Dilation and Curettage (D&C)

This information will help you get ready for your dilation and curettage (D&C). It explains what to expect before, during, and after your procedure.

D&C is a procedure in which your cervix is dilated (slowly opened) and tissue is removed from the inside of your uterus. The tissue is removed with a thin instrument called a curette.

You may also have a hysteroscopy at the same time as your D&C. A hysteroscopy is a procedure in which a thin scope with a light and a camera on the end is inserted into your uterus through your vagina. This lets your doctor see the lining of your uterus and look for anything abnormal.

Purpose of a D&C

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

- Bleeding between periods.
- Bleeding after vaginal intercourse, including light spots of blood.
- Heavy, irregular, or long periods.
• Sudden vaginal bleeding after a year or longer without getting a period.

This bleeding can be caused by:

• **Endometrial cancer.** Endometrial cancer is cancer of the lining of your uterus. A D&C can help diagnose early stages of the cancer.

• **Fibroids.** Fibroids are growths of your uterus that are made of connective tissue and muscle fiber. Most of the time, they’re benign (not cancer).

• **Polyps.** Polyps are growths attached to the inner wall of your uterus that extend into the uterine cavity (space inside your uterus). They’re usually benign, but some can be cancerous or precancerous (lead to cancer). Polyps can be removed during a D&C.

• **Hyperplasia.** Hyperplasia is abnormal growth of the lining of your uterus. Hyperplasia can be precancerous.

A D&C can also be done to diagnose or treat other conditions of the uterus. It also can be used to clear the lining of the uterus after a miscarriage or abortion.

**Before Your Procedure**

**Ask about your medications**

You may need to stop taking some of your medications before your procedure. Talk with your doctor about which medications are safe for you to stop taking. We have included
some common examples below.

- If you take an anticoagulant (medication to thin your blood, also called a blood thinner), ask the doctor who prescribes it for you when to stop taking it. Some examples are warfarin (Coumadin®), dalteparin (Fragmin®), heparin, tinzaparin (Innohep®), enoxaparin (Lovenox®), clopidogrel (Plavix®), and cilostazol (Pletal®).

- If you take insulin or other medications for diabetes, ask the doctor who prescribes the medication what you should do the morning of your procedure. You may need to change the dose.

Arrange for someone to take you home
You must have a responsible care partner take you home after your procedure. Make sure to plan this before the day of your procedure.

If you don’t have someone to take you home, call one of the agencies below. They will send someone to go home with you. There’s usually a charge for this service, and you will need to provide transportation.

**Agencies in New York**
Partners in Care: 888-735-8913
Caring People: 877-227-4649

**Agencies in New Jersey**
Caring People: 877-227-4649

The Day Before Your Procedure
Note the time of your procedure
A staff member from the Admitting Office will call you after 2:00 PM the day before your procedure. If your procedure is scheduled for a Monday, they will call you on the Friday before.

The staff member will tell you what time you should arrive at the hospital for your procedure. They will also tell you where to go. If you don’t get a call by 7:00 PM, please call 212-639-5014.

Instructions for eating and drinking before your procedure

- Do not eat anything after midnight the night before your procedure. This includes hard candy and gum.
- Between midnight and up until 2 hours before your scheduled arrival time, you may drink a total of 12 ounces of water (see figure).
- Starting 2 hours before your scheduled arrival time, do not eat or drink anything. This includes water.

The Day of Your Procedure
Things to remember
Take only the medications your doctor told you to take the morning of your procedure. Take them with a few sips of water.
What to expect
A staff member will bring you to a dressing room and ask you to remove all of your clothing, jewelry, dentures, and contact lenses. The staff member will give you a hospital gown to put on.

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

A member of your medical team will place an intravenous (IV) catheter (thin, flexible tube) into a vein, usually in your hand or arm. At first, you will get fluids through the IV, but it will be used later to give you anesthesia (medication to make you sleep during your procedure). You will also be attached to equipment to monitor your heart rate, breathing, and blood pressure.

You will get anesthesia (medication to make you sleep) through your IV. Once you’re asleep, your doctor will start your procedure.

After Your Procedure
In the hospital

- You will be taken to the Post Anesthesia Care Unit (PACU). In the PACU, a nurse will monitor your temperature, heart rate, breathing, and blood pressure. You may get oxygen through a thin tube that rests beneath your nose. You will stay in the PACU until you’re fully awake.
• Once you’re fully awake, you will be brought to a second recovery area. You will be able to drink some tea or juice, eat a light snack, and see your visitors.

• You may have some dull cramping in your lower abdomen (belly). Ask your nurse for medication to relieve any pain. Your doctor 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 recovery area.

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 after your procedure.

• For 2 weeks after your procedure, or as instructed by your doctor, do not:
  ○ Douche
  ○ Use tampons
  ○ Have vaginal intercourse

• You can shower. Ask your doctor when you can take a bath.

• 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. Use sanitary pads for
vaginal bleeding.

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

**Call your doctor or nurse 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 isn’t relieved by the medication your doctor recommended
- Swelling in your abdomen
- Foul-smelling vaginal discharge

If you have any questions, contact a member of your healthcare team directly. If you're a patient at MSK and you need to reach a provider after 5:00 PM, during the weekend, or on a holiday, call 212-639-2000.

For more resources, visit [www.mskcc.org/pe](http://www.mskcc.org/pe) to search our virtual library.