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Patient information: Dilation and curettage (D & C)

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INTRODUCTION — Dilation and curettage (D&C) is a procedure in which material from the inside of the uterus is removed of the cervix, the lower part of the uterus that opens into the vagina ([show figure 1](#)). "Curettage" refers to the scraping or uterine cavity (endometrium) with a surgical instrument called a curette. Some curettes are sharp while others use suction.

REASONS FOR D&C — There are a number of reasons a D&C might be performed. In some cases, the procedure is used to uterus to diagnose a medical condition (called diagnostic D&C). In other cases, the procedure is used to treat a medical pro therapeutic D&C).

Diagnostic D&C — The primary reason for a diagnostic D&C is to obtain samples of the endometrium to evaluate abnormal cells found during routine screening for cervical cancer. ([See "Patient information: Screening for cervical cancer"](#)).

In most cases, a healthcare provider will try to obtain a tissue sample with an office procedure called endometrial biopsy. If biopsy is not possible or insufficient tissue is obtained. When this occurs, D&C must be done to obtain an adequate tissue sa

Diagnostic D&C is usually done with hysteroscopy; this involves dilating the cervix and inserting a small instrument that allc and photograph the inside of the uterus. The images are displayed on a monitor, allowing the physician to visualize the end physician to avoid missing small polyps and ensures that the most visibly abnormal areas are sampled. ([See "Patient info bleeding"](#)).

Examination of the endometrial tissue by a pathologist can help establish certain diagnoses, including endometrial (uterine) precancerous conditions of the lining of the uterus (endometrial hyperplasia).

Therapeutic D&C — Therapeutic D&C is done to remove the contents of the uterus in the following circumstances:

Miscarriage — In some miscarriages, the tissues from a pregnancy are passed completely. In other cases, a D&C is nee ensure that all of it has been passed. ([See "Patient information: Miscarriage"](#)).

Abortion — A D&C can be done to remove the contents of the uterus when a woman chooses to end a pregnancy.

Treatment of molar pregnancies — A molar pregnancy occurs when a tumor forms in place of normal pregnancy plac D&C.

Prolonged or excessive vaginal bleeding — D&C may be done as a treatment in some cases of prolonged or excessiv to medical treatment. ([See "Patient information: Abnormal uterine bleeding"](#)).

Postpartum hemorrhage — Curettage may be done to manage excessive bleeding after delivery of an infant (postpart

PREPARING FOR D&C — Some patients will need to have blood testing before D&C (such as a blood count), although this Patients should not eat or drink anything before the procedure. All patients will need someone to accompany them home be after receiving anesthesia, which causes sedation.

Some patients will need to have a device or medication placed in the cervix the day before their procedure. The purpose is t the cervical opening, reducing the risk of cervical injury. Devices are used when the cervix must be dilated to a larger size t such as with pregnancy terminations and some types of hysteroscopy. Some patients will be instructed to insert a medicine

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cervix prior to the procedure.

After arriving for the procedure, a nurse may place an intravenous (IV) line, which can be used to give fluids and medicine for the procedure. The nurse or doctor will review the patient's medical history, list of medications used, and any drug allergies.

PROCEDURE — D&C can be performed in an operating room in a hospital or clinic. Many patients have a D&C performed in an operating room. A woman's blood pressure, pulse, and blood oxygen levels are monitored during the procedure. The procedure takes 15 to 30 minutes.

Anesthesia — The procedure can be done using general, regional, or local (paracervical) block anesthesia. The type of anesthesia used depends on the reason for the procedure as well as the medical history.

General anesthesia — General anesthesia induces sleep and completely relaxes the muscles, which makes it easier for the doctor to perform the procedure.

Regional anesthesia — Regional anesthesia uses an injection of an anesthetic into the area around the spinal cord to numb the area. The patient may be sedated with medicine given through an intravenous (IV) line.

Paracervical block — Anesthetic agents are injected directly into and around the cervix, numbing the area. The doctor may also use an intravenous (IV) line.

POST-PROCEDURE CARE — After the procedure, the patient will be cared for in a recovery or post-anesthesia care unit for 30 to 60 minutes. The doctor will monitor for excessive vaginal bleeding or other complications, and allows time for recovery from the anesthesia. Patients who had general anesthesia occasionally have nausea and vomiting, which can be treated with medications.

Most patients should be able to resume their regular activities within a day or two. Mild cramping and spotting may occur for a few days. Cramps can be treated with nonsteroidal antiinflammatory medications such as **ibuprofen** (Advil®, Motrin®). Patients should not use tampons or douches during this time and should ask when they can safely have sexual intercourse. The next menstrual period may occur a few weeks after the procedure.

A woman should call her physician if she develops fever (temperature greater than 100.4° F), cramps lasting longer than 48 hours, or decreasing pain, prolonged or heavy bleeding, or foul-smelling vaginal discharge.

COMPLICATIONS — D&C is a commonly performed procedure that is usually very safe. Yet as with any operation, complications can occur. Complications from D&C can include:

Uterine perforation — Uterine perforation occurs when one of the surgical instruments makes a hole in the uterus. It is more likely to occur if the procedure is done during pregnancy due to softening of the uterine wall.

Fortunately, most uterine perforations heal on their own and do not require any treatment. Two potential problems caused by uterine perforation are injury to a blood vessel and injury to other internal organs. A second procedure may be needed to repair these types of injuries.

Cervical injury — Injuries to the cervix can occur during dilation or from trauma related to the curettage. Lacerations (cuts) to the cervix can be treated with pressure to the area, application of medications that help stop bleeding, or in some cases, stitches in the cervix.

Infection — Infection from D&C is rare.

Intrauterine adhesions — Adhesions (areas of scar tissue) can sometimes form in the uterus following D&C. Adhesions are more likely to occur if the procedure is performed postpartum or postabortion. In some cases, this can lead to abnormalities in the menstrual cycle, painful menstruation, or miscarriage. If adhesions are extensive, a woman can be treated with hormones to encourage growth of healthy uterine tissue, or the adhesions can be removed with a surgical procedure.

WHERE TO GET MORE INFORMATION — Your healthcare provider is the best source of information for questions and concerns about the procedure. Because no two patients are exactly alike and recommendations can vary from one person to another, it is important to talk to your healthcare provider who is familiar with your individual situation.

This discussion will be updated as needed every four months on our web site (www.uptodate.com/patients). Additional discussions written for healthcare professionals are also available for those who would like more detailed information.

Some of the most pertinent include:

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Professional Level Information:

Dilation and curettage

Evaluation of the endometrium for malignant or premalignant disease

Causes and treatment of postpartum hemorrhage

Endometrial sampling procedures

Overview of pregnancy termination

Surgical termination of pregnancy: First trimester

Termination of pregnancy: Second trimester

Mifepristone for the medical termination of pregnancy

A number of web sites have information about medical problems and treatments, although it can be difficult to know which provided by the National Institutes of Health, national medical societies and some other well-established organizations are c information, although the frequency with which they are updated is variable.

- National Library of Medicine

(www.nlm.nih.gov/medlineplus/healthtopics.html)

- The Mayo Clinic

(www.mayoclinic.com)

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