

REFERRAL FORM – PREGNANCY RELATED DILATION AND CURETTAGE (D&C)

Referral Date: <u> </u> / <u> </u> / <u> </u> DD/MM/YYYY	Fax to: 705-325-3181
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PATIENT INFORMATION

Name:	Date of Birth: <u> </u> / <u> </u> / <u> </u> DD/MM/YYYY
Health Card:	Version Code:
Address:	
Telephone:	Alternate:
Preferred name:	
Gender:	Pronouns: <input type="checkbox"/> He/Him <input type="checkbox"/> She/Her <input type="checkbox"/> They/Them <input type="checkbox"/> Other
Other insurance coverage (IFH, UHIP, other)	<input type="checkbox"/> Self-pay
Language spoken:	Interpreter required: <input type="checkbox"/> Yes <input type="checkbox"/> No
Allergies:	

REFERRING PROVIDER INFORMATION

Name:	Billing number: <u> </u>
Address:	Signature: <u> </u>
Telephone:	
Fax:	
Primary Care Provider if different from above:	

REASON FOR REFERRAL

Diagnosis and indication:

Spontaneous/Missed Abortion

Therapeutic Abortion

Other:

Add: IUD Insertion (at time of D&C)

LMP:

Gestational age at date of referral: Estimated due date:
DD/MM/YYYY

Date of ultrasound:
DD/MM/YYYY

Last bHCG: ABO(Rh): HGB:

Obstetrical history: Gravida Para # Spontaneous vaginal delivery # C-Sections

CLINICAL INFORMATION / CHECKLIST (Current Pregnancy) Please attach the following mandatory reports:

- Past and current medical history: (Include medication list & cumulative patient profile)
- Blood work - current pregnancy (fax to 705-325-3181 and to OB on-call)
- Ultrasound – (fax to 705-325-3181 and to OB on-call) - reach out to OB on-call if unable to access timely US
- Consults related to current condition
- Review with patient: *Information document for patients undergoing D&C (page 2)*
- Provide to patient at time of booking – *D&C Pregnancy-Related Procedure Information*
- For therapeutic abortions, provide contraception options (IUD insertion at the time of D&C is an option)
 - Check off above and provide prescription for patient to bring to procedure
- Courtesy call to OB on-call – OB on-call will be responsible for handoff to OB performing the procedure

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170 Colborne Street West Orillia, ON L3V 2Z3

ORILLIA SOLDIERS' MEMORIAL HOSPITAL

INFORMATION DOCUMENT FOR PATIENTS UNDERGOING DILATION AND CURETTAGE (D&C)

The operation that you will undergo is called a suction D&C (dilatation and curettage). This is usually a safe operation but occasionally complications may occur. While these are very uncommon, you must be aware that they can happen.

INFECTION: As with any other operation, sterile techniques are used, but the risk of infection, while small, remains. If not treated, fertility problems may result and, therefore, if you think you might have an infection, see your primary care provider as soon as possible. Signs of infection include foul smelling discharge, worsening pelvic pain, fever or worsening bleeding. You may need treatment with antibiotics.

BLEEDING: After a suction D&C you may have light vaginal bleeding that can last for up to three to four weeks. This may come in the form of pink, red or brownish discharge and can be associated with the passage of small clots. The first true period usually occurs four to six weeks after the surgery, but this could change with certain types of hormonal contraceptives.

Due to the risk of bleeding, you will be asked to sign a blood transfusion consent form at the time of surgery. If you do not consent to receive blood, you can still undergo the procedure but you will need to have a discussion with the surgeon prior to the procedure.

RETAINED PRODUCTS: If the bleeding is very heavy (much heavier than a menstrual period) and is accompanied by severe menstrual-like cramps it could indicate that a small piece of tissue is still present in the uterus. Sometimes it is necessary to have a second D&C to remove the tissue and control the bleeding. If you feel that the bleeding or pain are worsening or not improving, or if you have signs of infection see your doctor.

ANAESTHESIA: Minor side effects to anaesthesia may occur. Drowsiness, clumsiness, and forgetfulness can last several hours afterwards. For this reason, you must have someone accompany you home and it is recommended they stay with you overnight. You must not drive a car or drink alcohol for 24 hours after your procedure. Not having a driver arranged with likely require surgery rescheduling.

Nausea and vomiting can occur. More serious complications include vomiting and aspiration of stomach contents into the lungs- this is more likely to occur if you have not followed the instructions about eating and drinking before your operation.

