



CLINICAL SERVICES D&C

This booklet contains information about your surgical procedure. Read this information carefully and keep it to look at later on. Ask us if you have any questions after reading it.

Things to know

Consent

- It is important that you understand the process, any risks, and alternative treatments.
- Risks of the procedure are described in the medical risks section.
- We will ask you to give your written consent to the procedure.
- It is important that you understand our fees and charges so you can give informed financial consent.

❗ If you do not understand anything in this booklet or you have any questions, please let us know.

Interpreter services

Please let us know if you need a telephone interpreter to help you understand any of this information. If you need one at any time before or after your procedure, you can call: **TIS National on 131 450 and ask to be connected to us on 1300 207 382.**

Accessibility statement

An accessible text version of this document is available online at msiaustralia.org.au:

Make a complaint or provide feedback

If you would like to provide any feedback, you can:

- talk to any staff member at the clinic
- write directly to the clinic
- call our National Contact Centre on **1300 003 707**
- use our feedback form at msiaustralia.org.au

If we don't satisfy your concerns, you may also escalate your complaint to the independent body in your State.

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Clinical Services: Dilation and Curettage (D&C)

Scan the QR code to read an accessible online
version of this booklet at msiaustralia.org.au

What is a D&C?

D&C is short for Dilation and Curettage, but the term is often used to mean any surgical procedure to remove the contents of the uterus (womb) when a pregnancy has failed or when pregnancy tissue remains after a miscarriage or abortion. It is a simple, safe day-surgery procedure and is one of the most common surgical procedures in Australia.

While you are at the clinic



Write any questions you have here.



Expect to spend at least 4 hours at the clinic.

You will have a consultation with both a nurse and a doctor.

- We will ask about your medical history, previous pregnancies, and any operations you've had.
- We will explain the procedure and anaesthetic options as well as any risks.
- You can ask any questions you might have.
- Depending on your situation, you may have another ultrasound at this time.

We will discuss your contraceptive options, if required, and sexual health screening.

- These can take place at the same time as your procedure.

What happens during the procedure?

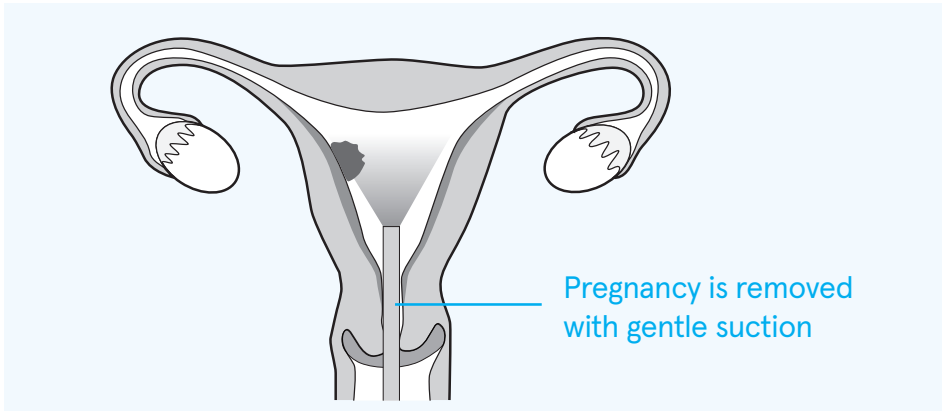
- You will change into a gown before entering the procedure room.
- Your support person will not be able to stay with you during the procedure. They may prefer to leave the clinic and return later.
- We will give you your chosen anaesthetic before the procedure starts.

⚠️ If you are having IV sedation, it is important that you read the information in the *Sedation Information* booklet.

The doctor will pass a thin tube through the cervix (the opening

of the womb) into the uterus (womb) and the pregnancy tissue is removed using gentle suction.

- The procedure usually takes no more than 15 minutes.



- Pregnancy tissue is removed with gentle suction

At the end of the procedure, the doctor will check to make sure the procedure is complete.

- ⓘ Pain relief and antibiotic medicines are inserted into the back passage (through the anus) at the end of the procedure.

What happens after the procedure?

- You will spend a short time resting.
- Our recovery nurses will check on you regularly and check for any unusual pain or bleeding.
- Once you have recovered and are feeling well enough we will discharge you into the care of your support person (usually within 1 hour of your procedure).



ⓘ Remember: If you have had IV sedation you cannot drive for 24 hours. You should also avoid alcohol, operating machinery and signing legal documents during this time.
For more information **Please read the Sedation Information Pack.**

What it means if you are Rhesus Negative

If you don't know your blood type, we will test it during your consultation. If your blood group is a Rhesus Negative type, depending on your situation, you may be offered an injection of Anti-D.



Anti-D

Prevents Rhesus sensitisation and prevents problems with future pregnancies. We will give you more information if you're Rhesus Negative.



