PROCEDURE

D and C

A D and C opens the cervix so tissue can be removed from inside the uterus.

PURPOSE
Remove or test tissue from inside the uterus

PROCEDURE TYPE
Both; surgical tissue removal through the cervix

WHERE IT IS DONE
Operating theatre or equipped outpatient clinic

ANAESTHESIA
Local with sedation, deep sedation, or general

HOW LONG IT TAKES
About 10-20 minutes

PREPARATION
Possible fasting, medication review, and transport home

RECOVERY
Usually same day; no driving after sedation or general anaesthesia

MAIN RISKS
Bleeding, infection, uterine perforation, internal scar tissue

RESULTS
Findings immediately; tissue testing usually takes several days

Overview

D and C stands for dilation and curettage. Dilation means gently opening the cervix, which is the entrance to the uterus. Curettage means removing tissue from the inner lining of the uterus.

The tissue may be removed with suction, a slim surgical instrument called a curette, or both. Despite the name, modern procedures often rely mainly on suction rather than scraping.

A D and C can be used to investigate unusual uterine bleeding or to treat a problem inside the uterus. It may also be performed after a miscarriage or, less commonly, after childbirth when pregnancy tissue remains in the uterus.

The procedure is sometimes combined with hysteroscopy. During hysteroscopy, a thin camera is passed through the cervix so the clinician can look directly inside the uterus.

Why the procedure is performed

A D and C may be offered to:

Testing uterine tissue can help investigate bleeding after menopause or changes in the uterine lining seen on an ultrasound. It may identify polyps, abnormal cell changes, or cancer. Having a D and C does not mean that cancer is expected.

- Remove tissue that remains after a miscarriage
- Treat heavy or prolonged uterine bleeding
- Take tissue for laboratory testing
- Remove retained pregnancy tissue after childbirth or an abortion
- Treat an abnormal pregnancy called a molar pregnancy
- Remove some small growths, often with hysteroscopy

Who should and should not have it

A D and C may be appropriate when tissue needs to be removed promptly, when an office biopsy did not provide enough information, or when medicines or waiting have not resolved retained pregnancy tissue.

It is not the right choice for everyone. For some conditions, an ultrasound, office biopsy, medication, or watchful waiting can provide similar information or treatment with less intervention.

An elective D and C may be avoided or delayed if:

Infection linked to retained pregnancy tissue can require urgent treatment rather than delay. This may include antibiotics and removal of the tissue.

Discuss what the procedure is expected to achieve, whether hysteroscopy will be used, and what may happen if you choose not to have it.

- There is a possible ongoing pregnancy that you wish to continue
- An untreated pelvic or cervical infection is present
- A medical condition makes anaesthesia or surgery temporarily unsafe
- A bleeding disorder or blood-thinning medicine has not been assessed
- Cervical or uterine anatomy makes another approach safer

How to prepare

Your treating facility's own instructions take priority because preparation differs according to the anaesthetic and reason for the procedure.

Tell the team about all medicines, supplements, allergies, bleeding conditions, previous reactions to anaesthesia, and any possibility of pregnancy. If you take a blood thinner like warfarin or apixaban , do not stop it on your own. The team should explain whether and when it needs to be paused.

You may be told not to eat or drink before sedation or general anaesthesia. Follow the stated fasting times carefully.

The cervix sometimes needs preparation before the procedure. This may involve medication or a small device that slowly helps it open. Not everyone needs this.

Arrange for an adult to take you home if you will receive sedation or general anaesthesia. Bring a sanitary pad for light bleeding afterward. Leave jewellery and valuables at home if instructed.

What happens during the procedure

You will lie on an examination table with your legs supported. Monitoring equipment may be used to check your breathing, blood pressure, heart rate, and oxygen level.

The anaesthetic may numb the cervix, make you relaxed and sleepy, or make you fully unconscious. The planned approach should be explained before you consent.

A speculum is placed in the vagina, as it is during a cervical screening test. The cervix is cleaned and gently opened with narrow instruments. A thin suction tube or curette is then passed through the cervix to remove tissue.

If hysteroscopy is included, a small camera allows the clinician to inspect the uterus and target a particular area. Removed tissue may be sent to a laboratory.

The D and C itself usually takes only several minutes. You will then be monitored in a recovery area until you are awake and medically stable.

Recovery and what to expect afterward

Cramping similar to menstrual cramps is common for a day or two. Light bleeding or spotting can also occur. Use pain relief recommended by your team, and contact them if pain is worsening rather than improving.

Once you are fully awake and not feeling sick, you can usually drink and eat light food. Return to your usual diet as tolerated.

Plan for quiet activity on the day of the procedure. Many people resume normal daily activities within one or two days, but recovery may take longer after heavy bleeding, pregnancy loss, or general anaesthesia. Follow your facility's instructions about exercise, sex, tampons, and swimming while the cervix heals.

