



PATIENT FACT SHEET

Dilation and Curettage (D&C)

This fact sheet was developed in collaboration with The Society of Reproductive Surgeons

"Dilation and curettage" (D&C) is a minor (short) surgical procedure that removes tissue from your uterus (womb). You may need this procedure if you have unexplained bleeding between periods or if you have delivered a baby and placental tissue remains in your womb. D&C also is performed to remove pregnancy tissue remaining from a miscarriage or an abortion.

How is the procedure done?

D&C can be done in a doctor's office or in the hospital. You may be given medications to relax you or to make you unconscious. Using special instruments, the doctor will slowly widen the opening to your uterus (cervix). Opening your cervix can cause cramping. If this procedure is performed in the doctor's office, you will receive medications that numb your cervix and make it easier to open.

After dilating (opening) the cervix (mouth of the womb), tissue from inside the uterus is removed with a scraping instrument (curette), a suction tube, or other specialized instruments. Your doctor may want to look inside your uterus by inserting a special device called a hysteroscope, which is attached to a camera. A hysteroscope will allow your doctor to see the inside of the uterus magnified on a television screen.

Is D&C safe?

Most of the time, D&C is safe. Occasionally, complications do occur during or right after surgery. Sometimes, complications will not be discovered until long after the procedure. The possible complications include:

Uterine perforation is when a hole is accidentally made in the uterus by a surgical instrument. Though rare, this is most likely to happen if you have a D&C to control bleeding after you've delivered a baby. The doctor usually will know right away if the uterus has been perforated. Occasionally, the uterine perforation is not always obvious at the time of the D&C, and then you may need additional surgery to look inside the lower belly. The laparoscope is a small instrument attached to a camera that is placed through small incisions in your abdomen or belly to see if the organs around your uterus, such as intestines, bladder, or blood

vessels, are injured. If any of these organs are injured, they must be repaired with surgery. However, if no other organs have been injured, long-term complications from a perforation are extremely rare.

Infections can occur after a D&C. If you are not pregnant at the time of your D&C, this complication is extremely rare. However, 10% of women who were pregnant before their D&C can get an infection, usually within one week of the procedure. It may be related to a sexually transmitted infection, such as chlamydia or gonorrhea, or due to normal bacteria that pass from the vagina into the uterus during or after the procedure. The symptoms can consist of vaginal discharge, uterine cramping and pain, and fever. You must see a doctor immediately if you experience these symptoms. These infections usually do not result in long-term complications.

However, in some cases, the infection may scar the uterus, fallopian tubes, or ovaries, which may make it difficult for you to become pregnant in the future.

Scar tissue formation in the uterus is an uncommon complication in women who have had a D&C. This is referred to as "Asherman's Syndrome." You are at greater risk of scar tissue formation when a D&C is performed after a miscarriage, during pregnancy, or shortly after delivery of a baby. The most common symptom is very light or missed periods. If you have scar tissue in your uterus, you may have difficulty becoming pregnant or may have repeated miscarriages. To treat this condition, scar tissue is surgically removed. This type of surgery is performed with a hysteroscope, or a thin telescope attached to a small camera that is inserted through your vagina and cervix in order to view the inside of your uterus.

Other rare complications of a D&C include tears in the cervix, uterine bleeding, and reactions to anesthesia. These complications usually occur at the time of surgery.