Very rarely, life threatening allergic reactions to anaesthesia do occur. Remember to tell your anaesthetist about any allergies.

INJURY: A pregnant uterus is soft and weak spots may possibly exist. On rare occasions an instrument might perforate or tear the wall of the uterus. Should this occur, it may be necessary to have an abdominal operation to determine if injury to the bowel, bladder, uterus or other abdominal structures has occurred. On extremely rare occasions, if during the surgery the bleeding cannot be controlled and is life threatening you may require an emergency hysterectomy.

CANCELLATION/REBOOKING: If your surgery is cancelled, you will be urgently rebooked and every effort will be made to avoid a cancellation.

While it is important for you to understand the above information, please remember that suction D&C are safe procedures. Minor complications such as prolonged bleeding are not common and major complications such as injury to an abdominal organ are extremely rare. If you have any questions you should speak to the doctor before you sign the surgical consent form.

THIS INFORMATION HAS BEEN REVIEWED WITH THE PATIENT.

DATE: _____

COUNSELLOR'S SIGNATURE: _____

PRINT NAME: _____

ORILLIA SOLDIERS' MEMORIAL HOSPITAL, 170 COLBORNE ST W., ORILLA, ONTARIO L3V 2Z3

TEL (705) 325-2201

PATIENT INFORMATION (Affix Patient Label/Identification Here) Name: _____ DOB: ____/____/____ DD/MM/YYYY Health card: _____ Version code: _____ Full address: _____ Telephone: _____ Alternate #: _____

Dilation and Curettage (pregnancy-related): Procedure Information

SUCTION DILATION AND CURETTAGE OVERVIEW

Dilation and curettage (D&C) is a procedure in which material from the inside of the uterus is removed. Dilation refers to opening of the cervix, the lower part of the uterus that opens into the vagina, using instruments called dilators. "Curettage" refers to the removal of tissue lining the uterus with a surgical instrument called a curette and a suction device that looks like a straw.

D&C is one of the most common surgical procedures in Canada, and may be done for many different reasons, including to look for the cause of a problem, such as abnormal uterine bleeding; for treatment of a miscarriage or post-pregnancy bleeding; or for first trimester abortion (pregnancy termination).

TELL YOUR HEALTH CARE PROVIDER ABOUT

- Any allergies you have, including allergies to prescribed medicine or latex
- All medicines you are taking, including vitamins, herbs, and over-the-counter medicines. Ask about whether you should continue/stop any of your regular medicines prior to the procedure
- Any problems you or family members have had with anesthetics
- Any blood disorders or bleeding problems you have had
- Any surgeries you have had
- Your medical history and any medical conditions you have
- Recent vaginal infections you have had
- Recent menstrual periods
- If applicable, what form of birth control (contraception) you use. If you would like an IUD, this may be inserted at the same time as your D&C procedure. *Speak to your care provider about this option before or at the time of the procedure booking*

PREPARING FOR D&C

- Bring your Health Card and photo identification with you
- Do not have anything to eat after midnight the night before your procedure
- You can have clear fluids (water, ginger ale, apple juice) until 2 hours before your scheduled arrival time for your procedure
- You **MUST** have someone drive you home because it will not be safe to drive after receiving sedation or anesthesia. If you do not have transportation arranged, you will have your procedure rescheduled. It is recommended that you have a responsible adult stay with you overnight
- Do not bring any valuables with you to the hospital
- Do not wear make-up, nail polish, or jewelry
- Please be aware that there is a risk of having your procedure cancelled and rescheduled. Every effort will be made to avoid this and you will be given top priority when being rescheduled

D&C PROCEDURE – WHAT TO EXPECT

- An intravenous line (IV), which can be used to give fluids and medicine before, during, and after the procedure will be inserted into one of your veins
- The nurse or doctor will review your medical history
- The D&C will be performed in an operating room
- The procedure itself typically takes approximately 15 to 30 minutes to complete
- You will lie down on your back, with your feet in foot rests (stirrups)

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- You will be given a medicine that numbs the area in and around the cervix (local anesthetic) or a medicine to make you fall asleep (general anesthetic)
- The anesthetist monitors you for pain throughout the procedure and provides medication to keep you comfortable
- Your blood pressure, pulse, and blood oxygen levels are monitored during the procedure
- A lubricated instrument (speculum or Sims retractor) will be inserted into your vagina to widen its walls to allow the doctor to see your cervix
- Your cervix will be softened and dilated. This may be done by taking medicine by mouth or vaginally or having thin rods or gradual widening instruments inserted into your cervix