Clinical Services: Sedation Information

Scan the QR code to read an online version of *Sedation Information* at msiaustralia.org.au

Sexual health screening

Unless you ask not to, we will screen for sexually transmitted infections at the time of your procedure. You can also choose to have a Cervical Screening Test (previously known as a Pap smear) at the same time.

- These tests are free, but you will be charged if you have had a Cervical Screening Test in the past 5 years or do not have a Medicare card.
- We will only contact you for positive or abnormal test results.
- You can ask for a copy of your results to go to your GP.

After you leave the clinic



Write any questions you have here.



Your recovery is important. Make sure you look after yourself.

When you go home, you should relax for the rest of the day. As soon as you feel well enough, you can return to your normal activities and resume exercise.

Returning to work

Many people return to work 1 day after their procedure, however, if you have a physically demanding job you may want to take a few days off



If you have had IV sedation, please refer to the *Sedation Information* booklet for more information about what may impact your return to work.

If you and/or your support person need a medical certificate, remember to ask us on the day of your procedure.

Infection risk

To reduce the chances of infection, do not insert anything into your vagina for 1 week.



This includes tampons, menstrual/moon cups, fingers, or having vaginal intercourse.

If you want to use the vaginal ring or diaphragm for contraception, please discuss this with the doctor at your appointment.

What to expect after the procedure

Below are some things you may feel after your procedure, or you may not feel any. If you are worried about anything you are feeling please call the free aftercare line on 1300 888 022.

Bleeding

Bleeding can be different for each person and may last up to 2 weeks. It can vary during this time.



- Bleeding is not normally heavy.
- You may pass some small blood clots.
- Some people may have no bleeding following their procedure - this can be normal too.

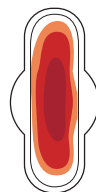
⚠ Call us if you experience **any** of the following:

- passing clots larger than golf balls
- bleeding heavier than a period for more than a few days
- soaking through a maxi-pad every 30 minutes for 2 hours or more.



Small amount

Small stain on maxi-pad within 1 hour



Average amount

Less than 15cm stain on maxi-pad within 1 hour



Light amount

Less than 10cm stain on maxi-pad within 1 hour



Heavy amount

Saturated maxi-pad within 1 hour

Abdominal pain

Some pain in your lower tummy is normal after your procedure. Pain and cramping should not be strong and should get better in a few days.



- If you have pain in your lower tummy, there are some tips under the pain management section.

⚠ Call us if pain is strong, does not go away, changes, or you are concerned.

Nausea

If you suffered from nausea (feeling sick) before your procedure, it may improve within 24 hours after the procedure.



⚠ Call us if nausea stays more than 1 week after your procedure.

Breast discomfort

Breast fullness or tenderness can last for 1 to 2 weeks

For relief:

- try wearing a support bra
- take medication like paracetamol (e.g. Panadol) or ibuprofen (e.g. Nurofen)
- do NOT squeeze or massage your breasts.



⚠ Call us if your breasts are still sore after 2 weeks.

Menstruation

You should get your first menstrual period 4 to 6 weeks after your procedure. Some contraceptive methods may affect this.



! Call us if your period has not come in this time.

Emotional effects

Everyone has different feelings about their own procedure, which may also depend on your situation. If at any time you would like to talk to someone, we provide free counselling services.



! Call us on **1300 003 707** to make a booking.

Pain management

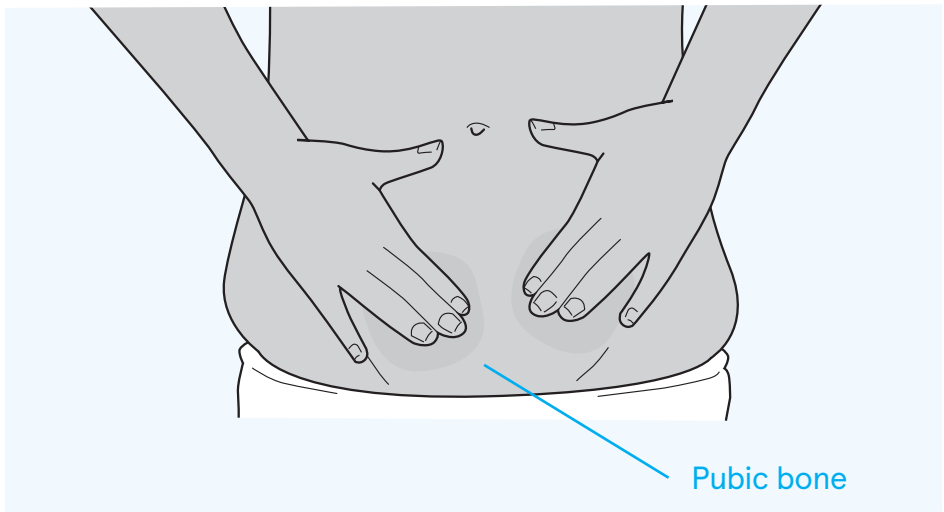
If you have pain when you get home, you can use these pain management techniques.

