STANDARD TREATMENT WORKFLOW (STW)

Dilatation and Curettage (D&C)

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Gynaecological

- Mostly done for gynaecological indications, but may also be considered in early pregnancy complications
- Though office endometrial biopsy using either thin flexible or Karman cannula or office hysteroscopy has obviated the need for traditional D&C in gynaecological cases, it still has a place when other modalities are not available or do not yield adequate tissue

Dilatation and Curettage (D&C)

- Abnormal uterine bleeding in appropriate cases (refer to HMB STW)
- Post menopausal bleeding (ECC with D&C)
- Infertility (refer to gynaecological procedures)

Endometrial Aspiration Biopsy (EA)

D & C

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Tripathi R, et al.: Dilatation and Curettage (D&C)

**Standard Treatment Workflow (STW) for Dilatation and Curettage (D&C)**

- Mostly done for gynaecological indications, but may also be considered in early pregnancy complications.
- Though office endometrial biopsy using either thin flexible or Karmen cannula or office hysteroscopy has obviated the need for traditional D&C in gynaecological cases, it still has a place when other modalities are not available or do not yield adequate tissue.

**Indications**

- Post menopausal bleeding (EEC with D&C)
- Infertility (to rule out TR) Ammoniation
- As a haemostatic measure in women with excessive / prolonged vaginal bleeding
- Inadequate tissue obtained after office sampling
- Retained products of conception - a treatment of hysteroscopic incomplete, missed, septic or induced abortion
- Molar pregnancy

**Contraindications**

- Acute pelvic and vaginal infections

**Where can it be performed?**

- In secondary or tertiary healthcare centres preferably where facilities for anaesthesia and operation theatre are available to deal with procedure related complications, if any.
- Endometrial aspiration biopsy is usually done as an outpatient procedure in non pregnant cases.

**All tissue Removed must be sent for Histopathological Examination**

**Pre-Operative Requisites**

<table>
<thead>
<tr>
<th>Presence of a valid indication</th>
<th>General medical fitness &amp; no contraindication</th>
<th>A written informed consent</th>
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**Anaesthesia (Any of the Following)**

- General anaesthesia
- Regional anaesthesia
- Paracervical block with 1% xylocaine
- IV sedation
- IM analgesia

**Strict asepsis to be maintained. Antibiotics to be used judiciously and decided as per need of individual case.**

**Post Procedure Care & Follow up**

- Observe the patient for minimum two hours after the procedure for haemorrhage or any other symptoms or signs of complications prior to discharge.
- Patient can be discharged as soon as she is comfortable and alert.
- Most common side effect is abdominal cramps which can be managed by oral analgesics.
- Warning signals to report back to be explained at the time of discharge - severe pain, bleeding, foul smelling discharge or fever.
- Follow up is done after a week with histopathology report for further advice.

**Complications**

- Excessive bleeding
- Cervical lacerations
- Perforation of the uterus
- Injury to bowel and bladder
- Positive infection pathologies
- Post-operative uterine adhesions

**Do’s**

- Exclusion of urinary bladder before procedure.
- Safety checklist.
- Dorsal/decubitus position.
- Bimanual pelvic examination prior to the procedure.
- Sounding to measure uterine length only in non pregnant woman.
- Sample to be sent for histopathology and microbiology (where indicated).
- Refer in case of complication.

**Don’ts**

- Over ablation of lap.
- No sounding in case of pregnancies.
- No forceful insertion of any instrument.
- Abandon the procedure in case of suspected perforation or refer to higher centre.
- Insertion of the dilator should be just beyond the internal os and NOT till the fundus.

D&C is a blind procedure and may miss the pathology in some cases. In cases where local pathology is suspected, tissue should be obtained under hysteroscopic visualisation.

**Counselling is an Important Adjunct to Management**

**Keep a high threshold for invasive procedures**

This STW has been prepared by national experts of India with feasibility considerations for various tiers of healthcare systems in the country. These best practices are advisory, and are based on expert opinion and available scientific evidence. There may be variations in the management of an individual patient based on their specific condition, as decided by the treating clinician. Always seek medical advice of a qualified healthcare professional for correct diagnosis and treatment. For more information, contact the Indian Council of Medical Research or the Ministry of Health and Family Welfare, Government of India.