Patient Checklist

**Please read the following handouts thoroughly before your procedure.**

The procedure will be scheduled for the first available date with the On-Call Gynecologic Surgeon that day. You will be contacted by our Surgery Scheduler within 1-2 days to confirm the date of your procedure.

Once you are contacted, please fill in the following:

Date of Procedure: ____________________  Location of Procedure: ____________________

Address/Phone Numbers

<table>
<thead>
<tr>
<th>Facility</th>
<th>Phone</th>
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<tbody>
<tr>
<td>Martinez Special Procedure Center</td>
<td>(925) 313-4771</td>
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<tr>
<td>200 Muir Road, Martinez, CA 94588</td>
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<tr>
<td>Walnut Creek Hospital</td>
<td>(925) 295-4770</td>
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<tr>
<td>1425 North Main Street, Walnut Creek, CA 94596</td>
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<tr>
<td>Pleasanton Ambulatory Surgery Center</td>
<td>(925) 847-5368</td>
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<tr>
<td>7601 Stoneridge Dr, Pleasanton, CA 94588</td>
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<tr>
<td>Antioch Medical Center</td>
<td>(925) 813-7578</td>
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<tr>
<td>4501 Sand Creek Road, Antioch, CA 94531</td>
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**Transportation:** Please make arrangements for someone to drive you to and from the facility. Directions can be found through the kp.org/diablo website. The medications prescribed for this procedure can cause drowsiness and definitely impair your driving abilities. Do not drive a car, or operate any equipment after taking these medications.

**Procedure Pain Medication:** You will be given sedating medication in your IV (Fentanyl and Versed). Local anesthetic will be injected into your cervix to provide for most if not all of the pain relief during your procedure. You will be given a prescription for pain medication to take when you get home. With sedation, you will not be asleep during your procedure. We will give you medication to make you as comfortable as possible. This medication will be administered through an IV (intravenous) line. All sedation patients need to have someone on the premises during their surgery that will be available to drive them home. This person will also sign the discharge instructions as you will have been medicated. General Anesthesia (completely asleep with machine doing breathing for you) may be available at some facilities but not at the Martinez Special Procedure Center.
**Diet:** Do not eat or drink anything after midnight before the procedure. You may eat lightly immediately following the procedure. If your procedure is scheduled after 12:00, you may have clear liquids (black coffee, water) before 8 am. You may take any regularly prescribed medications with a sip of water on the morning of your procedure. This includes blood pressure medications.

**Preoperative History and Physical Exam/Consent for Surgery:** In most cases, this will be performed on site by the doctor scheduled to complete your procedure. Please complete the attached health history form. Also, review the consent form before your procedure and sign it. The doctor will review this again and any questions with you on the day of your procedure.

**Day of Surgery Arrival Time:** You will be contacted by Surgery staff 1-2 days before your procedure. You may call the number above if you do not receive a phone call by 2 pm the day before your procedure.

**Day of Surgery:** Please register for surgery at the designated area at the hospital or Procedure Center. For the Martinez Special Procedure Center – this is the Hacienda building. Upon arrival, you may be required to pay a co-payment for your procedure. Please contact member services at (800) 464-4000 for more information, or to confirm.

**Questions:** If you need to cancel your procedure, or if you have any questions, please contact your Doctor’s office Monday through Friday. On Saturday and Sunday, call the numbers listed above and leave a message.
Dilation and Curettage

This surgical procedure is used for women who have elected to proceed with removal of the pregnancy from their uterus.

Following intravenous medication to help you feel sedated, the doctor will give you numbing medication in your cervix. The cervix will then be dilated with a blunt dilating instrument to open it up enough to allow a suction instrument to remove the contents of the uterus. This is sometimes followed by a final cleaning out of the uterus with a sharp curette instrument.

You will be given antibiotics to help prevent infection and you will be given additional sedating and pain medication as needed during the procedure.

The risks of the procedure are outlined below. Please initial on the line to the left of each statement after you have read and fully understand the information.

Initial Below

I consent to the administration of intravenous sedation which is intended to control pain, relax me during the procedure. I may experience drowsiness, fatigue, poor muscular coordination, partial amnesia, and possible phlebitis (vein inflammation) at the injection site.

Damage to the Uterus, Bladder and/or Bowel - Regardless of how skilled a surgeon may be in the method of dilation and curettage, there is a risk of cutting or puncturing the uterus with one of the sharp instruments used. A serious perforation or cut of the uterus would require the patient to be hospitalized until the risk of significant internal or external bleeding could be ruled out, and it was determined that there was no damage to other organs. Although bladder and bowel damage is extremely unlikely, it has been known to occur. In some cases, the damage to the uterus may be repaired, if severe, uncontrolled bleeding is involved; treatment may require a blood transfusion and surgery. In rare cases (<1%), the damage is severe enough to require removal of the uterus (hysterectomy).

