

Dilation and Curettage

<p>Indications</p>	<p>Diagnostic:</p> <ul style="list-style-type: none"> Abnormal uterine bleeding <p>Therapeutic:</p> <ul style="list-style-type: none"> Molar pregnancy Miscarriage Post pregnancy bleeding First trimester abortion <p>Hysteroscopy, where a small camera (scope) is introduced to visualise the endometrium, can help better detect abnormalities.¹</p> <p>Contraindications: bleeding risk, ongoing pelvic infection</p>
<p>History</p>	<p>Key symptoms/signs</p> <ul style="list-style-type: none"> Abnormal uterine bleeding, pelvic pain, intermenstrual bleeding, postcoital bleeding Heavy bleeding Bleeding and pain during pregnancy Bleeding or pain postpartum
<p>Examination</p>	<p>Always verbal consent, provide patient a private space, and use a chaperone</p> <p>Abdominal examination</p> <ul style="list-style-type: none"> Pregnancy - locate foetal size, poles, lie, heart beat Postpartum - uterine tenderness, texture <p>Vaginal examination - inspect, speculum, bimanual palpation</p>
<p>Preoperative considerations</p>	<p>Some patients require a prior blood test -coagulation profile, FBC¹</p> <p>Misoprostol is routinely given in some hospitals as a tool to pre-operatively ripen the cervix. There is moderate evidence that it reduces the need for mechanical dilation of the cervix, and lowers the risk of cervical tearing/laceration and false track formation.²</p> <p>Medical students should always introduce themselves to the patient prior to the procedure. Note the reason for their D&C beforehand. ALWAYS show professionalism and sensitivity as many patients are going through incredibly difficult times.</p>
<p>Key procedural points</p>	<p>This is an outpatient procedure performed under general anaesthesia or procedural sedation</p> <p>A speculum allows access to the cervix. A tenaculum may be used to hold the cervix steady.</p> <p>Dilators are inserted from a small to large diameter progressively, to widen the cervix.</p>

¹ https://www.uptodate.com/contents/dilation-and-curettage?source=related_link

² <https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD005998.pub2/full>

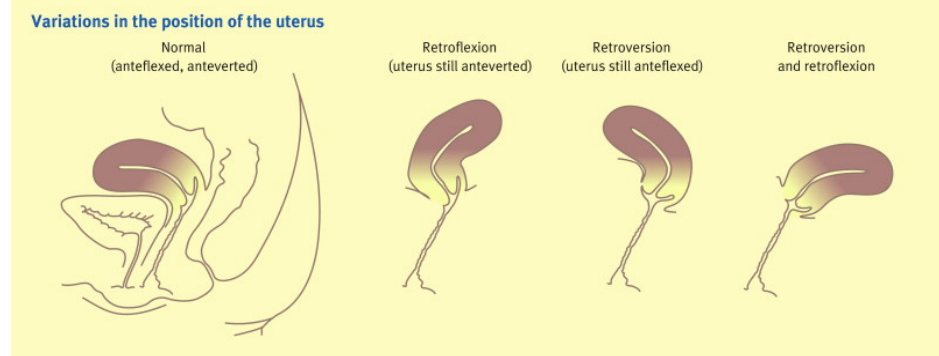
A **curette** is inserted into the uterus to evacuate endometrial tissue for lab analysis



Aspiration instruments ('suction') in therapeutic D&Cs to evacuate products of conception.

Relevant Anatomy

Position of the uterus may be palpated using bimanual palpation



Landmarks
 Vaginal canal, posterior fornix of vagina, cervical opening (external os, internal os), fundus, uterine horn/ostium/ostia (openings into fallopian tube)

Post-operative considerations

Patients may resume normal activity after anaesthesia wears off
 Common side effects include cramping and light bleeding. NSAIDs may be provided. Post-op complications include pelvic infection, heavy bleeding