HYSTEROSCOPY WITH DILATION & CURETTAGE

We recommend that you read this handout carefully to prepare yourself or family members for the proposed procedure. A proper understanding of the procedure, its preparation, and post-procedure expectations and care can improve your safety and outcome. We strongly encourage you to contact your Care Center prior to your procedure if you still have any questions or concerns.

Definition

Dilation: The act of stretching the cervical (neck of the womb) opening to access the cavity of the uterus (womb).

Curettage: Scraping the lining of the uterus (endometrium) for removal of normal and/or abnormal tissue.

Hystero: Of or denoting the uterus (womb)

Scopy: Examination with an instrument for improved viewing, often with magnification and directed lighting.

Dilation and curettage (D&C) is an outpatient procedure during which your doctor will enlarge the opening to the uterus (womb) so that a surgical instrument, called a curette, can be inserted to scrape out the lining of the uterus. Hysteroscopy is the direct visualization of the uterine cavity with lighting and magnification through a long, pencil-sized telescope inserted into the uterus. D&C, with or without a hysteroscopy, can be performed for a variety of symptoms, such as abnormal uterine bleeding, postmenopausal bleeding, or an irregularity noted on an ultrasound or CT scan of the uterus.

The menstrual cycle is designed to prepare a healthy endometrial lining for a fertilized egg to grow in. Once a month, if a woman does not become pregnant, the old lining is shed through the cervical canal with the menstrual period and replaced with new lining in preparation for pregnancy. This cycle is repeated throughout a woman's lifetime until her ovaries no longer make enough of the hormones needed to continue a regular, monthly cycle. Alteration in this cycle and irregularities of the lining of the uterus can lead to episodes of vaginal bleeding that are unpredictable, heavy, or cause significant discomfort.

For women in their teens, 20s, and 30s, irregular bleeding is most often the result of either pregnancy or an egg not being released during their menstrual cycles (anovulation). As women enter their 40s and 50s, ovulation becomes less regular which may lead to abnormal patterns of uterine bleeding. Another cause of bleeding for women in their 40s and 50s is thickening of the uterine lining. Hormone therapy is another common cause of bleeding for women who have stopped menstruating or reached menopause.

Irregular uterine bleeding and bleeding during menopause can be signs of uterine cancer or pre-cancer. Because uterine cancer is more common in older women than in younger women, it is important that the cause of bleeding is investigated and treated. Cancer of the uterus, when discovered early in its development, can usually be cured.

Patient Initials _____

Abnormalities in the shape of the uterine cavity can lead to a variety of symptoms including abnormal bleeding, repetitive pregnancy loss, inability to conceive, and others. Abnormal separation (septations), fibroids tumors (benign tumors), endometrial polyps, and scarring are only some of the causes of abnormalities in the shape of the uterine cavity.

There are a variety of procedures to collect endometrial tissue from the lining of the uterus. Some are designed to be performed in your doctor's office (endometrial biopsy) with very little advance preparation or discomfort. Dilation and curettage (D&C) is a procedure that removes a larger sample of the uterine lining and is typically performed in an outpatient hospital setting or surgery center. Dilation and curettage, when combined with hysteroscopy, allows your doctor to see most abnormalities present, and many times, an opportunity to correct them. The type of procedure recommended will depend on your symptoms, age, results of other testing, and the preference of your doctor.

Preparation

No special preparation is necessary for most patients. However, it is necessary for some to begin the process of opening the cervix the day before the procedure. There are different methods of preparing the cervix, including the placement of dried sponge-like material in the opening or placement of medicines in the vagina near the cervix. This preparation will be done in the office if your doctor feels it is necessary for your care. Your doctor will tell you which medicines you may take for discomfort.

If you have been having heavy bleeding, your doctor might ask for a blood test to check for anemia (low blood count). A pregnancy test is usually performed for women who might be pregnant.

The D&C can be performed with anesthesia given locally (injected around the cervix), regionally (delivered around the nerve supply to the pelvis), or generally (medicine given in the veins to control pain and make you sleep). Your gynecologist and anesthesiologist will make a recommendation for anesthesia based on your condition, the goals of the D&C/hysteroscopy, and if any other procedures will be performed at the same time.

As with all procedures where general anesthesia is administered, you will be asked not to eat or drink anything after a certain time prior to your surgery. You may brush your teeth in the morning but should not swallow the water. If you are on medications that must be taken, you will discuss this with your provider and/or the anesthesiologist at your pre-operative visit and instructions will be given to you. You are obligated to inform us if anything has changed (medication or otherwise) since your previous visit. The procedure may not be performed if you are currently taking or have recently taken any medication that may interfere with your ability to clot blood (blood thinners, aspirin, anti-inflammatory medicines, etc.). The most common of these medications is aspirin and all related pain relievers or anti-inflammatory compounds (whether prescription or over-the-counter).

