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DILATION AND CURETTAGE  
(D & C/HYSTEROSCOPY)

PURPOSE:

The purpose of the D&C of the uterus is to remove the superficial portion of the lining of the uterus by scraping it with a blunt or sharp instrument or with suction cannulae. In the case of miscarriage, the curettage removes the remaining fetal-placental tissue.

The purpose of the hysteroscopy, if indicated, is to look into the uterine cavity through the opening in the cervix with a long fiberoptic scope. This enables me to see if there is any abnormal growth or irregularities in the uterus, such as polyps, fibroids or scarring. If these are found, they can oftentimes be removed with the aid of the hysteroscope.

These procedures are oftentimes done together to evaluate abnormal menstrual bleeding and to investigate infertility problems. The D&C (dilation and curettage) are generally all that is necessary for a miscarriage.

The anesthetic can either be a general anesthetic (asleep) or a regional anesthesia (numb from the waist down) or a local anesthetic. The type of anesthesia depends on the individual situation.

After the operation, there will be some cramping discomfort. Pain medication will be available to treat the cramps, if needed.

RISK:

Any operative procedure under the best of conditions carries with it potential risks, hazards and complications. These must be anticipated on a statistical basis.

A. SURGICAL COMPLICATIONS:

1. During the surgical procedure, the cervix may be torn during the dilatation.
2. The dilating instruments or the cruet may perforate the wall of the uterus. This could result in bleeding, bowel, or bladder injury. If this should occur, it could necessitate a laparoscope to look into the pelvis or a laparotomy (opening the abdomen) to repair injury or bleeding. Should heavy bleeding occur, there is the possibility of a blood transfusion with the attendant risks of hepatitis/AIDS. There is even a remote possibility of hysterectomy should there be a serious injury. The overall risk of this is one percent or less.
3. The risk of infection.
4. A very small risk of scarring in the uterine cavity which could adversely affect future fertility.

B. ANESTHETIC RISKS:

1. Heart rate irregularities.
2. Respiratory irregularities
3. Sudden changes in blood pressure.
4. Stoppage of heart is a rare complication.
5. Allergic reactions.
6. Pneumonia.
7. Body may lose ability to control body temperature (malignant hypothermia).
8. Risk of death, very rare.

These complications are extremely rare and very unlikely to happen. Generally, this is a relatively minor procedure, and you go home two to three hours after the surgery is completed. You should be able to resume normal activities in one or two days following the procedure. Usually, there will be a bloody discharge after a D&C for a few days.

Sexual activities and douching should be restricted for two weeks following surgery.

ALTERNATIVES TO SURGERY:

The decision for a D&C/hysteroscopy rest upon the patient utilizing information provided by her physician. The alternative of doing nothing is always available. Specific alternatives should be discussed with your physician.

I have read and fully understand the information presented above and it relation to the proposed surgical procedure. I also understand that there is no guarantee of results of the surgery.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date