

Dilation and Curettage

(D&C)



Dilation and curettage (D&C) is a procedure used to diagnose or treat abnormal bleeding from the *uterus*. It 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 lining of the uterus—endometrium—to be examined later. This pamphlet explains why your doctor may recommend a D&C. It also tells you what to expect during and after the procedure.

The Uterus and Cervix

The uterus is a pear-shaped, muscular organ in the lower abdomen. It is wide near the top and becomes narrow like the neck of a bottle at its lower end. The neck of the uterus is the cervix.

During your childbearing years, monthly changes in two female *hormones*—*estrogen* and *progesterone*—bring about menstrual bleeding. These hormones are made by your two *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 endometrium to grow and thicken each month. The endometrium nourishes an egg if it has been fertilized by a man's sperm. If the egg is not fertilized, hormone levels drop. This signals the uterus to shed its lining. This shedding is your monthly period.

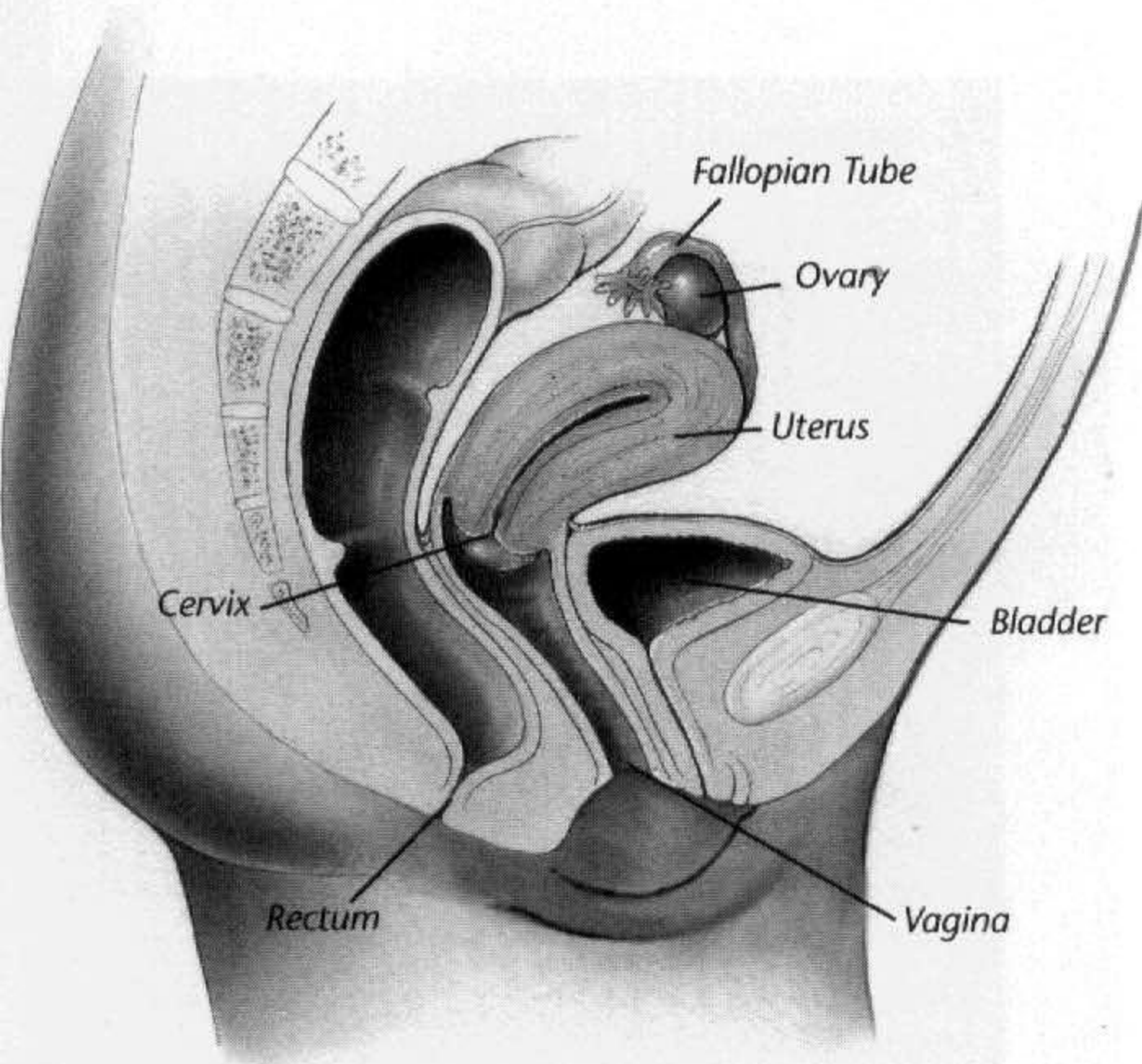
Reasons for a D&C

A D&C may be done to assess conditions that could cause abnormal bleeding. It provides a sample of the tissue in the uterus. This sample can be viewed under a microscope to tell

whether cells are abnormal. A D&C may be done for a number of reasons.



A D&C is usually free of problems. The recovery period is short.



Menstrual Changes

Menstrual periods can be irregular at certain times of life. For the first few years after a girl begins to have periods (around age 12), periods are often irregular. As women approach the age of 50, their periods once again may become irregular as they near **menopause**. Periods may become lighter or heavier than usual. Menstrual cycles may become longer or shorter—the

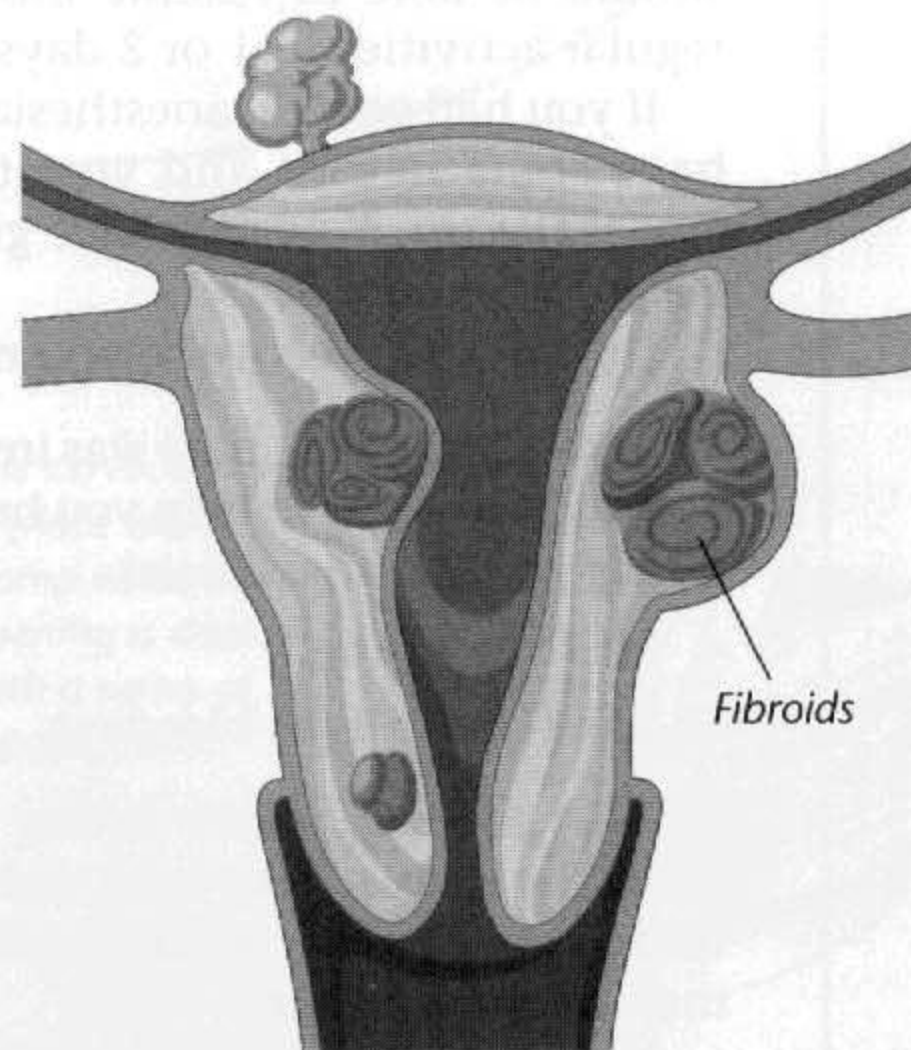
number of days between periods change. There may also be bleeding between periods.

