

# **Dilation and Evacuation (D&E)**

A dilation and evacuation (D&E) is a procedure to open (dilate) the cervix and surgically remove the contents of the uterus. It's a common and safe procedure. However, because it signals the end of a pregnancy, the choice whether to have a D&E can be difficult.

This handout gives information to help you decide if a D&E is right for you. It tells you what happens before, during, and after a D&E. It also answers common questions about the procedure. Finally, it gives a short list of potential benefits, risks, and alternatives. Your doctor will go over this information with you — please ask any questions you have.

# What happens before a D&E?

You'll have an appointment with your doctor before your D&E. At this visit:

- You'll review the procedure and have a chance to ask any remaining questions. You'll discuss any medications or supplements you take. If you take medications, ask your doctor whether or not you should stop taking them before the procedure.
- Your doctor will open your cervix in preparation for the D&E procedure. (Your doctor will explain the process before beginning.) Common methods include the use of:
  - Laminaria or Dilapan dilators, thin sticks that are placed in your cervix and held in place with gauze.
     Placed the day before your procedure, they absorb moisture from your body and slowly widen your cervix. The sticks usually stay in your cervix overnight, but may fall out before your D&E (don't worry if this happens).
  - Misoprostol medication, taken by mouth or in a vaginal suppository. Misoprostol can be used by itself or given after the laminaria or Dilapan sticks are placed in your cervix. You may have side effects such as nausea, cramps, and chills but these are usually mild.



This handout explains what happens before, during, and after a dilation and evacuation (D&E) procedure. While dilation and curettage (D&C) is slightly different, the term D&C is sometimes used to describe a D&E.

### If you're having a D&E in a HOSPITAL:

- Have NOTHING to eat or drink after midnight the night before your D&E — including water.
- On the day of your procedure, you'll check in at the hospital and change into a gown. A nurse will draw a sample of your blood and place an IV. You'll meet with an anesthesiologist, who will give you medication to help you relax. During the actual procedure, you'll be asleep.

### If you're having a D&E in a CLINIC:

• On the day of your procedure, you'll meet with clinic staff to review information about the procedure. You'll meet the small team that will be with you in the procedure room — usually a nurse and one or two doctors. You'll receive medication through an IV to help you relax and not feel pain. You'll also receive a local anesthetic to numb the area. The medication won't put you to sleep, but you probably won't remember the procedure afterward. (Also, you likely won't have a tube in your throat during the procedure.)

## What happens during a D&E?

Your doctor will first remove the laminaria or Dilapan sticks, if necessary. Using ultrasound to guide the procedure, the doctor will use special instruments to empty your uterus. This usually takes less than 20 minutes.

# What happens after a D&E?

- Recovery and going home. After the procedure, you'll rest for an hour or two. During this time, the medical team will monitor you to make sure you don't have any pain or heavy bleeding. (You may have some cramping and spotting.) You can go home once you feel ready and the team says it's okay. Don't drive yourself have someone else give you a ride home.
- One day after. You should be able to return to normal activity (work, school) the day after your D&E.
- The first few days, up to the first 2 weeks. You may have some cramping and light bleeding, as with your period. (The amount normally varies from person to person, and you may have very little or none.) Both bleeding and cramping should lighten over time. Use sanitary pads at first you can switch to tampons after a few days, if you like. Don't have sex for the first two weeks, but do start birth control.
- In 4 to 6 weeks. Unless you use contraception with hormones — like Depo-Provera or birth control pills — you can expect your period in about 4 to 6 weeks.

### Common questions with D&E

Can there be testing done after the D&E?

An autopsy usually isn't possible after a D&E. However, genetic testing can be done and may be offered to you if your doctor feels it could help to explain a problem with the baby or the pregnancy.

Will I be able to see or hold the baby afterwards? Could there be keepsakes (like a handprint or footprint) to take home?

No. With a D&E, the fetus, placenta, and uterine

No. With a D&E, the fetus, placenta, and uterine lining are not intact after they're removed.

#### What about a death certificate?

If you've had a miscarriage or stillbirth at or after 16 weeks gestation, you'll need to fill out paperwork so the State of Utah can issue a fetal death certificate. (Certificates aren't issued for terminations at any time.)

Do I have to make any arrangements?

If your D&E happens at or after 16 weeks gestation, you'll receive information regarding burial or cremation.

### What about future pregnancies?

Talk to your doctor about your specific questions and desires. The D&E procedure itself doesn't affect your chance of future pregnancy complications. However, there may be factors in your unique medical situation that affect the risks. If you plan another pregnancy, you should start (or continue) taking a multivitamin with at least 400 mcg of folic acid every day. This simple step can help prepare your body for a healthy future pregnancy.

# Talking with your doctor about a D&E

The table below lists the most common potential benefits, risks, and alternatives for D&E procedure. Other benefits and risks may apply in your unique medical situation. Talk with your doctor. If you have questions, be sure to ask.

Potential benefits	Risks and potential complications	Alternatives
Some women may have the choice to either have a D&E or go through labor. D&E may provide these benefits compared to going through labor:  • Faster completion of the miscarriage or termination  • Lower chance of infection or heavy bleeding (because the procedure removes all the tissue from the uterus)	<ul> <li>D&amp;E is generally considered a very safe procedure.</li> <li>Complications are rare, but potential problems include:</li> <li>Damage (perforation or scarring) of the uterus, bowel, or bladder</li> <li>Damage to the cervix, which may affect future pregnancies</li> <li>Complications that can occur with any surgery, such as infection, reactions to anesthesia medication, or bleeding requiring a blood transfusion</li> </ul>	Depending on the reason for the D&E, your options may include:  • Expectant management: waiting for a spontaneous pregnancy loss  • Labor induction: taking medication to bring on labor