Information for informed consent for Dilation and Curettage (D & C) for evaluation of possible ectopic pregnancy

Why is a D&C done to evaluate an ectopic pregnancy?
In a normal pregnancy, the fertilized egg travels through your fallopian tube into the uterus (womb) where it implants and starts to grow. But sometimes the fertilized egg implants in the fallopian tube instead of the uterus and starts to grow there. When this happens, it is called an “ectopic” or “tubal” pregnancy. In most ectopic pregnancies, the egg grows in a fallopian tube. In rare cases, an ectopic pregnancy grows in an ovary or another place in the belly. An ectopic pregnancy cannot develop normally. It can be painful and very dangerous, even deadly.

Remember, your doctor will only recommend a D&C procedure if the pregnancy is not going to develop normally no matter where it is. This is not the same as an abortion. Ectopic pregnancies left untreated can be life threatening. While an ectopic pregnancy can be very upsetting, you should not blame yourself. You could not have done anything to prevent it.

It’s important to understand that the D & C will only test the lining of the uterus. It will not remove the ectopic pregnancy. That can only be done after lab tests confirm there is no pregnancy tissue in your uterus. Treatment for the ectopic pregnancy can usually be done within a day or so after we review lab results. Your doctor will discuss your treatment choices with you after the D & C is completed.

What symptoms will my doctor look for?
The most common symptoms of an ectopic pregnancy happen early in pregnancy. They may include:
- Bleeding
- Belly pain
- Pelvic pain
If any of these symptoms occur, or if you have certain risk factors for a tubal pregnancy, your doctor will monitor your condition with blood tests and ultrasound evaluation. If the tests show that the pregnancy may be growing outside the uterus, your doctor will recommend that you have a D&C to help guide the next steps in your treatment.

What are your choices for treatment?
1. Wait and see if the body reabsorbs the tissue. In some cases, the ectopic pregnancy ends on its own in this way. But these cases are rare. It can be risky to “wait and see.”
2. Do a D & C to test to see if you have pregnancy tissue in your uterus. It is almost always safer to have your doctor do a D & C to confirm the location of the pregnancy tissue rather than waiting to see if the pregnancy will end on its own. If there is no evidence of pregnancy tissue in the uterus, then we know you have an ectopic pregnancy and can treat it either using medication or surgery.

3. Laparoscopy- this is a surgery done through small incisions on the abdomen and using special scopes to look at your fallopian tubes. If an ectopic pregnancy is seen it can be removed, frequently the fallopian tube itself needs to be removed.

There are advantages, disadvantages, and potential risks for each option. Your doctor can help you choose which one may be best for you.

What are the benefits of a D&C?
The benefits of a D&C procedure for this condition include:

- It allows your doctor to remove and examine the cells lining the uterus to confirm the presence of early pregnancy tissue. If pregnancy tissue is there, then it is very likely you do not have an ectopic pregnancy. Once this is confirmed, your doctor will give you follow up instructions.
- If there is no pregnancy tissue present then your doctor will likely recommend treatment for an ectopic pregnancy. This may involve medication or surgery, depending upon your specific circumstances.
- It gives your doctor more information about how best to safely treat your condition.

What are the risks of a D&C?
Like any procedure there are some risks associated with a D&C. They include:

Very rarely
- Injury to the uterus (perforation) or nearby organs. In very rare cases, surgery may be needed to repair such an injury.
- Allergic reactions to anesthesia and medications. In very rare cases, you can die from a serious reaction.

Rarely
- Your cervix or uterus may become infected. In rare cases, medication or another procedure could be needed to treat an infection.
- Bleeding during the D & C. Rarely, a blood transfusion or more additional surgery may be needed to control the bleeding.

Having a D&C usually does not prevent a woman from getting pregnant in the future.

Are there alternatives to a D&C?
Yes, there are several other options, each with risks and benefits:

- **Continued observation.** If your condition is stable and your doctor feels you can be safely observed, you may choose to wait to see if the pregnancy dissolves and is reabsorbed by the body on its own. However, this could be risky. When a pregnancy grows outside the uterus, it could rupture (break open)
and cause serious bleeding. That could result in needing emergency surgery, blood transfusions, removal of the fallopian tube or uterus, or even death.

- **Using medication to treat the ectopic pregnancy.** In some cases, if your doctor already has enough information about your condition, you may be treated with a medication called “Methotrexate.” This is a chemotherapy drug that targets the rapidly dividing cells of the early pregnancy. Not all patients with ectopic pregnancies or suspected ectopic pregnancies can be treated this way. It is important to discuss this option with your doctor.

**Be sure to tell your doctor if you have…**
- A bleeding disorder
- An IUD (intrauterine device)
- Allergies to local anesthesia, latex, antibiotics, or iodine
- A vaginal infection
- An active herpes virus infection
- A history of pelvic inflammatory disease (PID)

**How can I manage pain during the D & C?**
Most D & Cs are done with a local anesthetic. Ask your doctor if it is OK to use Motrin or Advil an hour before the procedure, or a stronger pain medication like Vicodin. If you are nervous about the procedure, you can discuss whether to use a medicine like Valium or an injected medication to help you relax before the D & C. If you are very concerned about pain control, talk to your doctor about all of your options.

**What happens during the D&C?**
A D&C usually takes 15 to 30 minutes. Before the D&C, your doctor may want to slightly stretch open the cervix (the opening of the uterus) to make the procedure easier. This can be done by taking a medication called cytotec or by temporarily placing a small sponge (“laminaria”) that will slowly expand and open the cervix.

At the start of the procedure, your doctor may gently inject a local anesthetic and a medication (epinephrine) to reduce bleeding into the cervix. Epinephrine can cause your heart to race. It may also cause a metallic taste in your mouth, ringing in your ears, or your legs to shake. These are normal side effects of the medication and this feeling typically passes quickly.

After the opening of your cervix is slightly stretched, your doctor will use instruments to scrape or vacuum out the remaining pregnancy tissues from your uterus. It is normal to have some belly cramping during this part of the procedure. Try to relax and hold still.

**What happens after the procedure is over?**
Most women have moderate cramping immediately after the procedure and it is common to have milder cramps in your lower belly for several days afterwards. (It is OK to use Tylenol, Motrin, or Advil for pain relief.) Your doctor may also give you a prescription for a stronger pain medication.
It is normal to have bleeding similar to a menstrual period after the procedure. Do not use tampons as this may increase the risk of infection. Only use pads. Continue using any form of birth control or hormones you were using before you had the D&C unless your doctor tells you not to. You may shower or take a bath any time after the procedure. You can eat a normal diet. You will probably be able to get back to most of your normal activities within 1 to 2 days.

**Avoid the following:**
- Strenuous exercise for the next 2-3 days
- Tampons for the next 2-3 weeks
- Sexual intercourse or anything in the vagina for the next 2-3 weeks
- Douching for the next 2-3 weeks

**Follow up after the D&C procedure**
- Your doctor will provide you with a specific plan for your follow up after the D&C procedure. Usually the test results are available within a day or so and the next step in your treatment will be based on these results.

**Call our advice center right away if you have any of these symptoms:**
- Vaginal bleeding greater than 1 pad per hour for more than 3 hours
- Vaginal bleeding for more than 3 weeks
- Pain that is not controlled with Tylenol, Advil, or the prescription pain medication that might have been given after the procedure
- A temperature greater than 100.4 degrees Fahrenheit
- Pus (yellow or green discharge) coming from the vagina

**Where can you learn more?**
- Go online to kp.org and enter the code J774 in the search box to learn more about "Ectopic Pregnancy."