Women with such changes in their cycles should be checked by a doctor. These changes may be due to a hormonal problem.

A hormone imbalance can cause the endometrium to thicken more than usual. This could explain heavier or longer bleeding. It could also be the reason for bleeding or spotting between periods. A D&C is sometimes necessary to determine the cause of the bleeding.

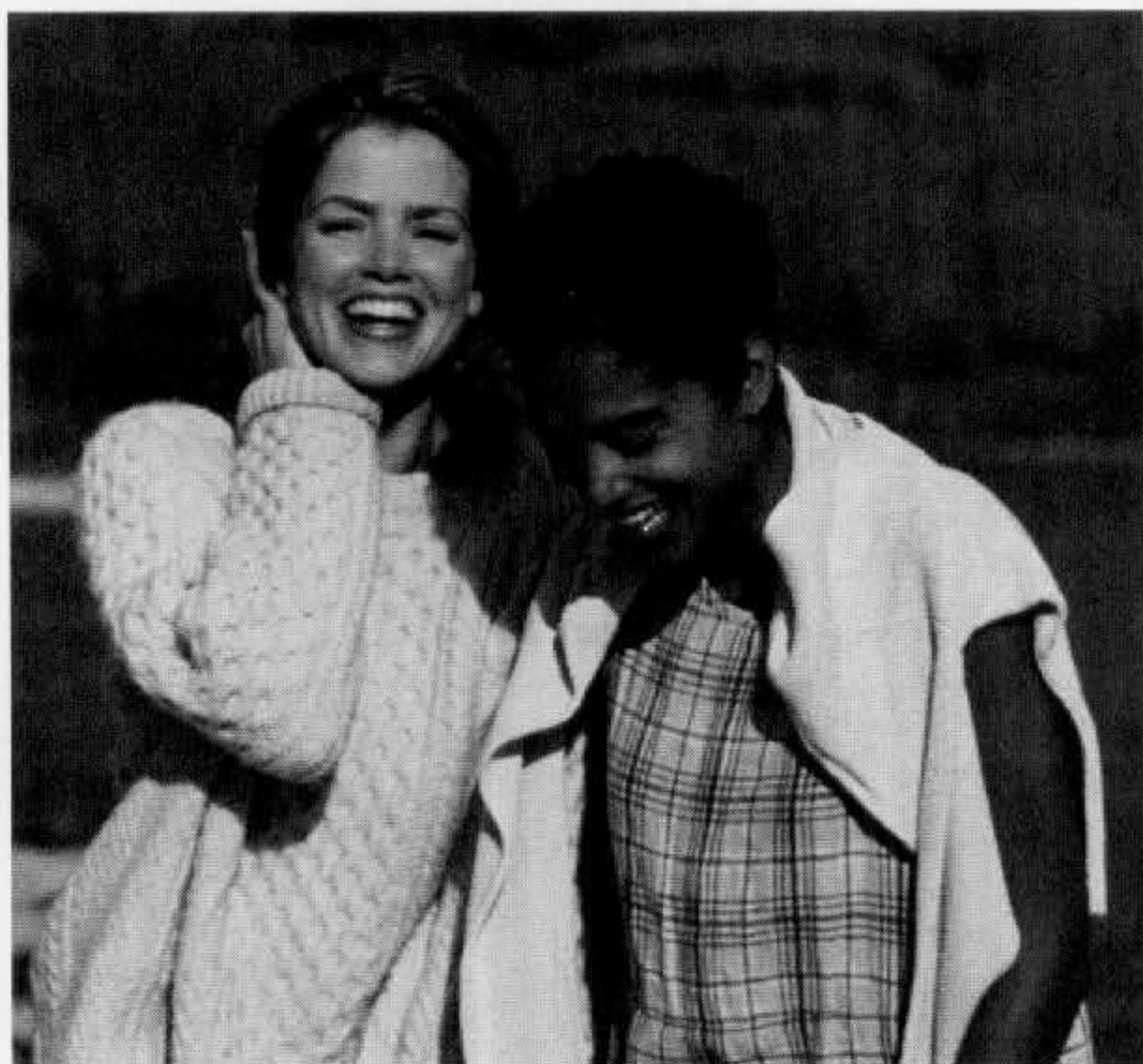
Growths and Cancer

Another cause for bleeding can be abnormal growths in the uterus. Most of these growths are not cancerous.



Fibroids are benign growths on the uterus that may cause abnormal bleeding.

- *Polyps* are growths that develop from the lining of the uterus or cervix. They are not usually cancerous and can often be removed by D&C.
- *Fibroids* are growths that form from cells that make up uterine muscle. They can grow inside the uterus, on its outer wall, or within the wall itself. They are rarely cancerous. They can cause bleeding and cramping, but often there are no symptoms. Although D&C may detect fibroids, it cannot be used to treat them.



Miscarriage