RECOVERY ROOM

- After the procedure, you will be carefully monitored
- You may have mild cramping, a backache, pain, and light bleeding or spotting. You may pass small blood clots from your vagina
- How long you stay in the recovery area typically depends on what type of anesthesia you had and may range from 30 minutes to a few hours
- Even though you may feel fully awake, the effects of anaesthetic may continue for a few hours or as long as a day

For the next 24 hours:

- Do not drive, operate machinery, sign legal documents or make important decisions
- Do not drink alcohol or use drugs

CARE AFTER D&C: WHAT TO EXPECT

The following information offers guidance on how to care for yourself after your procedure. Your health care provider may also give you more specific instructions. If you have problems or questions, contact your health care provider. A follow up appointment is recommended 6 weeks after your surgery. This can be with your primary care provider.

Preventing infection: To prevent infection, it is advised that you do not put anything in your vagina for the next 2 weeks including: **No tampons (use pads only), no tub baths (take showers), no vaginal intercourse, no swimming or hot tubs, no sex toys, no fingers, no douching.**

Bleeding: It is normal to bleed like a period or lighter for up to one month after surgery and pass some blood clots (use a pad **not** a tampon). Your first period should come 4-6 weeks after your procedure depending on the method of contraception you are using (if any).

Cramping: Some individuals experience cramping for several days after the surgery. You may use non-prescription drugs, such as ibuprofen (Advil[®], Motrin[®]) or acetaminophen (Tylenol[®]) for minor pain.

Emotions & Mood: Some people have varied and significant emotions following their procedure. These emotions may be related to the reason for your procedure, the changes in pregnancy hormones that occur after the procedure, or other things that are going on in your life. You are not alone. There may also be an option to connect with a Social Worker following your procedure. If you have any questions or would like to talk to someone, please let us know. Some supports include:

- Connecting with your health care provider and other support networks you have

Dilation and Curettage (pregnancy-related): Procedure Information



- The Women and Children's Health Network has a list of resources to support all pregnancy related reasons for D&Cs: www.wchn.ca/resourcelibrarycommunity

Activity: The best guide to activity is how you feel. Increase your activity daily. You should be able to resume most regular activities within a day or two. You may feel tired after your operation while your body is healing. Talk to your health care provider about when you can return to work.

Pregnancy: If this is desired, complete one cycle (period) before trying to get pregnant again.

If you experience one or more of the following symptoms, please call your care provider or go to the nearest Emergency Department for immediate treatment:

- Chills or fever of 38 degrees Celsius (100.4 degrees Fahrenheit) or higher
- Foul smelling vaginal discharge
- Heavy bleeding soaking through one pad an hour for two hours in a row or if you are passing multiple blood clots larger than a golf ball
- Severe cramping or cramps lasting longer than 48 hours
- Pain when urinating or pain that is getting worse instead of better

D&C COMPLICATIONS

D&C is a commonly performed procedure that is usually very safe. As with any operation, complications can occur. Potential complications of D&C include:

Infection: Infection from a D&C is rare, but to reduce this risk, a single-dose of antibiotics is usually given at time of procedure. Since your cervix is still open, it is possible to get an infection inside your uterus. You can avoid this by not putting anything into your vagina after the surgery.

Uterine perforation: When one of the surgical instruments makes a hole in the uterus. Fortunately, most uterine perforations heal on their own and do not require any treatment. Two potential problems caused by perforation are bleeding from injury to a blood vessel and injury to other internal organs. A second procedure or surgery is rarely needed to look for and potentially repair these types of injuries.

Cervical injury: Injuries to the cervix can occur during dilation or from the curette itself. Lacerations (cuts) to the cervix are managed with pressure to the area, application of medications that help stop bleeding, or, in some cases, stitches or a balloon to hold pressure on the cervix.

Bleeding: It is very uncommon to require a transfusion following a D&C, but you will be asked to sign a consent form to receive or refuse blood products in the rare event that bleeding is life-threatening. If you refuse consent to blood products, you can still have the procedure. You will need to have a discussion with the surgeon prior to having the procedure.

Intrauterine adhesions: Adhesions (areas of scar tissue) can form in the uterus following D&C in very rare cases. Adhesions occur most commonly when there is also a uterine infection and the D&C is performed during or after pregnancy. In some cases, this can lead to abnormalities in the menstrual cycle or problems with future pregnancies.