D&C (Dilation and Curettage)

Dilation and curettage (D&C) is a minor operation. It involves stretching (*dilation*) the cervix and scraping (*curettage*) the inside lining of the uterus. During the procedure, the cervix is dilated and tissue is gently scraped from the inside lining of the uterus.

REASONS FOR DOING D&C

- Irregular bleeding in the uterus.
- Bleeding with clots develops.
- You have spotting between menstrual periods.
- Removal of an IUD (*intrauterine device*).
- Removal of retained placenta after giving birth.
- Abortion.
- Miscarriage.
- Prolonged menstrual periods.
- Bleeding after menopause.
- No menstrual period (*amenorrhea*).
- To remove polyps inside the uterus.
- A change in size and shape of the uterus.
- Fibroid uterus (*noncancerous lumps*).

LET YOUR CAREGIVER KNOW ABOUT:

- Allergies.
- Medicines taken, including herbs, eyedrops, over-the-counter medicines, and creams.
- Use of steroids (by mouth or creams).
- Previous problems with anesthetics or numbing medicines.
- History of bleeding or blood problems.
- History of blood clots.
- Possibility of pregnancy, if this applies.
- Previous surgery.
- Other health problems.

RISKS AND COMPLICATIONS

- Putting a hole (*perforation*) in the uterus.
- Excessive bleeding after the D&C.
- Infection of the uterus.
- Damage to the cervix.
- Developing scar tissue (*adhesions*) inside the uterus, later causing abnormal bleeding or no monthly bleeding (*amenorrhea*).
- Complications from general or local anesthetic.

BEFORE THE PROCEDURE

- **Do not** eat or drink anything before the D&C.
- Arrange for someone to take you home.

PROCEDURE

- This procedure may be done in a hospital, outpatient clinic, or doctor's office.
- You may be given a drug to make you sleep (*general anesthetic*) or a drug that numbs the area (*local anesthetic*) in and around the cervix.
- You will lie on your back with your legs in stirrups.
- There are 2 ways in which your cervix can be softened and dilated. These include:
  - Taking a medicine.
  - Having thin rods (*laminaria*) inserted into your cervix.
- A curved tool (*curette*) will scrape cells from the inside lining of the uterus and will then be removed.

This usually takes around 15 to 30 minutes.

AFTER THE PROCEDURE

- You will rest in the recovery room until you are stable and feel ready to go home.
- You may feel sick to your stomach (*nauseous*) or throw up (*vomit*) if you had general anesthesia.
- You may have a sore throat, which is from the tube placed in your throat if you were sleeping.
- You may have light cramping and bleeding for a couple days to 2 weeks after the procedure.

- Your uterus needs to make new lining after a D&C. This may make your next period late.

HOME CARE INSTRUCTIONS

- **Do not** drive for 24 hours.
- Wait 1 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. 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 enough water and fluids to keep your urine clear or pale yellow.
- You should return to your usual bowel function. If constipation occurs, you may:
  - Take a mild laxative with permission from your caregiver.
  - Add fruit and bran to your diet.
- 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.
- Have someone with you or available for you the first 24 to 48 hours, especially if you had a general anesthetic.
- **Do not** douche, use tampons, or have intercourse until after your follow-up appointment, or when 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 cause bleeding.
- If a prescription has been given to you, follow your caregiver's directions. You may be given a medicine that kills germs (*antibiotic*) to prevent an infection.
- Keep all your follow-up appointments recommended by your caregiver.

SEEK MEDICAL CARE IF:

- You have increasing cramps or pain not relieved with medicine.
- You develop belly (*abdominal*) pain, which does not seem to be related to the same area as your 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 medicine.

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 the tops of your shoulders (shoulder strap areas).
- You develop heavy vaginal bleeding with or without blood clots.

MAKE SURE YOU:

- Understand these instructions.
- Will watch your condition.
- Will get help right away if you are not doing well or get worse.

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 uterus removal (*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 breast self-examinations. Your caregiver can provide information and instructions for breast self-examination.

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