

Dilation and Curettage

- What is dilation and curettage?
- Why is a dilation and curettage done?
- Where is a dilation and curettage done?
- What preparation is needed for a dilation and curettage?
- What happens during the procedure?
- What are the risks of dilation and curettage?
- What should I expect after the surgery?
- Is there anything I should watch out for or not do right after my dilation and curettage?
- Glossary

What is dilation and curettage?

Dilation and curettage (D&C) is a surgical procedure in which the **cervix** is opened (dilated) and a thin instrument is inserted into the **uterus**. This instrument is used to remove tissue from the inside of the uterus (curettage).

Why is a dilation and curettage done?

D&C is used to diagnose and treat many conditions that affect the uterus, such as abnormal bleeding. A D&C also may be done after a *miscarriage*. A sample of tissue from inside the uterus can be viewed under a microscope to tell whether any *cells* are abnormal. A D&C may be done with other procedures, such as *hysteroscopy*, in which a thin, lighted telescope is used to view the inside of the uterus.

Where is a dilation and curettage done?

A D&C can be done in a health care professional's office, a surgery center, or a hospital.

What preparation is needed for a dilation and curettage?

Your health care professional may want to start dilating your cervix before surgery using *laminaria*. This is a slender rod of natural or synthetic material that is inserted into the cervix. It is left in place for several hours. The rod absorbs fluid from the cervix and expands. This causes the cervix to open. Medication also may be used to soften the cervix, making it easier to dilate. You also may receive some type of *anesthesia* before or during your D&C.

What happens during the procedure?

During the procedure, you will lie on your back and your legs will be placed in stirrups. A **speculum** will be inserted into your vagina. The cervix will be held in place with a special instrument.

If your cervix needs to be dilated (opened), this will be done by inserting a series of rods through the cervical opening. Each rod will be slightly larger than the last one. Usually only a small amount of dilation is needed (less than one half inch in diameter).

Tissue lining the uterus will be removed, either with an instrument called a curette or with suction. In most cases, the tissue will be sent to a laboratory for examination.

What are the risks of dilation and curettage?

Complications include bleeding, infection, or perforation of the uterus (when the tip of an instrument passes through the wall of the uterus). Problems related to the anesthesia used also can occur. These complications are rare.

In rare cases, after a D&C has been performed after a miscarriage, bands of scar tissue, or **adhesions**, may form inside the uterus. This is called Asherman syndrome. These adhesions may cause infertility and changes in menstrual flow. Asherman syndrome often can be treated successfully with surgery.

What should I expect after the surgery?

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. Pain after a D&C usually is mild. You may have spotting or light bleeding.

Is there anything I should watch out for or not do right after my dilation and curettage?

You should contact your health care professional if you have any of the following:

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

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

Glossary

Adhesions: Scars that can make tissue surfaces stick together.

Anesthesia: Relief of pain by loss of sensation.

Cells: The smallest units of a structure in the body. Cells are the building blocks for all parts of the body.

Cervix: The lower, narrow end of the uterus at the top of the vagina.

Hysteroscopy: A procedure in which a lighted telescope is inserted into the uterus through the cervix to view the inside of the uterus or perform surgery.

Laminaria: Slender rods made of natural or synthetic material that expand when they absorb water. Laminaria are inserted into the opening of the cervix to widen it.

Miscarriage: Loss of a pregnancy that is in the uterus.

Speculum: An instrument used to hold open the walls of the vagina.

Uterus: A muscular organ in the female pelvis. During pregnancy, this organ holds and nourishes the fetus.

If you have further questions, contact your obstetrician-gynecologist.

FAQ062: This information was designed as an educational aid to patients and sets forth current information and opinions related to women's health. It is not intended as a statement of the standard of care, nor does it comprise all proper treatments or methods of care. It is not a substitute for a treating clinician's independent professional judgment. Please check for updates at www.acog.org to ensure accuracy.

Copyright March 2019 by the American College of Obstetricians and Gynecologists