Memorial Sloan Kettering Cancer Center

PATIENT & CAREGIVER EDUCATION

Dilation and Curettage (D&C)

This information will help you get ready for your dilation (dy-LAY-shun) and curettage (kyoo-reh-TAZH). It explains what to expect before, during, and after your procedure.

A dilation and curettage (D&C) is a procedure to remove tissue from your uterus. During the procedure, your doctor will dilate (widen) your cervix, which is the opening to your uterus. Then, they will remove tissue from the inside of your uterus with a thin instrument called a curette (kyoo-RET).

You may also have a hysteroscopy (HIS-teh-ROS-koh-pee) at the same time as your D&C. A hysteroscopy is a procedure where a scope (thin, flexible tube) is inserted into your uterus through your vagina. The scope has a light and camera on the end of it. This lets your doctor see the lining of your uterus and look for anything abnormal.

What is the purpose of a D&C?

Often, a D&C is done to find the cause of abnormal uterine bleeding (bleeding from your uterus). Examples of

abnormal uterine bleeding are:

- Bleeding between menstrual periods.
- Bleeding after vaginal intercourse (sex), including light spotting (spots of blood).
- Heavy, long, or irregular menstrual periods. An irregular period is when the number of days in between each of your periods keep changing. Your periods can come early, late, or not at all.
- Sudden vaginal bleeding after you have not had a menstrual period for 1 year or longer.

Abnormal uterine bleeding can be caused by:

- **Fibroids.** Fibroids are growths of your uterus that are made of connective tissue and muscle fiber. They're benign (not cancer). Fibroids can sometimes be removed during a D&C.
- **Polyps (PAH-lips).** Polyps are growths of tissue attached to the inner wall of your uterus. They can grow large enough to expand into your uterine cavity (the space inside your uterus). Most polyps are benign, but some can be cancerous or precancerous (lead to cancer). Polyps can be removed during a D&C.
- **Hyperplasia (HY-per-PLAY-zhuh).** Hyperplasia is abnormal growth of the lining of your uterus (when the

lining of your uterus becomes too thick). Hyperplasia can be precancerous.

- **Endometrial (EN-doh-MEE-tree-ul) cancer.** Endometrial cancer is cancer of the lining of your uterus. A D&C can help diagnose early stages of the cancer.

A D&C can also be done to diagnose or treat other conditions of the uterus.

What to do before your D&C

Ask about your medicines

You may need to stop taking some of your usual medicines before your procedure. Talk with your healthcare provider about which medicines are safe for you to stop taking.

We've included some common examples below, but there are others. Make sure your care team knows all the prescription and over-the-counter medicines you take. A prescription medicine is one you can only get with a prescription from a healthcare provider. An over-the-counter medicine is one you can buy without a prescription.

It is very important to take your medicines the right way in the days leading up to your procedure. If you don't, we may need to reschedule your procedure.

Blood thinners

Blood thinners are medications that affect the way your blood clots. If you take blood thinners, ask the healthcare provider performing your procedure what to do. They may recommend you stop taking the medication. This will depend on the type of procedure you're having and the reason you're taking blood thinners.

We've listed some examples of common blood thinners below. There are others, so be sure your care team knows all the medicines you take. **Do not stop taking your blood thinner without talking with a member of your care team.**

- Apixaban (Eliquis®)
- Aspirin
- Celecoxib (Celebrex®)
- Cilostazol (Pletal®)
- Clopidogrel (Plavix®)
- Dabigatran (Pradaxa®)
- Dalteparin (Fragmin®)
- Dipyridamole (Persantine®)
- Edoxaban (Savaysa®)
- Enoxaparin (Lovenox®)
- Fondaparinux (Arixtra®)
- Heparin injection (shot)
- Meloxicam (Mobic®)
- Nonsteroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen (Advil®, Motrin®) and naproxen (Aleve®)
- Pentoxifylline (Trental®)
- Prasugrel (Effient®)
- Rivaroxaban (Xarelto®)
- Sulfasalazine (Azulfidine®, Sulfazine®)
- Ticagrelor (Brilinta®)
- Tinzaparin (Innohep®)
- Warfarin (Jantoven®, Coumadin®)

Medications for diabetes

Before your procedure, talk with the healthcare provider who prescribes your insulin or other medications for diabetes. They may need to change the dose of medications you take for diabetes. Ask them what you should do the morning of your procedure.

Your care team will check your blood sugar levels during your procedure.

Arrange for someone to take you home

You must have a responsible care partner take you home after your procedure. A responsible care partner is someone who can help you get home safely. They should be able to contact your care team if they have any concerns. Make sure to plan this before the day of your procedure.

If you don't have a responsible care partner to take you home, call one of the agencies below. They'll send someone to go home with you. There's a charge for this service, and you'll need to provide transportation. It's OK to use a taxi or car service, but you still need a responsible care partner with you.

