



The American College of
Obstetricians and Gynecologists



FREQUENTLY ASKED QUESTIONS

FAQ062

SPECIAL PROCEDURES

Dilation and Curettage

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What is dilation and curettage (D&C)?

Dilation and curettage (D&C) is a procedure in which the **cervix** is dilated to make it wider and a sample of tissue is removed from the lining of the **uterus**.

What are the reasons for a D&C?

A D&C may be done to assess the cause of abnormal bleeding. It also may be done after a woman has had a **miscarriage** to remove tissue from the pregnancy that may remain in the uterus. This is important because the tissue may cause infection or heavy bleeding.

Is anesthesia used for a D&C?

Before your health care provider begins the D&C, you may receive some type of **anesthesia**. You and your health care provider 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.

How is a D&C performed?

A D&C can be done in a health care provider's office, an outpatient clinic, or a hospital. A D&C also may be done with other procedures, such as hysteroscopy, in which a slender, light-transmitting device is used to view the inside of the uterus.

Your health care provider 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 fluid from the cervix. This causes the cervix to swell and the opening to widen. Another way to open the cervix is to use a medication to soften it.

During the procedure, you will lie on your back and your legs will be placed in stirrups. The health care provider will then insert a **speculum** into your vagina as is done with 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. In most cases, the tissue then will be sent to a laboratory for examination.

What are the risks associated with having a D&C?

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 uterus). If perforation occurs, nearby organs may be damaged and further surgery may be required. 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

In rare cases, after a D&C for miscarriage, bands of scar tissue, or **adhesions**, may form inside the uterus. This is called Asherman's syndrome. These adhesions may cause infertility and changes in menstrual flow. In most women, Asherman's syndrome can be treated successfully with surgery. Call your health care provider if you notice changes in your menstrual periods after a D&C procedure.

What should I expect during recovery after having a D&C?

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.

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 health care provider when you can have sex or use tampons again.

Glossary

Adhesions: Scarring that binds together the surfaces of tissues.

Anesthesia: Relief of pain by loss of sensation.

Cervix: The opening of the uterus at the top of the vagina.

Miscarriage: Early pregnancy loss.

Pelvic Exam: A manual examination of a woman's reproductive organs.

Speculum: An instrument used to spread the walls of the vagina.

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

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

FAQ062: Designed as an aid to patients, this document sets forth current information and opinions related to women's health. The information 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 institution or type of practice, may be appropriate.

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