



Operation Information

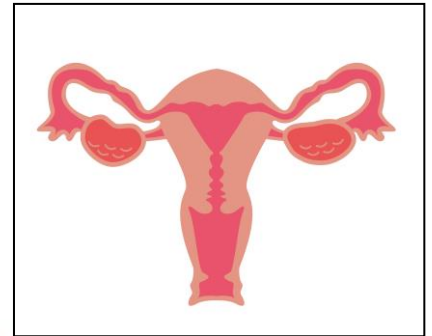
Dilatation and Curettage of Uterus(D&C)/ Suction Evacuation

Introduction

Both operations are used to diagnose and treat many conditions that affect the uterus. The aims of the operations are scrap and collect tissue (endometrium) from the inside of the uterus to obtain a biopsy (sample) for diagnosis.

In addition, Suction Evacuation is the common operation that enables the remaining contents of a miscarriage within the uterus to be removed.

Common indications include removal of tissue after miscarriage, treatment of heavy menstrual bleeding or irregular periods, therapeutic or elective abortion.



Outcomes

The expect outcomes of those procedures are determined on different indications. This operation should result in taking endometrial tissue to treat or to diagnosis gynecological diseases.

Procedures for D&C

A D&C may be done with other procedures, such as *hysteroscopy*, in which a slender device is used to view the inside of the uterus.

1. The operation is performed under general anaesthesia.
2. The cervix is gradually dilated.
3. Tissue from inside the womb is collected.
4. When a polyp or small fibroid is seen during examination, this will usually be removed at the same time.

Procedures for Suction Evacuation

A procedure of suction evacuation in which the cervix is dilated (opened) and vacuum is used to remove tissue from the uterus.

1. The operation is performed under general anaesthesia.
2. The cervix is gradually dilated.
3. A suction tube is inserted into the cavity of the uterus to evacuate the contents.
4. Tissue from inside the womb is collected.

Possible Risks and Complications

1. Bleeding
2. Infection
3. Trauma to the cervix
4. Perforation of the uterus
5. Intrauterine adhesions
6. Another Dilatation and Curettage of Uterus may be required if bleeding or infection occurs due to incomplete evacuation
7. Damage to the nearby organs which may require laparotomy or laparoscopy or repair (rare)
8. Third stage complications in future pregnancy
9. Adverse psychological sequelae

** The risks listed above are in general terms and the possibility of complications is not exhaustive. Please understand that even though all operations are carried out with utmost professionalism and care, this does not rule out the possibility of complications arising. In the event of peripheral organ damage or post-operative haemorrhage or leakage, further operations may be required.

Pre-operative Preparations

1. The procedure and possible complications will be explained by the doctor and consent form must be signed prior to the operation.
2. Please inform the doctor and nurse all your past medical history, previous surgical operations, current medication and complication with drug or anaesthesia.
3. Routine blood tests or ultrasound may be performed if necessary.
4. Nurse may give you the pre-operative medication via per vaginal or per oral to you as follow the doctor's prescription.
5. No food or drink six hours before operation.
6. Please change into a surgical gown after removing all clothing including undergarments, dentures, jewellery and contact lenses.
7. Please empty your bladder before the operation.

Post-operative Instructions

General

1. After general anaesthesia, you may:
 - experience discomfort in the throat after tracheal intubation.
 - experience side effects of anaesthesia including feel tired, drowsy, nausea or vomiting. Inform the nurse if symptoms persist or worsen.
2. Please inform the nurse of pain. Proper pain relief treatment by injection or oral medication may be prescribed by the doctor.
3. Please inform the nurse for excessive vaginal bleeding, abdominal distention or abdominal pain (pelvic cramps).
4. Analgesic may be prescribed by doctor if necessary.

Diet

A normal diet may be resumed as instructed after recovery from general anaesthesia.

Activities

1. You can resume normal activities as soon as you feel well, possibly on the same day after operation.
2. Vaginal bleeding, pelvic cramps and back pain usually settle subside a few days after operation.

Advice on Discharge

1. You are usually discharged on the same day after operation.
2. Please comply with medication regime as prescribed by your doctor.
3. Your next period may be earlier or later and may be heavier than normal.
4. Tampons, douching and sexual intercourse should be avoided if there is still vaginal bleeding present.
5. Please avoid drinking alcoholic beverages and herbal medicine such as Angelicae Sinensis Radix (當歸)、Astragali Radix (北芪)、Ginseng Radix (人蔘) and Deer Antler Velvet (鹿茸) etc.
6. A normal menstrual period will occur 4 – 6 weeks after the operation.
7. Immediately consult your doctor or return to hospital for professional attention in the event of massive vaginal bleeding, bleeding with clots, increasing abdominal pain (pelvic cramps), foul-smelling discharge, shivering, high fever over 38°C or 100.4°F, or any other unusual symptoms etc.
8. Should attend follow-up consultations 2 weeks later or as the date instructed by your doctor.

Should there be any enquiries or concerns, please consult the attending doctor.

Under the professional care of the doctor, you will gradually recover. We wish you all the best during your treatment and recovery.

If you have any questions after reading the entire leaflet, please write them down in the spaces provided in order for the doctor to further follow-up.

Compiled by Union Hospital Operating Theatre (OT) Governance Committee

The above information is for reference only, please enquire your physician for details
Our Hospital reserves the RIGHT to amend any information in this leaflet without prior notification