Do not drive home after sedation or general anaesthesia. You should also avoid driving while drowsy, dizzy, or taking medicine that affects alertness. Follow the facility's specific driving restriction.

Many people return to desk-based work within a day or two. You may need more time if your work is physically demanding or if you are recovering emotionally from pregnancy loss.

Risks and possible complications

Most people recover without a serious problem, but possible complications include:

A small uterine perforation may heal without treatment. A larger injury can damage nearby organs and may require another procedure.

Scar tissue can occasionally form inside the uterus, particularly after pregnancy-related or repeated procedures. This is called intrauterine adhesions or Asherman syndrome. It can affect menstrual periods or future fertility and may require hysteroscopic treatment.

Ask how these risks apply to your reason for having the procedure and whether ultrasound or hysteroscopy will be used.

- Bleeding that is heavier than expected
- Infection of the uterus
- A tear or injury to the cervix
- A hole in the uterus, called uterine perforation
- Tissue remaining in the uterus
- A reaction to sedation or anaesthesia

Results and follow up

The clinician may tell you immediately whether the expected tissue was removed or whether anything unusual was seen.

Laboratory examination takes longer, often several days and sometimes longer for specialised tests. Ask before leaving how and when results will be shared. Do not assume that no news means the result was normal.

A routine follow-up may review bleeding, pain, laboratory findings, and whether further treatment is needed. After pregnancy-related treatment, your team may also explain whether follow-up pregnancy testing or an ultrasound is needed.

Alternatives

The useful alternatives depend on why a D and C has been offered.

For some pregnancy-related conditions, prompt surgical treatment may offer faster and more predictable completion than waiting or medication.

- Watchful waiting after miscarriage: Avoids surgery and anaesthesia, but timing is unpredictable. Bleeding and cramping happen at home, and a later procedure may still be needed.
- Medication after miscarriage: Helps the uterus empty without surgery. It can cause significant cramping and bleeding and may not remove all tissue.
- Office endometrial biopsy: Takes a small sample through the cervix without an operating-room procedure. It cannot treat heavy bleeding or reliably remove larger or localised growths.
- Hysteroscopy with targeted biopsy or removal: Lets the clinician see and treat a specific area. It is still an invasive procedure and may require anaesthesia.
- Ultrasound: Can show the uterine lining, fibroids, or retained tissue without surgery. It cannot provide a tissue diagnosis or remove the problem.
- Medication for uterine bleeding: Hormonal or non-hormonal treatment may control bleeding when appropriate. It does not provide a tissue sample and may not treat a structural problem.

When to call your healthcare team

Light bleeding, mild cramps, and tiredness can be part of routine recovery. Contact your healthcare team promptly if you have:

Seek emergency help for bleeding that rapidly soaks through pads, fainting, severe weakness, trouble breathing, chest pain, confusion, or sudden severe abdominal pain.

Use the emergency instructions provided by your facility, as they may reflect your individual procedure and health needs.

- A fever of 38°C or higher
- Bad-smelling vaginal discharge
- Pain that is severe, worsening, or not helped by recommended medicine
- Bleeding that is becoming heavier instead of easing
- Ongoing vomiting or difficulty drinking
- No improvement when your team said recovery should be progressing

Common questions

Will I be asleep?

You may be fully asleep under general anaesthesia. Other D and C procedures use local anaesthesia with sedation, so you are awake but relaxed or sleepy. Ask which approach is planned.

Can I drive myself home?

Not after sedation or general anaesthesia. Arrange for an adult to take you home. Even after local anaesthesia, the facility may require an escort.

How painful is a D and C?

You should not feel surgical pain under general anaesthesia. With local anaesthesia or sedation, you may feel pressure and cramping. Menstrual-like cramps are common afterward.

When will I know the results?

The clinician may discuss what was seen immediately. Laboratory results usually take several days, and specialised testing can take longer.

Will it affect my ability to get pregnant?

A single uncomplicated D and C does not usually prevent pregnancy. Internal scar tissue is a possible but uncommon complication and may affect periods or fertility.

When will my period return?

The timing is influenced by why the procedure was performed and whether it followed a pregnancy. Your next period may not follow its usual schedule. Ask when your team wants to hear from you if it does not return.

Sources

- American College of Obstetricians and Gynecologists. Dilation and Curettage (D&C) . Patient education FAQ
- American College of Obstetricians and Gynecologists. Early Pregnancy Loss . Practice Bulletin No. 200
- National Institute for Health and Care Excellence. Ectopic Pregnancy and Miscarriage: Diagnosis and Initial Management . Guideline NG126
- Mayo Clinic. Dilation and Curettage (D&C) . Tests and procedures
- Cleveland Clinic. Dilation and Curettage (D&C): Treatment, Risks and Recovery
- Royal College of Obstetricians and Gynaecologists. Recovering from Surgical Management of a Miscarriage