

**D**ilation and curettage (D&C) is a procedure used to diagnose or treat many conditions that cause abnormal bleeding from the **uterus**. It also can be used to help detect cancer of the uterus.

Dilation means to stretch the opening of the **cervix** to make it wider. Curettage involves removing a sample of the **endometrium** to be examined later. This pamphlet explains:

- Why your doctor may recommend a D&C
- What to expect during the procedure
- Risks of the procedure

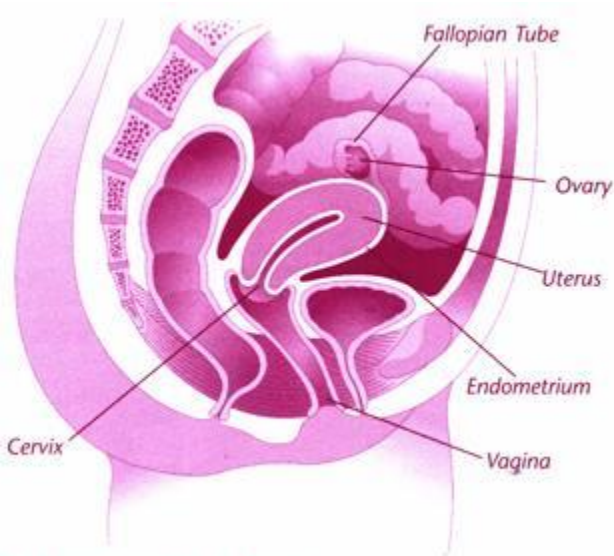
### The Uterus and Cervix

The uterus is a muscular organ in the lower abdomen. The opening of the uterus is called the cervix.

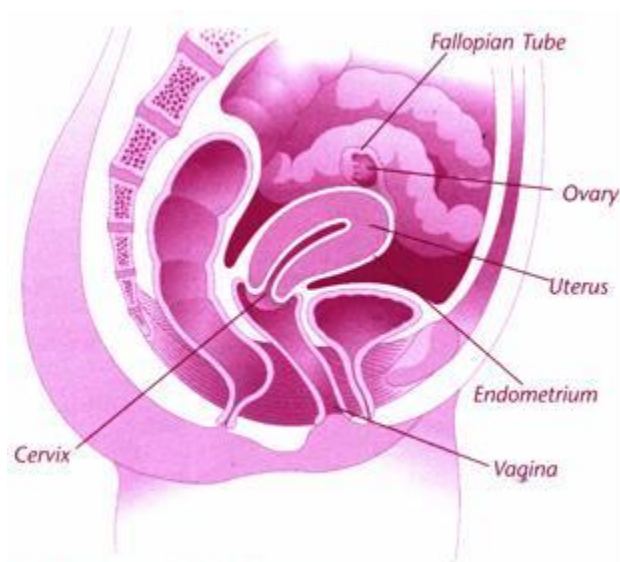
A D&C usually is free of problems, and the recovery period is short.

During your childbearing years, monthly changes in two female **hormones—estrogen** and **progesterone**—bring about menstrual bleeding. These hormones are made by your **ovaries**.

Estrogen and progesterone prepare your body for pregnancy. Estrogen is produced throughout the menstrual cycle. Progesterone is produced in the second half of the cycle. These hormones cause the lining of the uterus to grow and thicken each month to prepare for a fertilized egg. If the egg is not fertilized, hormone levels decrease. This signals the uterus to shed its lining. This shedding is your monthly menstrual period.



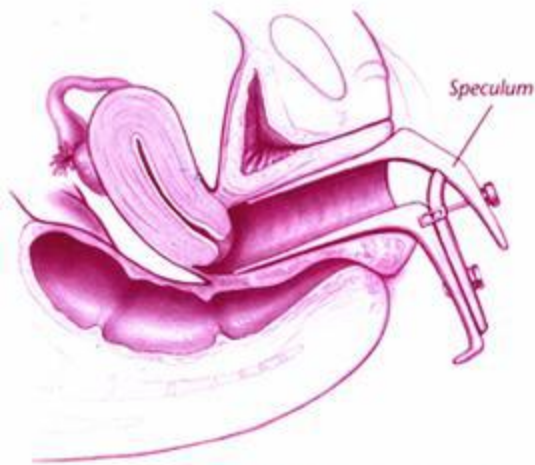
The female reproductive system.



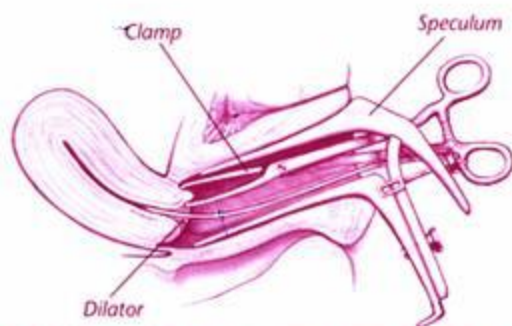
The female reproductive system.

### Reasons for a D&C

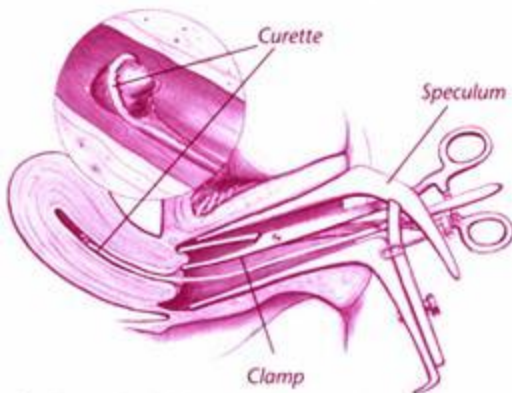
## The D&C Procedure



1. The walls of the vagina are widened with a speculum.



2. The cervix is held in place with a clamp while the opening is dilated with a series of tapered rods.



3. The uterine lining is gently loosened and removed with a curette.

examination.

