STANDARD TREATMENT WORKFLOW (STW)

Dilatation and Curettage (D&C)

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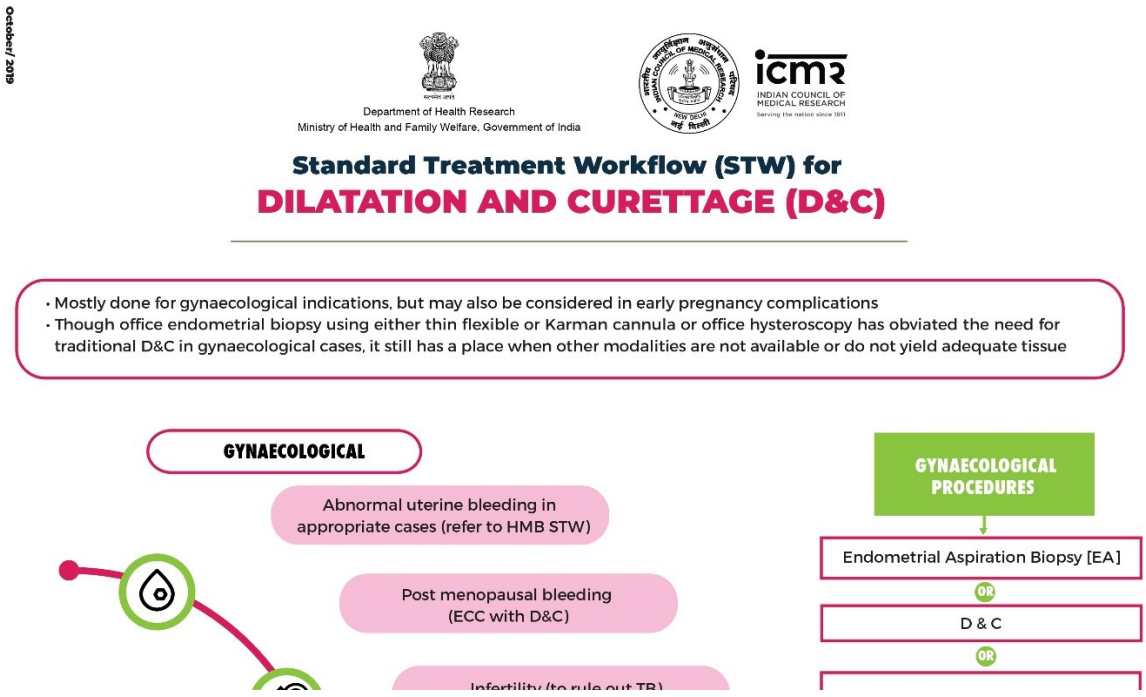

