

Dilation and Evacuation (D & E)

What is D & E ?

Dilation (dy-LAY-shun] and **evacuation** [ee-vak-you-AY-shun] (**D & E**) is a procedure to open (dilate) the cervix and surgically clear the contents of the uterus (evacuation). It is typically done before 15 weeks of pregnancy or after a miscarriage. Because it signals the end of a pregnancy, the choice whether to have a D & E can be difficult. D & E is a common and safe procedure that usually takes about 20 minutes.

What happens before D & E?

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

- You will review the procedure and have a chance to ask questions. Bring a list of all prescriptions, over-the-counter medicines (such as allergy pills or cough syrup), patches, vitamins, and herbs that you take. You may need to stop taking some of these a few days before your procedure.
- Your healthcare provider will prepare your cervix for the D & E. Common ways to open the cervix include the use of:
 - **Laminaria** [lam-uh-NAIR-ee-uh] or **Dilapan** [DIL-uh-pan] **dilators**. These are thin sticks that are placed in your cervix and held in place with gauze. They are placed the day before your procedure. These dilators take in 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** [my-soe-PROST-ole] **medicine**. This medicine is taken by mouth or placed in the vagina. Misoprostol can be used by itself or given after the laminaria or Dilapan sticks are placed in your cervix. It can cause mild side effects such as nausea, cramps, and chills.



Use this handout as a guide when talking with your healthcare provider. Be sure to ask any questions you may have so that you understand what will happen before, during, and after your D & E.

If you're having a D & E in a hospital

Follow all instructions from your healthcare provider about eating and drinking on the day before your procedure. If you don't follow the instructions properly, you may have to postpone.

At the hospital, a nurse will draw a sample of your blood and insert an IV. An anesthesiologist will give you medicine to help you relax. You will be asleep during the procedure.

If you're having a D & E in a clinic

You will meet with clinic staff to review information about the procedure. You will be given medicine through an IV to help you relax and not feel pain as well as medicine to numb your cervix. To keep you safe, a small team of caregivers will be with you for the procedure.



Common questions about D & E

What happens during D & E?

Your healthcare provider will first remove the laminaria or Dilapan dilators, if necessary. Using ultrasound to guide the procedure, the healthcare provider will use special instruments to clear your uterus.

What happens after a D & E?

- **Right after the procedure.** You'll rest for an hour or two at the hospital or clinic. The medical team will keep an eye on you and watch for any problems. You may have some cramping and spotting. You can go home once the team says it's okay. You will need to have someone give you a ride home.
- **One day after.** You should be able to return to normal activity (work, school) the next day.
- **The first few days, up to the first 2 weeks.** You may have some cramping and light bleeding as with your period. 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 the next month or so.** Unless you use birth control with hormones, you should have a period in about 4 to 6 weeks.

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 healthcare provider feels it could help to explain a problem with 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 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 of pregnancy, you'll need to fill out paperwork so the State of Utah can issue a fetal death certificate. (Certificates aren't issued for terminated pregnancies 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 options.

What about future pregnancies?

A D & E doesn't affect your chance of future pregnancy complications. However, there may be factors in your unique medical situation that impact your risk for complications. Talk to your healthcare provider about your specific questions and desires.

Talking with your doctor about a D & E

The table below lists the most common potential benefits, risks, and alternatives for a D & E. 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
<p>Some women may have the choice to either have a D & E or go through labor. D & E benefits compared to going through labor include:</p> <ul style="list-style-type: none"> • Faster completion of the miscarriage or termination • Lower chance of infection or heavy bleeding 	<p>D & E is generally considered a very safe procedure. Complications are rare, but potential problems include:</p> <ul style="list-style-type: none"> • Damage (perforation or scarring) of the uterus, bowel, or bladder • Damage to the cervix, which may affect future pregnancies • Infection, reactions to anesthesia medicine, or heavy bleeding 	<p>Depending on the reason for the D & E, your options may include:</p> <ul style="list-style-type: none"> • Waiting for a spontaneous pregnancy loss (miscarriage) • Taking medication to bring on labor

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