D&C or Vacuum Curettage for Miscarriage or Retained Placenta

Care After Surgery

Read the instructions below. Refer to this sheet in the next few weeks. These instructions provide you with general information on caring for yourself after you leave the hospital. Your caregiver may also give you ***specific*** instructions.

D&C or vacuum curettage is a minor operation. A D&C involves stretching (*dilatation*) of the cervix and scraping (*curettage*) of the inside lining of the uterus. A vacuum curettage gently sucks out the lining and tissue in the uterus with a tube. The procedure is done to remove blood and tissue remaining in the uterus (*womb*) after a miscarriage and if a portion of the placenta did not pass out after the delivery. The surgery is done because retained portions of the pregnancy and placenta can cause severe bleeding, infection or require blood transfusions. There may be blood tests or an ultrasound done to confirm a miscarriage. Sometimes, this will be obvious on exam and no tests will be required.

HOME CARE INSTRUCTIONS

- **Do not** drive for 24 hours.
- Wait one week before returning to strenuous activities.
- Take your temperature 2 times a day for 4 days and write it down. Provide these temperatures to your caregiver if they are abnormal (above 98.6° F or 37.0° C).
- Avoid long periods of standing, and do **no heavy lifting (more than 10 pounds), pushing or pulling.**
- Limit stair climbing to once or twice a day.
- Take rest periods often.
- You may resume your usual diet.
- Drink plenty of fluids (6-8 glasses a day).
- You should return to your usual bowel function. If constipation should occur, you may:
  - Take a mild laxative with the permission of your caregiver.
  - Add fruit and bran to your diet.
  - Drink more fluids. This helps with constipation.
- **Do not** douche, use tampons, or have intercourse until after your follow-up appointment, unless your caregiver approves.
- Only take over-the-counter or prescription medicines for pain, discomfort, or fever as directed by your caregiver. **Do not** take aspirin. It can make you bleed.
- If a prescription was given, follow your caregiver's directions. You may be given a medicine that kills germs (*antibiotic*) to prevent an infection.
- Take showers instead of baths until your caregiver gives you permission to take baths.
- **Do not** go swimming or use a hot tub until your caregiver gives you permission.
- Try to have someone with you or available for you for the first 24 to 48 hours, especially if you had a general anesthetic.
- If you are Rh negative and the baby is Rh positive, and if you do not know the blood type of the fetus, you will be given a Rho-gam shot (*immunization*) to prevent Rh problems with a future pregnancy.
- Keep all your follow-up appointments recommended by your caregiver.

SEEK MEDICAL CARE IF:

- You have increasing cramps or pain not relieved with medication.
- You develop abdominal pain, which does not seem to be related to the same area of earlier cramping and pain.
- You feel dizzy or feel like fainting.

- You have a bad smelling vaginal discharge.
- You develop a rash.
- You develop a reaction or allergy to your medication.

SEEK IMMEDIATE MEDICAL CARE IF:

- Bleeding is heavier than a normal menstrual period.
- You have an oral temperature above 102° F (38.9° C), not controlled by medicine.
- You develop chest pain.
- You develop shortness of breath.
- You pass out.
- You develop pain in your shoulder strap area.
- You develop heavy vaginal bleeding with or without blood clots.

UPDATED HEALTH PRACTICES

- A PAP smear is done to screen for cervical cancer.
  - The first PAP smear should be done at age 21.
  - **Between ages 21 and 29**, **PAP smears are repeated every 2 years**.
  - Beginning at age 30, you are advised to have a PAP smear **every 3 years as long as your past 3 PAP smears have been normal.**
  - Some women have medical problems that increase the chance of getting cervical cancer. Talk to your caregiver about these problems. It is especially important to talk to your caregiver if a new problem develops soon after your last PAP smear. **In these cases, your caregiver may recommend more frequent screening and Pap smears.**
  - The above recommendations are the same for women who **have** or **have not** gotten the vaccine for HPV (Human Papillomavirus).
  - If you had a hysterectomy for a problem that was **not** a cancer or a condition that could lead to cancer, then you no longer need Pap smears.
  - If you are between ages 65 and 70, and you have had normal Pap smears going back 10 years, you no longer need Pap smears.
  - If you have had past treatment for cervical cancer or a condition that could lead to cancer, you need Pap smears and screening for cancer for at least 20 years after your treatment.
- Continue monthly self-breast examinations. Your caregiver can provide information and instructions for self-breast examination.

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