

HYSTEROSCOPY AND D&C PATIENT INFORMATION

A hysteroscopy refers to the viewing of the inside of the uterus (womb) by means of a very small television camera. A “D&C” stands for dilation of the cervix (neck of womb) and curettage (or scraping) of the inside of the lining of the uterus (womb). The procedure requires the cervix to be gently dilated with dilators and then a thin scraping device is used to remove part of the lining of the womb which is taken as a biopsy. The biopsy specimen is then sent off to the pathologist to make sure nothing untoward is found. The procedure of hysteroscopy, dilation and curettage takes about 15 minutes. I almost always perform this procedure under a general anaesthetic i.e. you will be asleep during the procedure. In addition it is almost always performed as a day case i.e. you are able to go home a few hours after the procedure.

By far the most common reason for performing a hysteroscopy and a D&C is abnormal bleeding. The procedure allows the Gynaecologist to very accurately diagnose the cause of the bleeding.

As with any operation there is always a small risk of a complication. The combined risk of the complications listed below is about two percent. In other words these complications are rare.

The risks are:

1. Infection requiring antibiotics or very rarely surgical drainage.
2. Very occasionally a perforation or hole may be made in the top of your womb. This is said to occur in about 1 in 200 cases. This mostly requires only antibiotic treatment but occasionally may require an additional operation if there is a suspicion of other organ damage or bleeding that will not settle. This may involve either “key-hole” surgery or a formal incision in the abdomen. This is particularly rare occurring in approximately 1 in 2000 procedures.

3. Bleeding requiring iron tablets. A blood transfusion is extremely rare.
4. General risks of having any anaesthetic such as lung infection, blood clots and heart problems. These would be extremely rare in young, fit and healthy women.

It must be stressed that many of these outcomes are very rare indeed. These risks need to be weighed up against the alternative of not having a hysteroscopy and D&C. Not having a hysteroscopy and D&C may be associated with a delay in a diagnosis of either a benign troublesome condition or a more sinister condition.

It is very difficult to cover every single complication. If you have any concerns please discuss these with me.

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(Reviewed May 2014)