Agencies in New York

VNS Health: 888-735-8913

Caring People: 877-227-4649

Agencies in New Jersey

Caring People: 877-227-4649

What to do the day before your D&C

Note the time of your procedure

A staff member will call you after 2 p.m. the day before your procedure. If your procedure is scheduled for a Monday, they'll call you on the Friday before. If you do not get a call by 7 p.m., call 212-639-7606.

The staff member will tell you what time to arrive for your procedure. They'll also remind you where to go.

Instructions for eating

Stop eating at midnight (12 a.m.) the night before your surgery. This includes hard candy and gum.

Your healthcare provider may have given you different instructions for when to stop eating. If so, follow their instructions. Some people need to fast (not eat) for longer before their surgery.

Instructions for drinking

Between midnight (12 a.m.) and 2 hours before your arrival time, only drink the liquids on the list below. Do not eat or drink anything else. Stop drinking 2 hours before your arrival time.

- Water.

- Clear apple juice, clear grape juice, or clear cranberry juice.
- Gatorade or Powerade.
- Black coffee or plain tea. It's OK to add sugar. Do not add anything else.
  - Do not add any amount of any type of milk or creamer. This includes plant-based milks and creamers.
  - Do not add honey.
  - Do not add flavored syrup.

If you have diabetes, pay attention to the amount of sugar in your drinks. It will be easier to control your blood sugar levels if you include sugar-free, low-sugar, or no added sugar versions of these drinks.

It's helpful to stay hydrated before surgery, so drink if you are thirsty. Do not drink more than you need. You will get intravenous (IV) fluids during your surgery.

Stop drinking 2 hours before your arrival time. This includes water.

Your healthcare provider may have given you different instructions for when to stop drinking. If so, follow their instructions.

The day of your D&C

Things to remember

- Follow your healthcare provider's instructions for taking your medications the morning of your procedure. It's OK to take them with a few small sips of water.
- Wear loose, comfortable clothing.
- Take off any jewelry, including body piercings.
- If you wear contact lenses, wear your glasses instead, if you can.
- Bring case for your personal items, if you have one. This includes glasses or contacts, hearing aid(s), dentures, prosthetic device(s), wig, or religious articles.

What to expect during your D&C

When it's time to change for your procedure, a staff member will ask you to remove all your clothing and jewelry. You will also remove your glasses or contacts, hearing aid(s), dentures, prosthetic device(s), wig, and religious articles. The staff member will give you a hospital gown to put on.

After you change into the hospital gown, you will meet your nurse. They will bring you into the procedure room and help you onto the operating bed. If you feel cold, ask

your nurse for some blankets.

You will have an intravenous (IV) line placed in one of your veins, usually in your arm or hand. The IV will be used to give you anesthesia (medication to make you sleep) during your procedure. You may also get fluids through the IV before your procedure.

Your healthcare provider will set up equipment to monitor (keep track of) your heart rate, breathing, and blood pressure.

Then, you will get anesthesia through your IV. Once you're asleep, your doctor will start the procedure.

The procedure usually takes less than 1 hour but can sometimes be longer.

What to expect after your D&C

In the hospital

- When you wake up after your procedure, you will be in the Post-Anesthesia Care Unit (PACU). A nurse will continue to monitor your heart rate, breathing, and blood pressure. You may get oxygen through a thin tube that rests beneath your nose.
- Once you're fully awake, your nurse will give you a drink and a light snack.

- You may have some dull cramping in your lower abdomen (belly). If you do, ask your nurse for medication to help ease your pain. Your care team may also give you a prescription for pain medication to take at home.
- Your nurse will give you instructions on how to care for yourself at home. You must have a responsible care partner with you when you're discharged from (leave) the hospital.

At home

- You may feel drowsy from the effects of the anesthesia. It's important to have someone with you for the first 24 hours (1 day) after your procedure.
- For 2 weeks after your procedure, or as instructed by your doctor, do not put anything inside your vagina. Do not:
  - Douche.
  - Use tampons.
  - Have vaginal intercourse (sex).
- You can shower, but do not take baths. Ask your doctor when you can start taking baths again.
- You may have some cramping and vaginal bleeding, like what you have during a menstrual period. This may last

for several days after your procedure. If you have vaginal bleeding, use sanitary pads.

- Call your doctor to schedule your follow-up appointment.

When to call your healthcare provider

Call your healthcare provider if you have:

- A fever of 101 °F (38.3 °C) or higher.
- Vaginal bleeding that's heavier than your usual menstrual flow.
- Pain that does not get better, even after taking medication to help.
- Swelling in your abdomen.
- Vaginal discharge that smells very bad.

If you have questions or concerns, contact your healthcare provider. A member of your care team will answer Monday through Friday from 9 a.m. to 5 p.m. Outside those hours, you can leave a message or talk with another MSK provider. There is always a doctor or nurse on call. If you're not sure how to reach your healthcare provider, call 212-639-2000.

For more resources, visit www.mskcc.org/pe to search our virtual library.

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