Infection - In addition to the potential problems described above, the most common problems, infection and retained tissue (incomplete abortion), are possible with the D& C. The most common symptoms are fever and cramping, but sometimes there is also heavier bleeding than usual. Postoperative infection can almost always be effectively treated with additional antibiotics. Dramatic results can be seen within 24 hours, and the condition seldom requires hospitalization.

Incomplete Abortion - Retained tissue (incomplete abortion) can cause more prolonged bleeding and cramping and, in some cases, may contribute to the infection of the uterus as described above. In this case, you may be required to undergo an additional D&C.

This information has been given to you as part of the Informed Consent regulations, which are a required part of the doctor-patient relationship prior to performing any elective surgery. It is not intended to make your decision more difficult.

I have read (or have had read to me) and fully understand the “DILATION AND CURETTAGE CONSENT INFORMATION,” and I fully understand and accept the risks involved in this procedure.

Patient Name ___________________________________________ Signature ________________________________

Witness Name ___________________________________________ Signature ________________________________

Date ___________________________

DSA – My Doctor Online - OBGYN
Last updated – 8/5/13
Health History Questionnaire for Surgery

Name: ___________________________  Kaiser #: ______________________________
Age: ___________________________  Occupation: ___________________________
Number of Pregnancies: ___________  Last Menstrual Period: _________________
Number of Deliveries: _____________  Blood Type (if known): ________________

Have you had any previous Obstetrical or Gynecologic problems?

Do you have any Medical problems? If so, please describe:

Have you ever had surgery? If so please describe below. Also, indicate if you have had any problems with anesthesia:

Current Medications (Please include dose /frequency):

Allergies to Medications, or other substances (Latex):

Do you smoke cigarettes?  Yes or No
Do you use any drugs of any kind?  Yes or No
Do you have an Advanced Health CareDirective?  Yes or No
If so, who is your agent? ____________________________

If not, who would you designate to make decisions about your life and health if you could not make them for yourself? ____________________________

Do you have any questions or concerns about your procedure today?
Postoperative Instructions

**What to Expect:** Feelings after a D&C vary from person to person. If you have been experiencing symptoms such as nausea or breast tenderness, they should resolve shortly after the procedure. You might feel a sense of sadness or relief. It is normal to be somewhat moody or depressed after a D&C; this is partly due to hormonal changes, but also due to emotional stress of having the procedure. It helps to share your feelings with those close to you.

**Discomfort/Cramping:** Discomfort is usually the most significant 2-10 hours after your procedure and cramping is usually mild; it may be like menstrual cramps for a few days after the procedure. Please take Motrin (Ibuprofen 400-600 mg every 6 hours) for the first 24 hours after the procedure. If you need stronger pain medication, you may be given a prescription for narcotic pain medicine. You should be able to get relief from a hot water bottle or heating pad. Nausea may occur 4-6 hours after the procedure but can usually be controlled with clear liquids, Ginger Ale or 7-Up. Please call the Advice Nurse for severe pain or nausea that is not well controlled by your pain medications.

**Bleeding/Vaginal Discharge:** The amount of bleeding and cramping is variable from woman to woman. You may have no bleeding after leaving the clinic, a bloody vaginal discharge, or you may have bleeding similar to a normal period for a few days to two weeks. Most women find that they have spotting and bleeding that stops and starts. It is also common to not start bleeding until several days after the D&C. Small clots may be passed on occasion. Bleeding tends to increase with physical activity and decrease or stop with rest. Please do not use tampons for the first week following your procedure.

**Your Period:** Your next period will probably come in 4 to 8 weeks. It may be lighter or heavier than what is normal for you. It is important to know that you can become pregnant again even before your next period. It is possible to get pregnant as early as one week after your D&C, so it is important to begin using a method of birth control when you resume having intercourse.

**Sexual Intercourse:** You should not have any sexual activity for at least 2 weeks following this procedure. If you are experiencing a discharge for more than two weeks following this procedure wait until the discharge stops before resuming sexual activity.

**Diet:** Eat whatever you feel like eating after this procedure.
Bathing: You may shower or take a bath as desired. There are no restrictions.

Work: Work may be resumed two days after this procedure.

To Help Prevent Infection: Up to and including 3 days after bleeding has stopped (unless your provider has instructed you otherwise):

- DO NOT insert anything into the vagina.
- DO NOT use tampons; use only pads.
- DO NOT have intercourse.
- DO NOT use hot tubs, go swimming, or douche.

If you feel hot, take your temperature. Eat well-balanced meals and get plenty of rest. Avoid strenuous exercise.

When to Call for Help:

- Fever over 100.4 degrees.
- Prolonged heavy bleeding (more than 1 pad hourly) or heavy bleeding for more than 2 weeks.
- Passing large clots (bigger than a 50-cent piece).
- Passage of tan, gray, or pink tissue.
- Foul-smelling discharge.
- If you do not get a period after 8 weeks.
- Persistent abdominal pain.

Questions:

If you have further questions please feel free call OB/GYN Advice at (925) 295-4040 to leave a message for your provider. For urgent concerns on weekends and after hours, please speak to the Advice Nurse or go into the Emergency Department for evaluation.