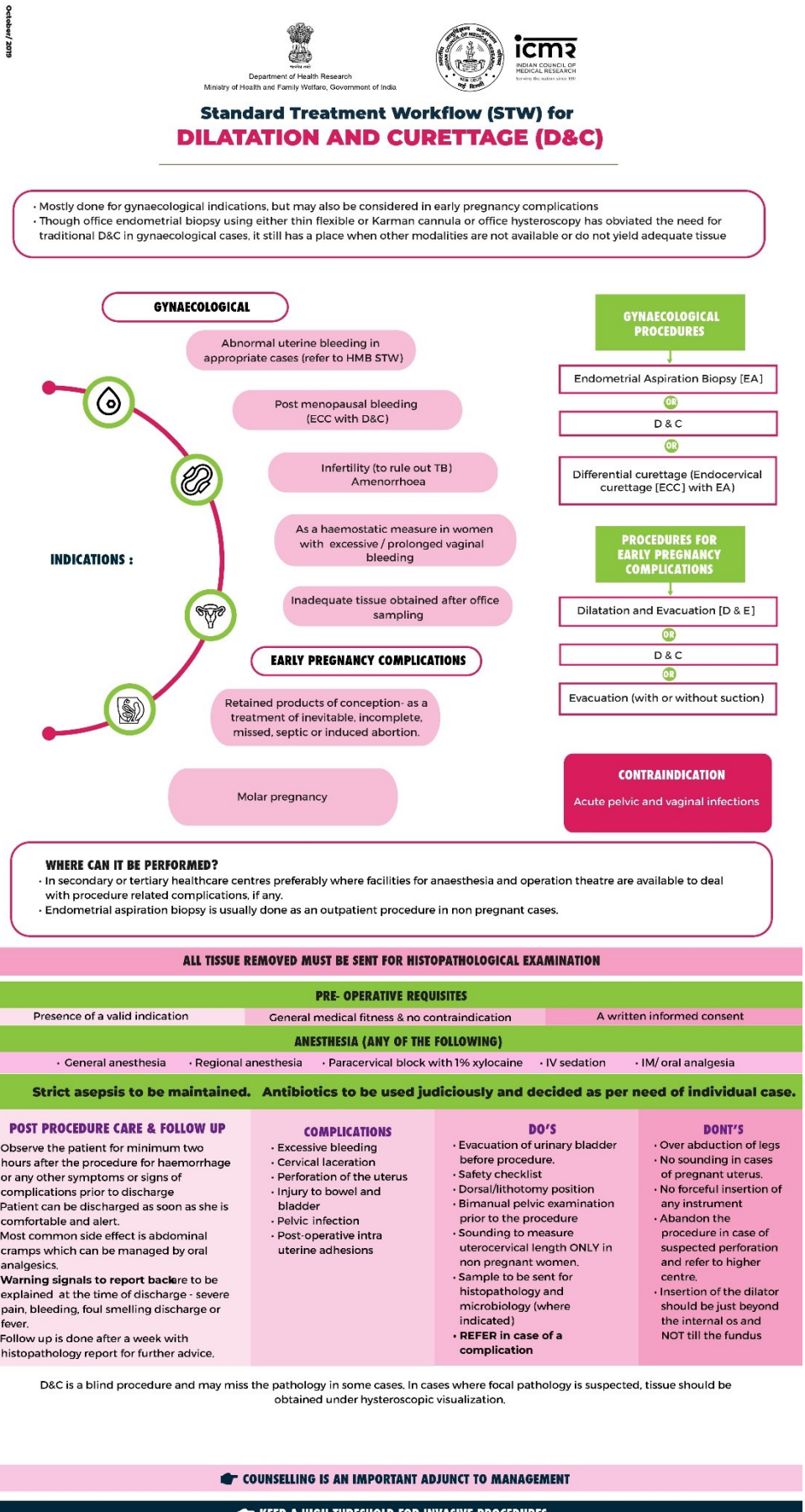
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Standard Treatment Workflow (STW) for
DILATATION AND CURETTAGE (D&C)
• Mostly done for gynaecological indications, but may also be considered in early pregnancy complications
• Though office endometrial biopsy using either thin flexible or Karman cannula 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
INDICATIONS :
GYNAECOLOGICAL
Abnormal uterine bleeding in appropriate cases (refer to HMB STW)
Post menopausal bleeding (ECC with D&C)
Infertility (to rule out TB) Amenorrhoea
As a haemostatic measure in women with excessive / prolonged vaginal bleeding
Inadequate tissue obtained after office sampling
EARLY PREGNANCY COMPLICATIONS
Retained products of conception- as a treatment of inevitable, incomplete, missed, septic or induced abortion.
Molar pregnancy
GYNAECOLOGICAL PROCEDURES
Endometrial Aspiration Biopsy [EA]
OR
D & C
OR
Differential curettage (Endocervical curettage [ECC] with EA)
PROCEDURES FOR EARLY PREGNANCY COMPLICATIONS
Dilatation and Evacuation [D & E]
OR
D & C
OR
Evacuation (with or without suction)
CONTRAINDICATION
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
Presence of a valid indication
General medical fitness & no contraindication
A written informed consent
ANESTHESIA (ANY OF THE FOLLOWING)
• General anesthesia
• Regional anesthesia
• Paracervical block with 1% xylocaine
• IV sedation
• IM/ oral 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 backare 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 laceration
• Perforation of the uterus
• Injury to bowel and bladder
• Pelvic infection
• Post-operative intra uterine adhesions
DO'S
• Evacuation of urinary bladder before procedure.
• Safety checklist
• Dorsal/lithotomy position
• Bimanual pelvic examination prior to the procedure
• Sounding to measure uterocervical length ONLY in non pregnant women.
• Sample to be sent for histopathology and microbiology (where indicated)
• REFER in case of a complication
DONT'S
• Over abduction of legs
• No sounding in cases of pregnant uterus.
• No forceful insertion of any instrument
• Abandon the procedure in case of suspected perforation and 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 focal pathology is suspected, tissue should be obtained under hysteroscopic visualization.
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 levels of healthcare system in the country. These broad guidelines are advisory, and are based on expert opinions and available scientific evidence. There may be variations in the management of an individual patient based on his/her specific condition, as decided by the treating physician. There will be no indemnity for direct or indirect consequences. Kindly visit our web portal (stw.icmr.org.in) for more information.
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