

Dilation and Curettage

- What is dilation and curettage (D&C)?
- Why is a D&C done?
- Where is a D&C done?
- What preparation is needed for a D&C?
- What happens during the procedure?
- What are the risks of D&C?
- What should I expect after the surgery?
- Is there anything I should watch out for or not do right after my D&C?
- Glossary

What is dilation and curettage (D&C)?

D&C is a surgical procedure in which the *cervix* is opened (dilated) and a thin instrument is inserted into the *uterus*. This instrument is used to remove tissue from the inside of the uterus (curettage).

Why is a D&C done?

D&C is used to diagnose and treat many conditions that affect the uterus, such as abnormal bleeding. A D&C also may be done after a *miscarriage*. A sample of tissue from inside the uterus can be viewed under a microscope to tell whether any *cells* are abnormal. A D&C may be done with other procedures, such as *hysteroscopy*, in which a slender device is used to view the inside of the uterus.

Where is a D&C done?

A D&C can be done in a health care provider's office, a surgery center, or a hospital.

What preparation is needed for a D&C?

Your health care provider may want to start dilating your cervix before surgery using *laminaria*. This is a slender rod of natural or synthetic material that is inserted into the cervix. It is left in place for several hours. The rod absorbs fluid from the cervix and expands. This causes the cervix to open. Medication also may be used to soften the cervix, making it easier to dilate. You also may receive some type of *anesthesia* before or during your D&C.

What happens during the procedure?

During the procedure, you will lie on your back and your legs will be placed in stirrups. A **speculum** will be inserted into your vagina. The cervix will be held in place with a special instrument.

The cervix will then be slowly dilated. This is done by inserting a series of slender rods that become progressively larger through the cervical opening. Usually only a small amount of dilation is needed (less than one half inch in diameter).

Tissue lining the uterus will be removed, either with an instrument called a curette or with suction. In most cases, the tissue will be sent to a laboratory for examination.

What are the risks of D&C?

Complications include bleeding, infection, or perforation of the uterus (when the tip of an instrument passes through the wall of the uterus). Problems related to the anesthesia used also can occur. These complications are rare.

In rare cases, after a D&C has been performed after a miscarriage, bands of scar tissue, or *adhesions*, may form inside the uterus. This is called Asherman syndrome. These adhesions may cause infertility and changes in menstrual flow. Asherman syndrome often can be treated successfully with surgery.

What should I expect after the surgery?

After the procedure, you probably will be able to go home within a few hours. You will need someone to take you home. You should be able to resume most of your regular activities in 1 or 2 days. Pain after a D&C usually is mild. You may have spotting or light bleeding.

Is there anything I should watch out for or not do right after my D&C?

You should contact your health care provider if you have any of the following:

- · Heavy bleeding from the vagina
- Fever
- · Pain in the abdomen
- Foul-smelling discharge from the vagina

After a D&C, a new lining will build up in the uterus. Your next menstrual period may not occur at the regular time. It may be early or late.

Until your cervix returns to its normal size, bacteria from the vagina can enter the uterus and cause infection. It is important not to put anything into your vagina after the procedure. Ask your health care provider when you can have sex or use tampons again.

Glossary

Adhesions: Scarring that binds together the surfaces of tissues.

Anesthesia: Relief of pain by loss of sensation.

Cells: The smallest units of a structure in the body; the building blocks for all parts of the body.

Cervix: The opening of the uterus at the top of the vagina.

Hysteroscopy: A procedure in which a device called a hysteroscope is inserted through the cervix and vagina into the uterus. The hysteroscope is used to view the inside of the uterus or perform surgery.

Laminaria: A slender rod made of natural or synthetic material that expands when it absorbs water; it is inserted into the opening of the cervix to widen it.

Miscarriage: Early pregnancy loss.

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

Uterus: A muscular organ located in the female pelvis that contains and nourishes the developing fetus during pregnancy.

If you have further questions, contact your obstetrician-gynecologist.

FAQ062: Designed as an aid to patients, this document sets forth current information and opinions related to women's health. The information does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to the institution or type of practice, may be appropriate.

Copyright May 2012 by the American College of Obstetricians and Gynecologists. No part of this publication may be reproduced, stored in a retrieval system, posted on the Internet, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording, or otherwise, without prior written permission from the publisher.