

# Specialists In Reproductive Medicine & Surgery, P.A.

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*Excellence, Experience & Ethics*



## Endocervical Dilation & Uterine Curettage (D&C) Pre and Post-Operative Instructions

### **Pre-Procedure (Office):**

- **Please have nothing to eat or drink starting from eight hours the night before the surgical procedure.** An empty stomach decreases the rare incidence of nausea and vomiting following administration of IV anesthesia.
- **If you are 40 years of age or older, you will need an updated EKG.** This is required by the Florida Board of Medicine. If you have had one within the past six to twelve months, we will need a copy of the results before the procedure.
- **Please make sure your bladder is full prior to the procedure, as we use an abdominal ultrasound to guide the procedure.**
- You may brush your teeth in the morning. Wear loose fitting clothing on the day of the procedure. Please do not wear makeup or jewelry.
- You will need someone to drive you home from the office after the procedure due to the IV sedation. We recommend that your designated caregiver remain with you for the rest of the day following the surgical procedure.

### **Post-Procedure**

#### **General Complaints:**

You may be tired or even slightly lightheaded and weak over the next few days following your procedure. Bleeding is to be expected and may last for a couple of weeks. Most patients have minimal spotting or bleeding over a two-week time frame and the passage of an occasional blood clot or tissue is normal.

#### **Diet:**

You may resume your usual diet after the procedure. If you are nauseated, consume only liquids you can see light pass through (clear liquids). Advance your diet as quickly as you like but go back to clear liquids should nausea return. If you have been given any antibiotics, please take these with food to lessen the irritating effects on your digestive system. While some of the medications may have instructions indicating that they be taken on an empty stomach, absorption is quite sufficient and they are better tolerated when these medications are taken with food.

### **Activities:**

It is generally suggested that you modify your activity for two to three days following your surgical procedure. The type and amount of activity tolerated after surgery will vary from person to person. We also suggest that you drive only when you have returned to a normal level of physical activity. If you were given narcotic or other sedative medication, you should allow at least 8 hours for the effects of this medicine to wear off before you operate any potentially dangerous equipment (motor vehicle). If your procedure was done in the hospital under general anesthesia, you should wait at least 24 hours before performing any tasks that require your full mental abilities (operating a motor vehicle, signing important documents). You may shower within the first 24 hours. Swimming and taking a bath, however, are only allowed after seven days to minimize the passage of water into the vagina.

### **Sexual Intercourse:**

Since this procedure involved dilating or opening your cervix, the potential for flushing bacteria into the uterus and Fallopian tubes during intercourse is increased. Avoiding intercourse will minimize the potential of a pelvic infection developing following the procedure. Vaginal penetration is, therefore, not suggested for at least two weeks.

### **Pain:**

You will usually be given a narcotic prescription after the surgery for pain. Do not hesitate to take this medication. The pain may also be controlled with the use of extra strength Tylenol, 2 every 4-6 hours as needed. Please do not mix the prescribed medication with the over-the-counter medications, alcohol or other depressant medications. You should not drive a motor vehicle or operate dangerous equipment while using any narcotic. Expect to have some strong menstrual cramps during the post-operative period. **Please contact the office if there is significant abdominal pain not controlled by medication.**

### **Bowels:**

You may use an over-the-counter medication of your choice for diarrhea or constipation. Please contact the office if you have specific difficulties, which are not remedied with these medications. If you have significant nausea or vomiting, please contact the office.

### **Vaginal Bleeding and Vaginal Discharge:**

You should use a sanitary napkin/pad for the first two weeks and then a tampon for vaginal bleeding. If your bleeding requires you to change your pad or tampon more often than every 30 minutes over four consecutive hours, please contact your physician. You will generally get your normal menstrual period within six weeks of the procedure.

### **Other Medications:**

Unless otherwise specified, you should resume your prenatal- or multi-vitamin within one week of the procedure. Your physician will generally suggest supplemental iron if you have a history of anemia or lost a significant amount of blood during the procedure. If you were on other important medications prior to the surgery, they may be resumed within 24 hours of the procedure.

### **Travel:**

As with any surgery, it is generally suggested that you not leave the travel any significant distance during the two-week post-operative period. While the actual complication rate of this procedure is minimal, it is really ideal to be near your physician should difficulties arise.

### **When Can We Try to Conceive?**

It is generally suggested that you wait at least one menstrual cycle before attempting conception. If you were recently pregnant and if your conception was accomplished through any assisted means, your physician will outline a conception plan near the time of the procedure. Emotionally, it may also be ideal to wait somewhat longer when additional emotional healing is needed.

**When to Call the Office:**

- Fever of over 100.4 °F taken twice at least four hours apart
- Pain that does not improve with time or medication
- Abdominal pain which does not seem to be related to the same area of earlier cramping and pain
- Heavy vaginal bleeding (as described above)
- Unremitting nausea/vomiting
- Fainting episodes
- Problems with the pain medications

**Summary Comments:**

This information sheet may not answer all of your particular questions. Please contact the office if other concerns arise. The most important point to remember is to use good common sense during the recovery period.

The office generally makes an effort to contact you within 24 hours of the surgery. However, emergencies arise and this phone call may not be able to be made. If you do not get a phone call the day following your surgery, please contact the office on the next day and let us know how you are feeling.

If you have not already done so, you are to contact the office within the next few days to make an appointment to see the physician or nurse within two weeks of your surgery for a post-operative visit.

***Remember to call us with any specific problems.  
However, if you are having a true medical emergency, please call 911.***

\_\_\_\_\_  
Patient Name (signature)      \_\_\_/\_\_\_/\_\_\_  
Date

\_\_\_\_\_  
Nurse      \_\_\_/\_\_\_/\_\_\_  
Date

Endocervical Dilation & Uterine Curettage Pre and Post-Operative Instructions (*cont.*)

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