GynaeHealth
Specialised Care
Level 6 / 4 Paxton Street,
Springwood Q 4127

Dilation and Curettage

What is a Dilation and Curettage (also called a D&C)?

A D&C may be performed for the surgical management of an incomplete miscarriage, missed miscarriage, or a failed medical abortion. The procedure involves softly opening the cervix (entrance to the uterus) and removing pregnancy tissue using gentle suction curettage. The surgery happens through the vagina, there is no cutting involved, and performed under a short general anaesthetic.

How long does it take?

While you will be present at the day hospital for approximately 4 - 6 hours, the procedure is completed in about 10 minutes.

Recovery after anaesthesia is approximately 1 hour, and you should feel back to normal before you head home.

While it might seem a long time despite the procedure being short, this is standard practice to ensure your entire journey is safe and efficient. We will have you home as soon as safely possible.

Does it hurt?

You will be pain-free and asleep during the procedure where the Anaesthetist will give you strong pain relief and anaesthetic. When you wake up in recovery you may have some pain similar to your period pain. The team will ensure there are adequate medications for you in recovery should you have significant pain, discomfort, or nausea.

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What Should I Bring?

You will need photo identification and your medicare card if you have one.

If you have a referral, blood results or ultrasound scan and/or report, please bring these or ask your doctor to send directly to the clinic. This extra information will make your journey smoother.

Please also bring spare underwear and sanitary pads (not tampons).

How do I prepare for my procedure?

You will need to fast from midnight the night before. This means nothing to eat, including chewing gum, or drink before arriving; small sips of water may be consumed up to two hours before your arrival time.

Have someone to pick you up and drive you home for rest and recovery.

We may need a urine sample from you during your admission so please check with reception before using the bathroom if they need a sample.

You may bring a support person with you who can attend your consultations. However, the nurse will talk to you by yourself for your initial consultation.

You may also like to bring some headphones, a phone charger, or a book to keep you occupied during your wait times. Warm socks and comfortable clothes are recommended.

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What happens on the day?

You will have a consultation with the admission nurse, the operating doctor and the anaesthetist before your procedure.

We will ask about your medical history, previous pregnancies, and any operations you have had.

We will explain the procedure and answer any questions you may have.

An ultrasound may be performed in your consultation, we will not show you the ultrasound unless you ask to see it.

Before your procedure we will ask you to change into a gown and wait in an internal waiting room, your support person will not be able to sit with you in this area. A nurse will come to collect you from the waiting room when it is time to go to the theatre.

After your procedure you will recover with a nurse monitoring you. You will be discharged home to continue your recovery after approximately 1 hour.

What should I do if I have more questions not answered here?

Please feel free to ring Gynaehealth (07 33971211) to ask any additional questions, you may also request to speak with a clinic nurse. The nurse will usually call back within 24-48hours.

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Resources and Support:

Everyone has different feelings about their own procedure, there is no right or wrong way to feel. For emotional support or someone to talk to about your feelings, please see available options below.

Red Nose Grief and Loss Free, 24/7 Bereavement Support Line: 1300 308 307 www.rednosegriefandloss.org.au/

Children by Choice: 07 3357 5377 (in Brisbane) or 1800 177 725 (State-wide). Free counselling service for anyone in Queensland, assisting any pregnant person with support, options, and unbiased opinion.

Lifeline: 13 11 14. 24-hour trained crisis supporter and suicide prevention telephone service. 24-hour text service available at: www.lifeline.org.au/crisis-text/ and 24-hour online chat service available at: www.lifeline.org.au/crisis-chat/

1800 RESPECT: 1800 737 732. 24-hour confidential information, counselling, and support service for Queenslanders experiencing or impacted by domestic, family, or sexual violence.

DVConnect: 1800 811 811. 24-hour women's line, crisis support counselling, safety planning, emergency transport and accommodation and more services available for Queenslanders experiencing or impacted by domestic, family, or sexual violence.

13HEALTH: 13 43 25 84. 24-hour registered nurse health advice (Queensland).

