

Patient Information Leaflet

**Hysteroscopy / Dilatation and Curettage  
(D+C or scrape)**

**What is it?**

An operation to curette, or scrape away the contents of the womb.

**Why is it being performed?**

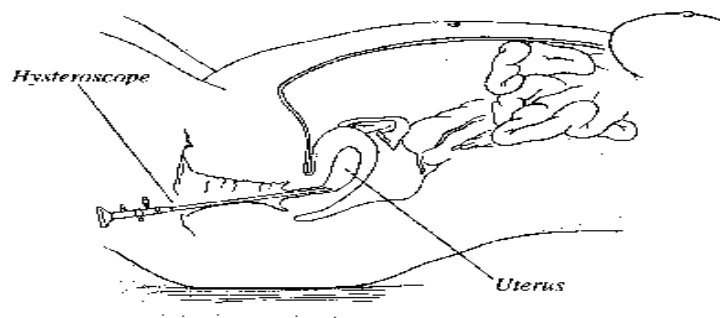
This operation is performed for two reasons. The first is to try to make a diagnosis, usually to explain why the womb is bleeding in an abnormal way. The second is to treat something that is wrong. The gynaecologist may suggest that a hysteroscopy is done before a D&C. A hysteroscope is a very fine telescope that can be introduced through the neck of the womb. It allows the gynaecologist to see inside the womb. If the womb looks normal, a D&C may be avoided. A hysteroscopy can be painless and done in the clinic as an outpatient. More often it is done in the operating theatre under an anaesthetic. A D&C can also be used to remove stuck intrauterine contraceptive devices (coils).

**Diagnosis and treatment:**

As hysteroscopy enables a clear view of the inside of the uterus, it is particularly useful in diagnosing polyps of the lining of the womb as well as fibroids pushing into the cavity of the womb. Removal of the polyps may lighten heavy periods or remove bleeding between periods. For women who bleed after the menopause (the change of life) then the sample removed from the lining of the womb by curettage/scraping will be examined for cancer changes.

**What preparations should be made?**

In many hospitals hysteroscopy/ D&C is done as a day case. If fit and healthy in every other way, and if home circumstances are suitable this is much easier. If the gynaecologist anticipates any possible difficulty with the anaesthetic s/he will suggest that you have an overnight stay. The same would apply if living alone. Occasionally patients are asked to spend the night before and after the operation in hospital. You will not need more than a couple of days of work. The gynaecologist must be told if you are on any regular drugs, and needs to know of any allergies and any problems with anaesthetics in the past.



If you are using the pill for contraception, continue with this. If you are suspicious that you may be pregnant, even just prior to the operation, you should let the doctor know when you arrive.

***You must not eat any food from 6 hours before the operation. You are allowed to drink clear fluids, including tea and coffee up to 3 hours before the operation.***

### **What happens?**

The operation is done through the vagina (front passage) and leaves no scar. The cervix (neck of the womb) is dilated enough to allow the surgeon to pass the fine telescope (hysteroscope) into the womb to look inside the womb. Then the gynaecologist passes the small curette (scraping instrument) into the womb and the curettings are sent to the laboratory to be looked at under a microscope. The operation only lasts 5 – 10 minutes.

### **What are the possible complications?**

This is a very safe operation, but every operation and anaesthetic carries a small risk. Unexpected problems and reactions can arise with anaesthetics. Major complications such as a deep vein thrombosis (clot in the leg) which passes to the lungs (pulmonary embolism) are rare as the procedure is so quick. Occasionally the dilator is pushed through the wall of the womb into the abdominal cavity. This sounds very alarming but all that is usually done is to extend the hospital stay another day or two. Very rarely the cervix may be dilated too far, damaging the fibres and muscle. This can increase the risk of later miscarriages. An infection of the womb and tubes can follow a hysteroscopy/D & C.

### **Afterwards...what to expect and what needs to be done?**

There are very few problems after hysteroscopy/D & C because it is such a short operation. A period-like pain may continue for a day or two. When you come round after the operation, you will probably feel drowsy and you may feel slightly sick. This will wear off after a few hours. Some bleeding and discharge occurs up to a week or so later. It is sensible not to use a tampon for this post-operative discharge

A tampon may be worn at the next proper period. Return to normal work is usually after 24 –48 hours. Unless the gynaecologist advises otherwise, you can resume intercourse as soon as desired. A daily bath is a good idea for a few days.

Your gynaecologist can tell you what was seen through the hysteroscope right away. If a biopsy has been removed it may take 2 weeks before the results are available. Your GP will be informed of your operation and results.

**We Value Your Views On Our Service**

If you wish to comment on the care which you, your relative or friend has received, we will be pleased to hear from you. Please speak to the person in charge of the ward, clinic or service in the first instance or ask them to contact the Patient Advice and Liaison Service. If you wish to contact the team directly, telephone on 524081 extn 4850.

Alternatively, you may prefer to write to:

Graham Elderfield, Chief Executive,  
Isle of Wight Healthcare NHS Trust  
St Mary's Hospital,  
Newport,  
Isle of Wight, PO30 5TG

**Reference:**

Patientwise Medical and Health Information for patients 1996  
[www.drwoolcott.com](http://www.drwoolcott.com)

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