If a woman has a **miscarriage**, tissue from the pregnancy may remain in her uterus. Often a D&C is done to remove this tissue. This is important because this 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. Your health and the type of **anesthesia** to be used will play a part in determining where the procedure is performed. The D&C may be done with other procedures such as hysteroscopy, in which a small, lighted telescope is used to view the inside of the uterus. An endometrial biopsy is sometimes performed to obtain similar information about the inside of the uterus. This is an office test and usually does not require stretching or dilating the cervix.

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 water from the cervix. This causes the cervix to swell and widen the opening of the cervix.

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.

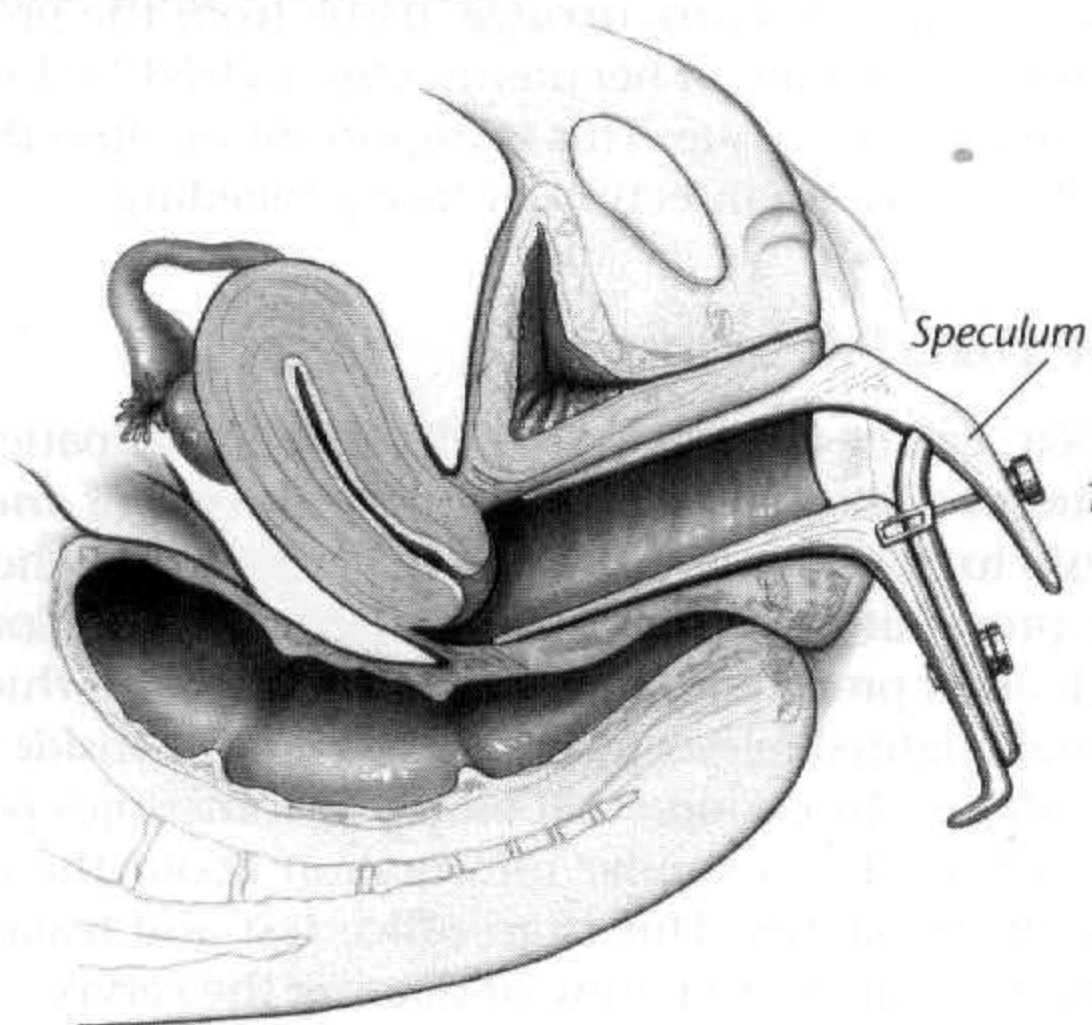
During the procedure you will lie on your back and your legs will be placed in stirrups. The doctor will then insert a **speculum** into your vagina in the same way as for a pelvic exam. The cervix is held in place with a clamp.

