\_\_\_ DATE: DD / MM / YYYY

## Your Gynaecologist

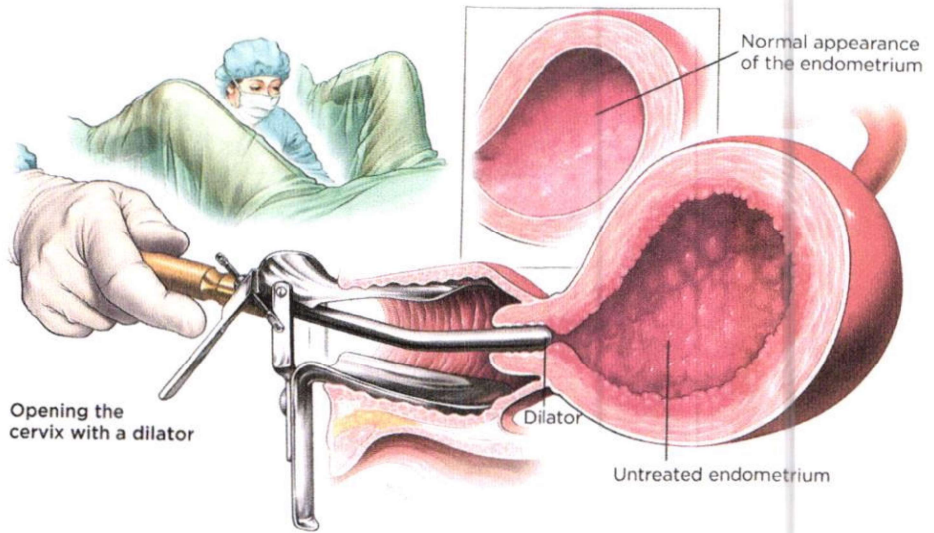


This patient education has been reviewed by obstetricians and gynaecologists in Australia and New Zealand

## THE D&C PROCEDURE

**D**uring D&C, the woman lies on her back with her legs apart. A frame or stirrups support her feet and legs. The bladder may be emptied with a urinary catheter. The gynaecologist introduces an instrument called a speculum into the vagina, which holds the vaginal walls apart, allowing for a clear view of the cervix. The cervix is gently opened using a specially designed dilator.

If the procedure is performed in conjunction with hysteroscopy, the gynaecologist then introduces the hysteroscope through the dilated cervix. Fluid or carbon dioxide gas may be passed through the hysteroscope to gently expand the walls of the uterus. This improves the



gynaecologist's view of the inside walls and shape of the uterus. The gynaecologist inserts a uterine curette into the

uterus to gently scrape and biopsy the endometrial lining. The tissue is sent to a pathology lab for analysis.

## RECOVERY AFTER D&C

**D**&C is usually done as an outpatient or day procedure. You may have to stay in hospital overnight if you have persistent pain or nausea after the procedure.

Most women are able to return home the same day. Have another person drive you home. After a general anaesthetic, do not drive for 24 to 48 hours.

Most women feel able to resume regu-

lar activities within a day or two. Shower as normal, but avoid bathing, spas and swimming as there is a small risk of infection. Do not use a tampon, as it can increase the risk of infection. Wear a sanitary napkin unless advised otherwise by your gynaecologist. You will be advised when you can resume sexual intercourse.

You may have mild cramping, similar

to period cramps. These can be managed with over-the-counter pain relief (such as paracetamol) and should resolve within a few days. Your gynaecologist may prescribe a short course of a non-steroidal anti-inflammatory drug (NSAID).

A new uterine lining will grow following the procedure. Therefore, you may find your next period is early or late.

## POSSIBLE COMPLICATIONS OF A D&C PROCEDURE

**A**s with all medical procedures, D&C does have risks, despite the highest standards of practice. While your gynaecologist makes every attempt to minimise risks, complications can occur that may have permanent effects.

It is not usual for a doctor to outline every possible side effect or rare complication of a procedure. However, it is important that you have enough information to weigh up the benefits, risks and limitations of a procedure. The following complications are listed to inform you and not to alarm you. There may be other complications that are not listed.

Smoking, obesity and other health issues can increase the risk and severity of complications.

### Talk to your Gynaecologist

**T**he aim of this pamphlet is to provide you with general information. It is not a substitute for advice from your gynaecologist.

If you are not sure about the benefits, risks and limitations of D&C, ask your gynaecologist. Read this pamphlet carefully, and save it for reference.

Medical terms may require further explanation. If you have concerns regarding D&C, discuss them with your gynaecologist.

### General risks

- Cardiovascular problems such as heart attack, blood clots or stroke
- Excessive bleeding that may require a blood transfusion
- Infection requiring treatment with antibiotics
- Anaesthetic risks.

### Specific risks of D&C

- Trauma to the cervix due to dilatation
- Perforation of the uterus with the tip of the curette or another surgical instrument
- Damage to nearby organs (such as bladder, bowel or blood vessels) if perforation of the uterus has occurred. Further surgery may be needed.

Seek the opinion of another gynaecologist if you are unsure about the advice you are given. Use this pamphlet only in consultation with your gynaecologist.

**Consent form:** if you decide to have a D&C, your gynaecologist will ask you to sign a consent form. Read it carefully before you sign. If you have questions, ask your gynaecologist.

**Costs:** it is best to discuss costs before the procedure rather than afterwards. Some costs are estimates, and further fees may be incurred.

- Heavy postoperative bleeding. Medication to stop the bleeding may be needed.
- Adhesions can form inside the uterus. Adhesions are bands of scar tissue that can interfere with menstruation or fertility. Further surgery may be required to remove the adhesions.

### Report to your Gynaecologist

Report to your gynaecologist at once if you have any of the following:

- Fever greater than 38°C or chills
- Increasing nausea and vomiting
- Increasing, persisting abdominal pain
- Persistent bleeding from the vagina that is smelly or becomes heavier than a normal period and is bright red
- Pain or burning when passing urine, or the need to pass urine frequently
- Feeling dizzy, faint or short of breath
- Any other concerns you may have about your recovery.

If you cannot contact your gynaecologist, go to your general practitioner or Accident and Emergency at your nearest hospital.