A D&C may be done to assess the cause of abnormal bleeding. It provides a sample of the tissue in the uterus. This sample can be viewed under a microscope to tell whether any cells are abnormal. It also may be done when a woman is having a **miscarriage** or after she has had one. In these cases, tissue from the pregnancy may remain in the uterus. Often a D&C is done to remove this tissue. This is important because the tissue may cause infection or heavy bleeding.

### The D&C Procedure

A D&C can be done in a doctor's office, an outpatient clinic, or a hospital. The D&C also may be done with other procedures, such as hysteroscopy, in which a slender, light-transmitting device is used to view the inside of the uterus.

Your doctor may want to start dilating your cervix before surgery. If so, a slender rod (called laminaria) will be inserted into the opening of the cervix. It will be left in several hours. The rod absorbs fluid from the cervix. This causes the cervix to swell and the opening to widen. Another way to open the cervix is to use a medication to soften it.

Before your doctor begins the D&C, you may receive some type of **anesthesia**. You and your doctor will agree on the type to be used.

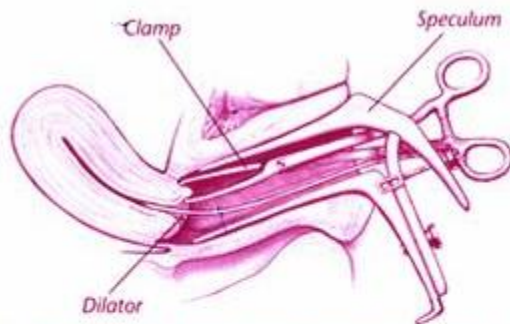
With general anesthesia, you will not be awake during the procedure. You will receive medication either through an intravenous (IV) line or a mask.

With local anesthesia, you will be awake. The area around the cervix may be numbed with medication.

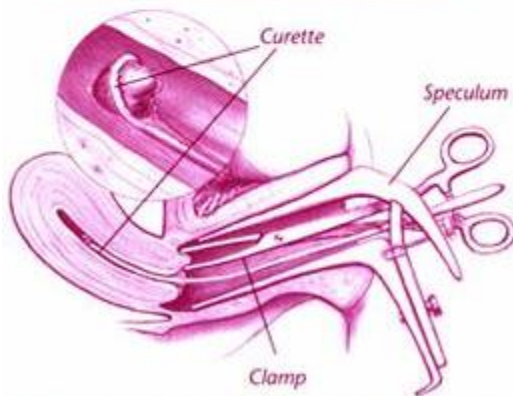
During the procedure, you will lie on your back and your legs will be placed in stirrups. The doctor will then insert a **speculum** into your vagina as is done with a **pelvic exam**. The cervix is held in place with a clamp.

The cervix is then slowly opened (dilated). Tissue lining the uterus is removed, either with an instrument called a curette or with suction. In most cases, the tissue then will be sent to a laboratory for

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## Risks

Complications are rare. When they do occur, they include bleeding, infection, or perforation (when the tip of an instrument passes through the wall of the uterus). If perforation occurs, nearby organs may be damaged and further surgery may be required. You should contact your doctor if you have any of the following:

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

In rare cases, after a D&C for miscarriage, bands of scar tissue, or **adhesions**, may form inside the uterus. This is called Asherman's syndrome. These adhesions may cause infertility and changes in menstrual flow. In most women, Asherman's syndrome can be treated successfully with surgery. Call your doctor if you notice changes in your menstrual periods after a D&C procedure.

## Recovery

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.

If you had general anesthesia, you may have some nausea and vomiting when you wake up. You may feel groggy and weak for a short while.

During your recovery, you may have:

- A sore throat (if a tube was inserted into your windpipe to help you breathe during general anesthesia)
- Mild cramping
- Spotting or light bleeding

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 can enter the uterus and cause infection. It is important not to put anything into your vagina after the procedure. Ask your doctor when you can have sex or use tampons again.

### **Finally...**

A D&C usually is free of problems. The recovery period is short. If you have a D&C, your doctor will ask that you make an appointment to see him or her soon after surgery to discuss the results. If further treatment is needed, your doctor will discuss it with you.

### **Glossary**

**Adhesions:** Scarring that binds together the surfaces of tissues.

**Anesthesia:** Relief of pain by loss of sensation.

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

**Endometrium:** The lining of the uterus.

**Estrogen:** A female hormone produced in the ovaries.

**Hormones:** Substances produced by the body to control the functions of various organs.

**Miscarriage:** Early pregnancy loss.

**Ovaries:** Two glands, located on either side of the uterus, that contain the eggs released at ovulation and that produce hormones.

**Pelvic Exam:** A physical examination of a woman's reproductive organs.

**Progesterone:** A female hormone that is produced in the ovaries and that prepares the lining of the uterus for pregnancy.

**Speculum:** An instrument used to spread the walls of the vagina.

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

This Patient Education Pamphlet was developed by the American College of Obstetricians and Gynecologists. Designed as an aid to patients, it sets forth current information and opinions on subjects related to women's health. The average readability level of the series, based on the Fry formula, is grade 6–8. The Suitability Assessment of Materials (SAM) instrument rates the pamphlets as "superior." To ensure the information is current and accurate, the pamphlets are reviewed every 18 months. The information in this pamphlet 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.

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