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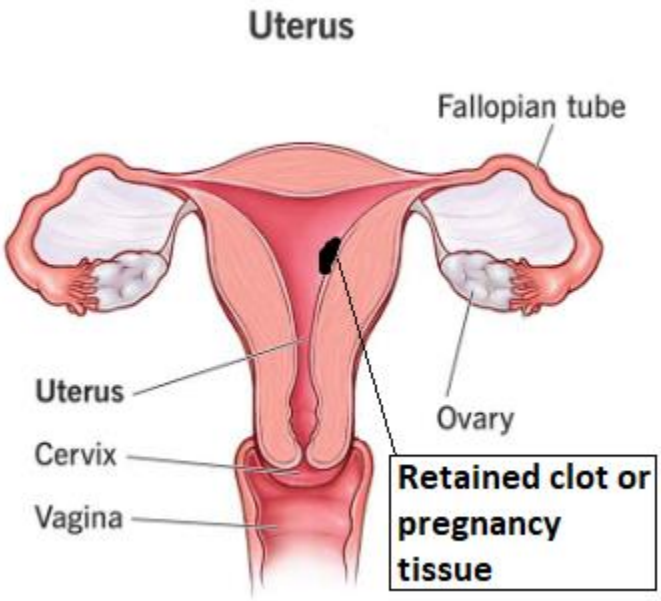
Surgical Risks and Complications for Dilation and Curettage:

Dilation and curettage (D&C) is a very safe procedure, however all surgical procedure carry some risks. The risks mentioned below do not include all possible complications but are the more common or important complications.

Retained pregnancy tissue or clot:

What is it: A small amount of tissue may stay in the uterus, or blood may collect and form a clot. This can cause excessive bleeding and/or pain.
Action/treatment: May require treatment or a repeat procedure.
Approximately 1-2 in 100 procedures



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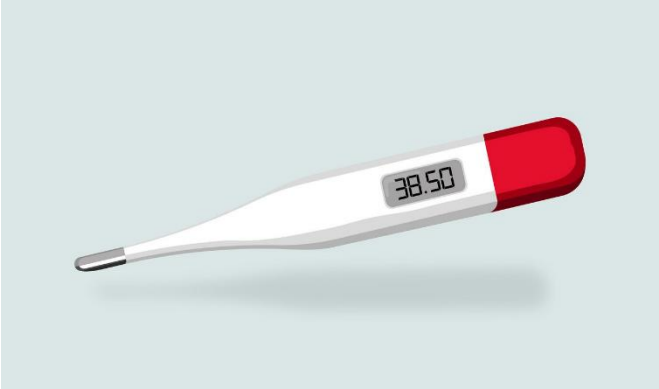
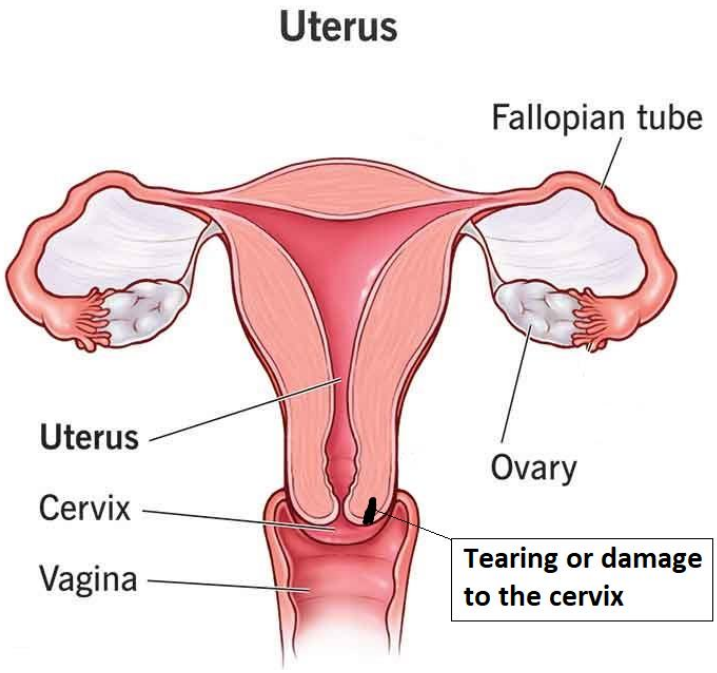
Infection:

What is it: When bacteria or a virus enters and grows in the body. This is uncommon, and serious infection is rare.
Action/treatment: We will give you antibiotics to reduce the risk of infection and instructions for when you go home to reduce this risk.
Less than 1 in 100 procedures



Cervical trauma:

What is it: Damage or tearing of the cervix (lower part of the womb). Usually, a small tear of the cervix that can heal itself.
Action/treatment: You may be given medication before the procedure to reduce this risk. The operating doctor can treat at time of the procedure.
Approximately 1 in 100 procedures; risk is higher with later pregnancy



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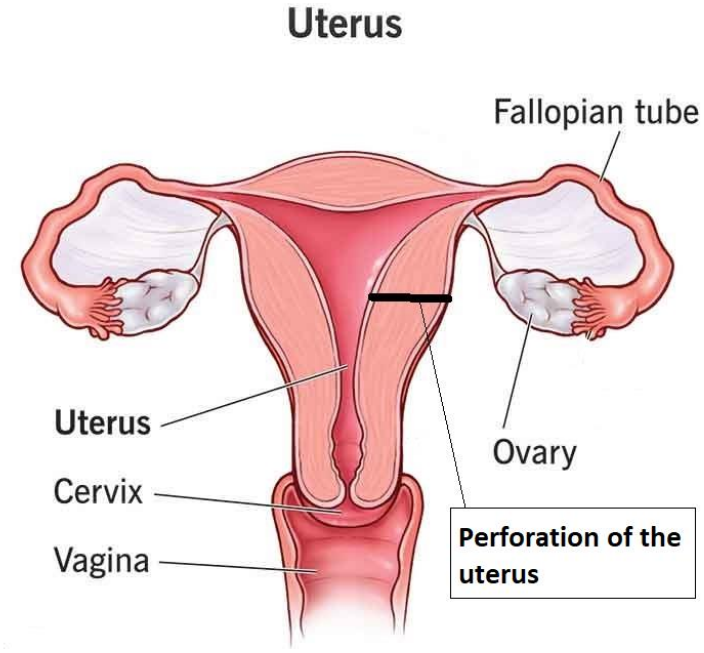
Haemorrhage:

What is it: Excessive bleeding.
Action/treatment: You may need further surgery, intravenous fluids or a blood transfusion.
This is very rare, 1 to 2 in 1000; risk is higher with later pregnancy

Perforation of the uterus:

What is it: A small hole in the uterus made by a surgical instrument. Serious uterine perforation is very rare and can affect other organs.
Action/treatment: This can heal itself without intervention. However, if we are concerned about possible injury, we will transfer you to a hospital for further assessment. In some cases, you might need surgery. In rare cases to save your life, it may be required to have your uterus removed.
1 in 1,000 procedures; risk is higher with later pregnancy.



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Future Pregnancies:

An uncomplicated D & C will not affect your chance of becoming pregnant in the future.

There is a small associated risk of a future pre-term birth, giving birth more than 3 weeks earlier than due date, compared if you have not had a D & C.

Anaesthetic Risks:

Common but minor risks (5 -10%)

Nausea and vomiting is one of the most common side effects which is often short lived and medications may reduce this.
Sore throats and Hoarseness is typically temporary and mild and is often a risk if an airway device is required.
Confusion and memory issues are short term cognitive effects in the immediate post operative period.
Shivering and chills are common with long procedures usually minor and short-lived.
Minor allergic reactions such as mild skin reactions and rashes.

Moderate Risks (1 -5%)

Respiratory: lung infections or aspirations pneumonia, more common in patients who are not fasted, have severe reflux or preexisting lung conditions.
Cardiovascular – heart rhythm disturbances, heart attacks, or strokes more common in patients with heart problems.

Rare but serious (<1%)

Anaesthesia awareness (e.g., awake during surgery but cannot move or communicate). Extremely rare with general anaesthesia light sedation (e.g., twilight) is often expected to include some awareness.
Anaphylaxis a life-threatening allergic reaction and is very rare risk is less than 1 in 10,000.
Death is more common in elderly or critically ill patients.