



SUCTION DILATION & CURETTAGE (SUCTION D&C) INFORMATION AND CONSENT

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 the pregnancy or miscarriage tissue.

Suction dilation and curettage (D&C) is an outpatient procedure during which your doctor will enlarge the opening to the uterus (womb) so that a specific surgical instrument, called a curette, can be inserted to remove the fetal and placental tissue (miscarriage).

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 can be done in the office or at home if your doctor feels it is necessary for your care.

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 specific condition.

If you are having general anesthesia, you will be asked not to eat or drink anything after a certain time prior to your procedure. You may brush your teeth but should not swallow the water. If you are on medications that must be taken, you will discuss this with your provider 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).

Patient Initials _____

Procedure

During the 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 10-15 minutes.

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 smooth metal rods. There is no cutting of the cervix.

After opening or dilating the cervix, an appropriate-sized plastic tube is then inserted into the uterus through the opened cervix. The plastic tube looks much like a large straw. It is attached to a suction device or machine that sucks out the pregnancy/miscarriage tissue. The cervix then closes on its own.

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 procedure. It is normal to have some bleeding following a suction D&C for 7-10 days. 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 so by your doctor.

Medications such as ibuprofen or naproxen are usually all that is needed for the cramping you might have. An antibiotic prescription may also be given and should be taken until completion. If any concerning 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 specimen collected will take up to a week to become available from the laboratory. In addition, your doctor will discuss with you when it is safe to try to become pregnant again, if desired.

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.

Retained tissue: For a small percentage of patients, some of the pregnancy tissue remains within the womb following the procedure. This can lead to heavy bleeding and/or infection. If this occurs, treatment with medication or another suction D&C may be needed to remove the remaining tissue.

Patient Initials _____

Infection: Suction D&C 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 do not cause 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 include: 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: Almost all women will have bleeding following the procedure. If your bleeding is significantly heavier than a normal period or lasts longer than 14 days, please call your doctor. In rare cases, very heavy bleeding can occur at the time of the procedure requiring a blood transfusion.

Deep Vein Thrombosis (DVT)/Pulmonary Embolus (PE): In any procedure that involves the pelvic organs, you can develop a blood clot in a 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. **If you notice these signs, you should go directly to an emergency room and contact your care center.** 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. This is a rare event and is usually self-limited.

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

Patient Name

____/____/____

Date

Patient/Health Care Agent/Guardian/Relative Signature

Physician Signature

Witness Signature

Patient Initials _____