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

Risks

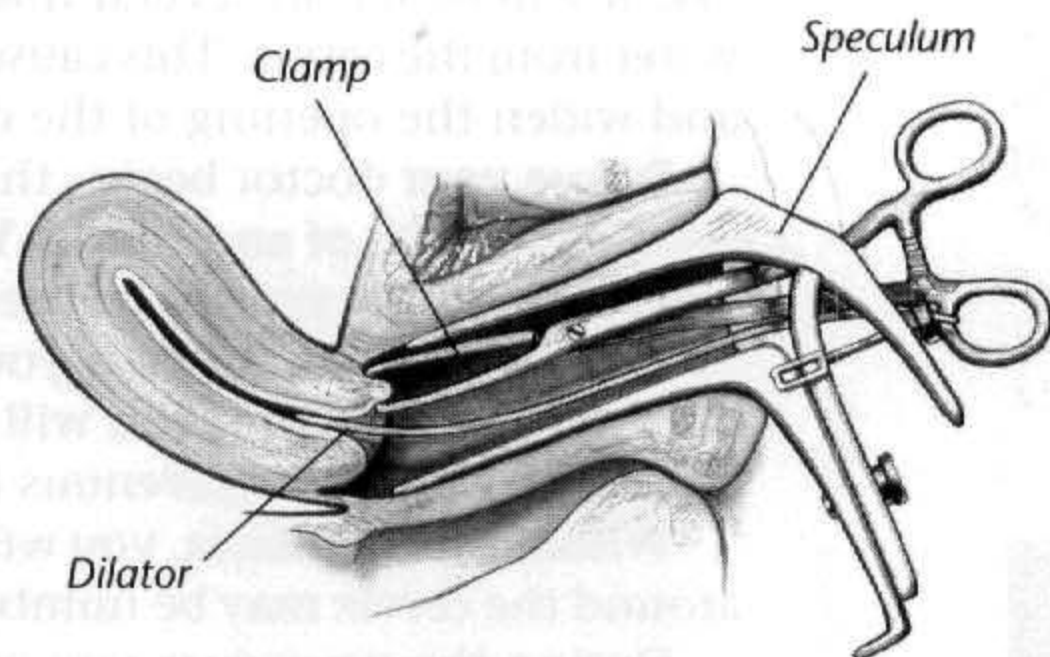
Complications are rare. When they do occur, they include bleeding, infection, or perforation (when the tip of an instrument passes through the wall of the

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.

