Information for informed consent for Dilation and Curettage (D&C), for Missed or Incomplete Spontaneous Abortion (Miscarriage).

Why is a D&C done to treat a miscarriage?
A miscarriage (also called “early spontaneous abortion”) is the unplanned ending of a pregnancy. Miscarriages are very common. Between 15 to 20 percent of all pregnancies end in miscarriage, usually during the first few months. Because some tissue from the pregnancy often stays in the uterus even after a miscarriage, your doctor may recommend that you have a D&C to reduce the risk of infection.

Some women wonder if they could have prevented a miscarriage. Given what we know from clinical studies, it is important to understand that there is nothing you did, or did not do, that caused the miscarriage. Usually, the embryo did not develop normally. Rarely, infections caused by viruses or bacteria can also lead to early spontaneous abortion. Often, we don’t know the specific cause. But we do know that most women who miscarry will go on to have healthy pregnancies later on.

Miscarriage can be emotionally challenging. Many women will grieve the loss of a pregnancy as they would the loss of a family member. Talking to supportive family and friends, clergy, or a counselor while you adjust to this loss can help.

What are my choices for treatment?
When tissue from the pregnancy still remains inside the uterus, this is called a “missed abortion” or an “incomplete abortion.” This tissue needs to pass out of the body or be removed. The choices are:

1) Wait and see if the uterus passes the tissue on its own (this could take days or weeks).
2) Have an office procedure called dilation and curettage (D&C) to remove the tissue.
3) Use a medication to complete the miscarriage and clear the uterus.

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 to assist with completing the miscarriage include:

- Reduce the risk of developing an infection inside the uterus.
- Lessen the risk of unpredictable heavy vaginal bleeding.
- Emotionally it is sometime easier for women to get the process completed quickly.
- Faster return to your normal menstrual cycle so if you are trying to get pregnant again you may be able to do so a little sooner.
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 injury to nearby organs. In very rare cases, surgery may be needed to repair such an injury.
- Bleeding during the D&C. Rarely, a blood transfusion or additional surgery may be needed to control the bleeding.
- Allergic reactions to anesthesia and medications. In very rare cases, a serious allergic reaction can cause death.

**Rarely**
- Infection of the cervix or uterus. Medication or another procedure may be needed to treat an infection.
- Repeat D&C. Sometimes tissue can be left behind that would require a second procedure.

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.** You may choose to wait to see if the miscarriage completes itself by passing the remaining tissue out of the uterus. Unfortunately, we can’t predict how long this will take. It could be days or weeks. Infrequently, when the miscarriage completes itself, heavy vaginal bleeding can occur which may require an emergency procedure.
- **Using medication to treat the miscarriage.** A medication called cytotec causes the uterus to contract and usually causes the remaining pregnancy tissue to be passed. The advantage of this method is that you do not undergo a procedure. However, the disadvantage is that it may not work and heavy bleeding can occur.

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 with medication 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 right 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 they 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 in 1 to 2 days.

Avoid the following:
- Strenuous exercise for the next 2-3 days
- Tampons for the next 2-3 weeks (use only pads for any bleeding)
- 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 or their staff will call you to set up a follow up appointment.

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 L103 in the search box for more information on "Miscarriage."