Dilation and Curettage

(D&C)

by Editorial Staff and Contributors

En Español (Spanish Version)

Definition

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

Curettage is used to sample the lining of the uterus. The lining is known as the endometrium.

Parts of the Body Involved

- Vagina
- Cervix
- Uterus

Reasons for Procedure

Indications/Contraindications

- A D&C is indicated to determine conditions that cause abnormal bleeding:
  - Miscarriage
  - Irregularities in menstrual bleeding
  - Postmenopausal bleeding
• Endometrial polyps
• Endometrial hyperplasia
• Endometrial cancer
• A D&C is contraindicated (ie, not advised) in:
  • Infection of the uterus
  • Infection of the fallopian tubes

Risk Factors for Complications During the Procedure

• Pre-existing infection
• Pre-existing heart or other medical condition

What to Expect

Prior to Procedure

In the days leading up to the procedure, arrange for a ride to and from the procedure.

Anesthesia

• General or local anesthesia

Description of the Procedure

A pelvic exam is done to find out the size and location of the uterus. The vagina and cervix is cleaned with an antiseptic solution. A speculum is placed in the vagina. An instrument called a cervical dilator is placed into the cervical canal. A scoop-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.

After Procedure

The tissue is evaluated in a lab.

How Long Will It Take?

About 10 minutes

Will It Hurt?

General anesthesia will prevent pain during the D&C. With local anesthetic, most report feeling some cramping and back pain. It may last for a day after the procedure. Over-the-counter pain medications or a mild prescription drug are all that is usually needed to relieve minor discomfort.

Possible Complications

• Complications related to the anesthetic
• Injury to the cervix with cervical laceration
• Scarring of endometrial lining
• Infection of the uterus or fallopian tubes
• Uterine perforation (hole in the uterus) leading to possible bowel perforation or significant amount of bleeding into the uterus
• Hemorrhage that may require a blood transfusion
• Damage to bowel omentum, mesentery, ureter, bladder, and fallopian tube
• Puncture of the uterus
• In case of significant injury or bleeding, possible need to open the abdomen and have the uterine wound sutured
• Possible need to remove the uterus (hysterectomy)

**Average Hospital Stay**

None

**Postoperative Care**

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

• Plan on having an escort for transport.
• There may be some nausea from the anesthesia.
• Mild uterine cramping may be experienced. The doctor may give pain medication for this discomfort.
• It is not uncommon to experience vaginal bleeding and discharge for some time.
• Most commonly, normal activity may be started after a few days.
• Refrain from placing anything inside the vagina until instructed by the doctor because the cervix has been opened and this may allow bacteria to pass up into the uterus.
• The endometrium will build up within the next month. The next menstrual cycle may not be regular. It may be late or early.

**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.

**Call Your Doctor If Any of the Following Occurs**

• Fever
• Increasing abdominal pain
• Heavy vaginal bleeding (greater than a pad per hour)
• Foul smelling vaginal discharge

**RESOURCES:**

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

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

**CANADIAN RESOURCES:**

The Society of Obstetricians and Gynaecologists of Canada
http://www.sogc.org/

Women's Health Matters
http://www.womenshealthmatters.ca/
REFERENCES:


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