Procedure

You will be lying on your back with your legs elevated in stirrups, much like you would for a pelvic examination. The procedure usually takes between 10-30 mins depending on the type of anesthesia used and if other procedures are to be performed at the same time.

The procedure begins by gently cleaning the vagina and placing a speculum in the vagina to hold it open. The cervix is grasped with an instrument to hold it still, while the opening is gradually dilated with surgical instruments until the hysteroscope or curette can be inserted without force.

The cavity of the uterus is much like a balloon: when empty it is flat, but when inflated, space is created inside the balloon where there was none. Performing hysteroscopy involves inflating the cavity of the

uterus with a liquid (flowing in and out through the telescope) so that each surface can be seen. Miniaturized instruments can then be placed along with the telescope to correct any abnormalities of the shape of the cavity.

After hysteroscopy is completed, the lining is scraped out through the opening and collected for microscopic examination in the laboratory by a pathologist.

Post Procedure

You will be in the recovery room for a short time before being sent home from the outpatient surgery center or hospital. Though you may have some discomfort and cramping following the procedure, it is not necessary for you to plan time off from work or your normal activities beyond the day of the surgery. It is normal to have some bleeding and discharge following D&C/hysteroscopy. It is suggested that you use menstrual pads to maintain hygiene and protect your clothing. Refrain from vaginal intercourse, douching, and tampon use until told you may resume by your doctor.

Medications such as ibuprofen or naproxen are usually all that is needed for the cramping you might have after your surgery. An antibiotic prescription may also be given and should be taken until completion. If any side effects occur, contact our office immediately.

Expectations of Outcome

Your doctor will explain what information was found following your surgery. The results of the microscope examination of the specimens collected will take up to a week to become available from the laboratory. Once this information is available, your doctor will make recommendations for further treatment based on the specific results of your testing.

Many women who have experienced heavy or irregular uterine bleeding will return to a regular menstrual cycle following D&C. Maintenance of regular cycles may be assisted with hormones or birth control pills.

If your surgery was part of an investigation into fertility, your doctor will explain what was found and accomplished by the surgery and will help you understand the impact of these findings on your future fertility.

Possible Complications

All surgical procedures, regardless of complexity or time, can be associated with unforeseen problems. They may be immediate or quite delayed in presentation. Aside from anesthesia complications, it is important that every patient be made aware of all possible outcomes, which may include, but are not limited to:

Perforation of the Uterus: The most serious complication of the procedure is the creation of a perforation or hole in the wall of the uterus. Perforation of the uterus may lead to injury of other structures and organs within the abdomen (blood vessels, nerves, intestines, and bladder), bleeding, or infection. Perforation is not common but may require another operation to be treated appropriately.

Infection: D&C/hysteroscopy involves placing an instrument through the vagina and cervix into the uterus. Because of this, it is possible to introduce a microorganism (such as bacteria or yeast) from the vagina into the uterine cavity. Microorganisms are normally present in the vagina and cause no infection or other symptoms. However, a serious infection can happen if these same microorganisms are present

within the cavity of the uterus. Signs of infection that you should be mindful of are: foul-smelling vaginal discharge, tenderness or pain in the vagina and pelvis for more than two days, fevers, shaking chills, nausea, vomiting, weakness, and feeling ill.

Bleeding: Most women will have a small amount of bleeding following the procedure. If your bleeding is heavier than a normal period or lasts longer than 10 days, please call your doctor.

Fluid Imbalance: In addition to water, fluids used to inflate the cavity of the uterus for hysteroscopy contain dissolved sugars, starches, and salts. These substances give the fluids certain desirable properties for visualization of the uterine cavity. When too much fluid flows from the uterus and enters the abdominal cavity or blood stream, an imbalance in the water content of the blood may result. Careful choice of fluid and monitoring of fluid delivery make this an uncommon complication.

Deep Vein Thrombosis (DVT)/Pulmonary Embolus (PE): In any operation (especially longer operations), you can develop a clot in the vein of the leg (DVT). Typically, this presents 2-7 days (or longer) after the procedure as pain, swelling, and tenderness to touch in the lower leg (calf). Your ankle and foot can also become swollen. Although less likely, this blood clot can move through the veins and block off part of the lung (PE). This would present as shortness of breath and possibly chest pain. We may sometimes ask the medical doctors to be involved with the management of either of these problems.

Lower Extremity Weakness/Numbness: This is possible following procedures where the patient is in the lithotomy (legs up in the air) position on the operating table for a long period. This is a rare event and is usually self-limited.

If you have symptoms suggesting any of the above after your discharge from the surgery center or hospital, you must contact us immediately or go to the nearest emergency room.

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Patient Name Date

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Patient/Health Care Agent/Guardian/Relative Signature

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Physician Signature

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Witness Signature

Patient Initials _____