Dilation and Curettage

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Learning Objectives and Description

Objectives
1. The learner will be able to state verbally or in writing the indications and contraindications for dilation and curettage
2. The learner will be able to properly counsel a patient on all of the risks, benefits, and alternatives for dilation and curettage
3. The learner will be able to state verbally or in writing the equipment and supplies necessary to successfully perform a dilation and curettage
4. The learner will be able to demonstrate in a simulated environment the steps of a dilation and curettage

Description
This module presents a clinical simulation for training residents to perform a dilation and curettage, as well as potential complications that may arise as a result from dilation and curettage and how to handle such complications.

Associated Readings:

Dilation and Curettage

Preparation
Expected Duration of Simulation Approximately
Set up: 15 minutes
Full Scenario: 20 minutes
Task only: 10-15 minutes

Simulators to be used
- A hemipelvis model
- A standardized patient (SP) can be used for the counseling portion of the simulation prior to the start of the case to mimic a pre-operative counseling session or in-office consent process.

Room Setup
The room should be set up as similarly to an OR as possible.

- On a tray table, the following items should be set up:
  - Betadine
  - Graves Speculum
  - Single-toothed tenaculum
  - Uterine sound
  - Pratt dilators in successive order, up to at least 29mm
  - Sharp curette
  - Smooth curette
  - Formalin container
  - Silver nitrate sticks
  - Fox swabs
- Personnel needed:
  - Someone to set up equipment and act as a surgical technician to assist in procedure
  - Standardized patient to practice counseling prior to start of procedure

Procedure
1. Begin counseling the patient on all of the risks, benefits, and alternative to procedure
2. Ensure that all equipment has been set up as described
3. Perform bimanual exam
4. Conduct a timeout
5. Simulate sterile technique by prepping the vagina and cervix
6. Insert the open-sided Graves speculum
7. Use the single-tooth tenaculum to grab the anterior lip cervix

8. Starting with the smallest Pratt dilator, serially dilate the cervical os, being sure to not perforate through the uterus
9. Next, simulate the curettage by selecting a smooth or sharp curette and passing it through the os.
10. Advance the curette to the “fundus” then withdraw back, scraping the inner lining.
11. Repeat this motion within each quadrant of the uterus until the entire cavity has been curetted.
12. Inspect the curettings to ensure there has been enough tissue sampling
13. Repeat passes until satisfied with tissue amount and the lining has a “gritty” texture
14. Empty tissue into formalin container that is labeled “endometrial curettings”
15. Take tenaculum off cervix and inspect for hemostasis.
16. Discuss ways to control for hemostasis – using silver nitrate sticks, holding pressure with a rolled 4 x 4 attached to a ring forceps, or clamp areas of bleeding with a ring forceps
17. Remove speculum

Competency Assessment
Resident performs bimanual exam. Resident conducts a “time out” and preps the patient in a sterile technique. Resident properly inserts speculum and visualizes cervix. Resident places tenaculum in correct position and serially dilates os efficiently and smoothly. Resident properly uses curette and obtains adequate sample. Resident doesn’t perforate the uterus. Resident ensures hemostasis from tenaculum sites.