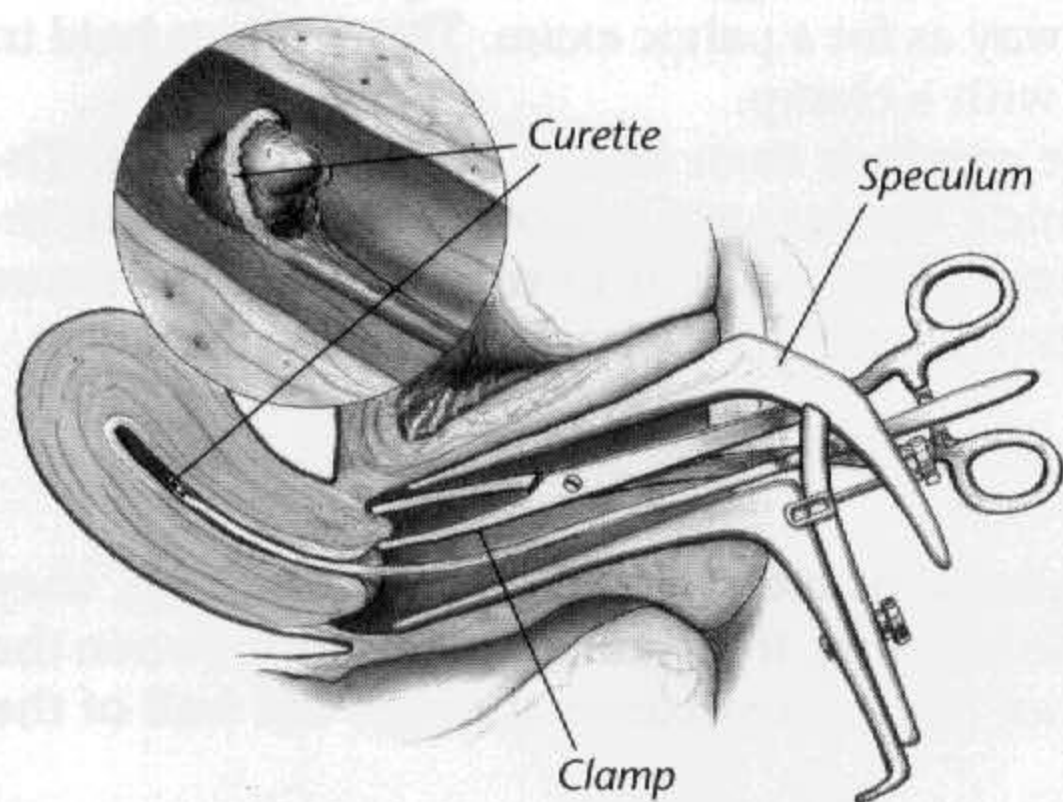


Curette

Speculum

Clamp

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



uterus). 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

Recovery

After the procedure, you will probably 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 sexual intercourse or use tampons again.

Finally...

A D&C is usually 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

Anesthesia: Relief of pain by loss of sensation.

Cervix: The lower, narrow end of the uterus, which protrudes into the vagina.

Dilation and Curettage (D&C): A procedure in which the cervix is opened and tissue is gently scraped or suctioned from the inside of the uterus.

Estrogen: A female hormone produced in the ovaries that stimulates the growth of the lining of the uterus.

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

Menopause: The process in a woman's life when ovaries stop functioning and menstruation stops.

Miscarriage: The spontaneous loss of a pregnancy before the fetus can survive outside the uterus.

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

Progesterone: A female hormone that is produced in the ovaries and makes the lining of the uterus grow. When its level falls, menstruation occurs.

Speculum: An instrument used to spread the walls of the vagina so that the cervix can be seen.

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

This Patient Education Pamphlet was developed under the direction of the Committee on Patient Education of 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 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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The American College of Obstetricians and Gynecologists

409 12th Street, SW

PO Box 96920

Washington, DC 20090-6920

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