Dilatation and Curettage (D&C), Therapeutic

What is a therapeutic dilatation and curettage?
A therapeutic dilatation and curettage (D&C) is a minor surgical procedure used to remove the contents and lining of your uterus. The uterus is the muscular organ at the top of the vagina. Babies develop in the uterus, and menstrual blood comes from the uterus. Your uterus will stay intact and you will keep your ability to have children after this procedure.

When is it used?
This procedure may be performed to:
• treat heavy bleeding from the uterus
• test for cancer of the uterus
• remove pieces of placenta after childbirth
• remove a miscarriage (spontaneous abortion)
• remove incomplete, missed, or induced abortions
• perform an abortion.

In some cases, an alternative may be to have a hysteroscopy (dilating the cervix and using a scope to look at the inside of the uterus and remove parts of the uterine lining). Another alternative is to choose not to have this procedure, recognizing the possible risks of your condition. You should ask your doctor about these choices.

How do I prepare for a D&C?
Plan for your care and recovery after the operation, especially if you are to have general anesthesia. Allow for time to rest. Try to find people to help you with your daily duties for 24 hours after the procedure.

Follow instructions provided by your doctor. No special preparation is needed for regional anesthesia. If you are to have general anesthesia, eat a light meal, such as soup or salad, the night before the procedure. Do not eat or drink anything after midnight and the morning before the procedure. Do not even drink coffee, tea, or water.

What happens during the procedure?
You are given a regional or general anesthetic. A regional anesthetic numbs part of your body, preventing you from feeling pain while you remain awake. A general anesthetic relaxes your muscles, puts you to sleep, and also prevents you from feeling pain.

The doctor dilates your cervix and guides a scooplike instrument (a curette) into the uterus. The doctor uses the curette to scrape the lining of the uterus and remove any tissue in your uterus. This tissue will be sent to the lab for testing.

What happens after the procedure?
If there are no complications, you may go home in a few hours after the procedure. Expect some bleeding and menstrual-type cramps for the first day or so. Your doctor may suggest a
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pain reliever. You should not use tampons or have sexual intercourse for a few weeks.
Ask your doctor what other steps you should take and when you should come back for a checkup.

What are the benefits of this procedure?
Removing the uterine contents and lining may help treat your problem. Testing this tissue may help your doctor understand your condition and suggest further care.

What are the risks associated with this procedure?
- There are some risks when you have general anesthesia. Discuss these risks with your doctor.
- A regional anesthetic may not numb the area quite enough and you may feel some minor discomfort. Also, in rare cases, you may have an allergic reaction to the drug used in this type of anesthesia. In most cases regional anesthesia is considered safer than general anesthesia.
- The uterus may be hurt or punctured by the curette.
- The walls of the uterus may bleed more after the procedure than before the procedure.
- There is a small chance the uterus will become infected as a result of this procedure.
- If you have cancer, not all the cancer may be removed and the cancer may grow back.
You should ask your doctor how these risks apply to you.

When should I call my doctor?
Call your doctor immediately if:
- You have heavy bleeding from your uterus (more than one pad per hour or bleeding heavier than your menstrual flow).
- You develop a fever.
- You have severe abdominal pain or abdominal pain that continues even after you take acetaminophen or aspirin.
Call your doctor during office hours if:
- You have questions about the procedure or its result.
- You would like to make another appointment.
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