

ABOUT

d&c

for uterine bleeding problems

A minor surgical procedure in which the surgeon dilates the woman's cervix, and then inserts a thin instrument to scrape the uterine wall



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(dil-ah-tay'-shun)

(koo-re-tahzh')

D & C—also known as dilatation (dil-ah-tay'-shun) and curettage (koo-re-tahzh')—is a minor surgical procedure in which the surgeon first dilates or opens the woman's cervix and then inserts a thin, spoon-shaped instrument. The instrument is then used to remove a sample of the internal lining of the uterus, or to remove the portion of the internal lining that is causing bleeding. Dilatation,



therefore, stands for opening the cervix; curettage means the scraping of the uterine wall.

This booklet will explain:

- Why you may need to have a D&C
- How D&C is performed
- What to expect before and after the procedure.

D&C is one of the most common surgical procedures. However, as routine as a D&C is, no two women undergoing a D&C are alike. The reasons for and the outcome of any D&C depend on your overall health, your age, the severity of uterine bleeding, and any other

abnormalities that may exist in your uterus, such as polyps (typically harmless, benign growths).

This booklet is not intended to take the place of your surgeon's professional opinion. Rather, the information presented here can help you to begin to understand the basics of this surgical procedure. Read this material carefully. If you have more questions, discuss them openly with your doctor.

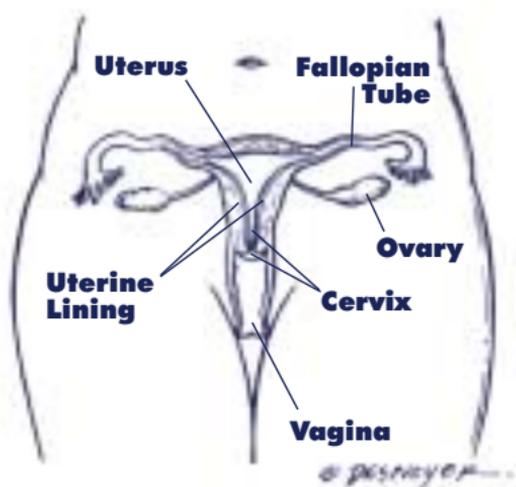
the uterus and the cervix

The uterus is a muscular, pear-shaped organ that has three main functions:

1. to receive an egg that has been fertilized by sperm in the ovary
2. to nurture and house the fetus (unborn baby) during its development
3. to use its muscular walls to push the baby out when it is ready to be born.

Because it is a muscular organ, the uterus has contractions or cramps that occur during the entire monthly cycle, even throughout pregnancy and delivery. The contractions are more intense during your menstrual period but they also occur throughout the month—you may not even feel them. At menstruation, the cervix opens to release blood and to shed the lining of the uterus, called the endometrium (en-doh-me-tree-um).

The cervix is located at the base of the uterus and serves as the valve between the uterus and the vagina. Through the cervical canal, semen enters the uterus, blood flows from the uterus during menstruation, and babies are delivered during birth.



who needs to undergo a D&C?

It is estimated that 70 percent of all women who have a D&C performed are 15 to 44 years old. The procedure is done for two reasons: to diagnose a problem, and to treat a problem. By doing a D&C, your surgeon can evaluate the causes of any abnormal bleeding from your uterus, determine the cause of severe menstrual pain, or gain information about why you are unable to get pregnant. This elective procedure is also commonly performed after a miscarriage (losing the fetus) to empty the uterus of remaining tissue associated with the pregnancy.

- Abnormal uterine bleeding is the most common reason why a D&C is done. However, reproductive-age women may be treated with hormones to attempt to stabilize the uterine lining before an operation is advised. If hormone treatment is unsuccessful, a D&C is done to establish the cause of abnormal bleeding so that a normal bleeding pattern can be restored.
- Polyps are generally harmless (benign) growths that can occur in the cervix or uterus. A cervical polyp can be irritated by sexual intercourse. A uterine polyp can cause abnormal bleeding. In either case, these conditions can be treated through a D&C, during which

the polyp is scraped off. Removed polyps are routinely sent to a lab to make sure they are not cancerous.

- Fibroid tumors are modular benign tumors of the muscular wall of the uterus and are almost never cancerous. If one protrudes into the uterine cavity, however, abnormal bleeding may occur in rare situations. If bleeding is very heavy, a D&C can identify and sometimes scrape away a small tumor of this type, although usually a more extensive operation is required.
- D&C is sometimes done to remedy a condition called endometrial hyperplasia, in which the uterine lining has become too thick.
- Sometimes a woman experiences bleeding after menopause. If vaginal bleeding occurs after a cessation of at least six months, you should see a doctor immediately. He or she may recommend a D&C.

about the procedure

D&C can be done on an inpatient or outpatient basis, in either a hospital or free-standing surgery center. Prior to the procedure, you may be given a sedative. An IV may be started either before or after you enter the operating room. The vaginal area will be washed.

There are three steps in the D&C procedure:

1. You will be positioned on your back on a gynecological table; your knees will be bent and your feet will be in stirrups. At this time, the surgeon will pass a series of dilators (narrow instruments of increasing thicknesses) into the vagina and the cervix, gradually opening the strongly contracted muscles of the cervix.
2. When the cervix is opened sufficiently, the surgeon will insert a curette (a thin spoon-like instrument) into the uterus to scrape the lining. Tissue and specimens will be removed and examined by the doctor and are sent to a pathology lab for evaluation.

3. A nurse will then put a sanitary napkin in place before you are taken to the recovery room. The operation takes about 10 minutes. You will be in the recovery room for about 30 minutes.

after the procedure

In most cases, you will be discharged from the surgery center or hospital on the same day that a D&C is done. However, you may be kept longer if you have another medical condition, such as diabetes or heart disease, or if some complication arises from the procedure or the anesthetic used.

The results of the laboratory evaluation of the removed tissue are usually available in several days. At that time, your doctor will recommend treatment for conditions that are identified by the procedure.

You will be encouraged to walk to the bathroom and resume normal nonstrenuous activity as soon as you are comfortable doing so. Expect slight bleeding and staining for anywhere from five to 14 days following a D&C.

You should refrain from sexual intercourse and the use of tampons for at least seven days or until the bleeding has stopped. Use sanitary napkins during this time. Also, douches should be avoided for two weeks after the operation because the operated area may be exposed to bacteria that can cause infection or inflammation.

Following the D&C, you will be given oral medication for any postoperative pain, such as severe cramps. Most pain disappears within 24 hours. You may also be given an antibiotic to prevent infection.

A D&C procedure leaves no scar. If your occupation does not involve heavy physical work, you can plan on returning to your job within two to four days. ■



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WHEN YOU NEED AN OPERATION...

surgery by surgeons

A fully trained surgeon is a physician who, after medical school, has gone through years of training in an accredited residency program to learn the specialized skills of a surgeon. One good sign of a surgeon's competence is certification by a national surgical board approved by the American Board of Medical Specialities. All such board-certified surgeons have satisfactorily completed an approved residency training program and have passed a rigorous specialty examination.

The letters F.A.C.S. (Fellow of the American College of Surgeons) after a surgeon's name are a further indication of a physician's qualifications. Surgeons who become Fellows of the College have passed a comprehensive evaluation of their education, training, and professional qualifications, and their credentials have been found to be consistent with the standards established and demanded by the College.



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