Uterine massage

Frequent, firm massaging of your lower tummy area will help your uterus (womb) muscles, and can reduce bleeding and cramping. It can also help prevent blood clots.

- Lie on your back, sit on the toilet or in a comfortable position.
- Feel at the top of your pubic bone, press down firmly and massage in a downwards direction with your hand.

- You can use your fingertips, knuckles or the heel of your hand.
- Do this massage hourly for 3 minutes at a time, on the day of your abortion.
- Then 5 times a day, or until your cramping/bleeding has stopped.
- If you have discomfort during the massage, don't stop the massage but take pain medication.
- One of our nurses will demonstrate the method to you prior to you leaving the centre.



ⓘ Remember: if you have had an intrauterine contraceptive device (IUD) inserted with your procedure, **do not** try uterine massage.

Heat therapy

You can put a hot water bottle, wheat bag or heat pack where the pain is.



- Do not apply heat directly to your skin
- Always follow the product instructions.

Medication

- You can take pain relief, such as paracetamol (e.g. Panadol) or ibuprofen (e.g. Nurofen).
- Follow the directions on the packaging and do not take more than instructed.



Possible signs of infection

These symptoms are not common and could mean you have an infection:



Fever

Feeling tired and rundown

Feeling generally unwell or flu-like symptoms

Ongoing abdominal (lower tummy) pain


Unusual vaginal discharge.

⚠ Call if you experience **any** of these symptoms.

Surgical risks



Write any questions you have here.



D & C, or uterine aspiration, is a very safe procedure; however, all surgical procedures have some risks.

The risks mentioned below do not include all possible complications, but are the more common or important complications.

⚠ If you are having surgery under IV sedation, make sure you read our *Sedation information pack*.

⚠ For more information on risks, please see our website for the recent complication rates from our clinics.

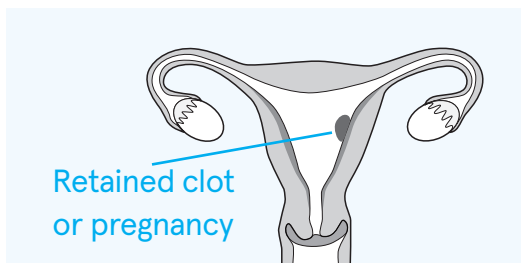
Retained pregnancy tissue or clot

What is it: A small amount of tissue may stay in the uterus, or blood may collect and form a clot. This can cause excessive bleeding and/or pain.

Action/treatment: May require treatment or a repeat procedure. You will not have to pay for this if treated in one of our clinics.



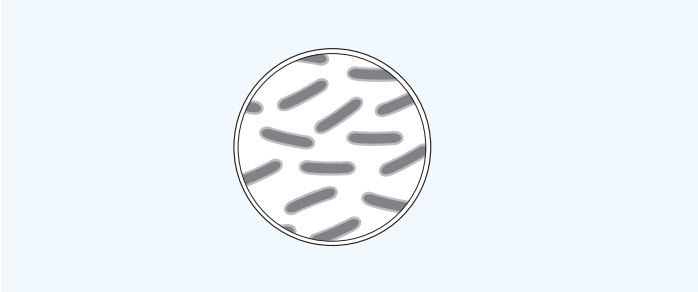
Approx.
1-2 in 100



Infection

What is it: When bacteria or a virus enters the body and can cause disease. This is uncommon and serious infection from abortion is rare.

Action/treatment: You will be tested for infections and we will give you antibiotics to reduce the risk of infection.



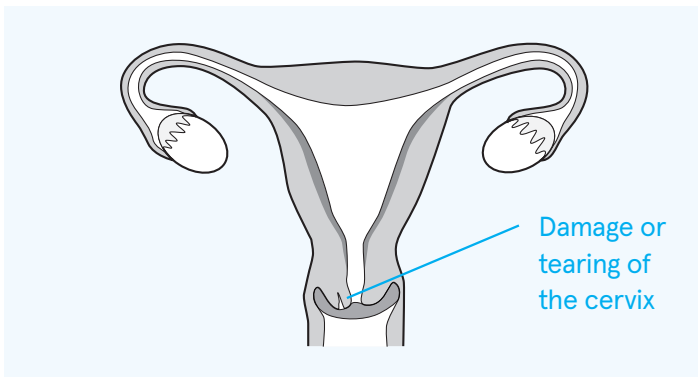
Risk

Because we screen for infection and provide antibiotics, the risk is less than 1 in 100

Cervical trauma

What is it: Damage or tearing of the cervix (lower part of the womb).

Action/treatment: You may be given medication before the procedure to reduce this risk.



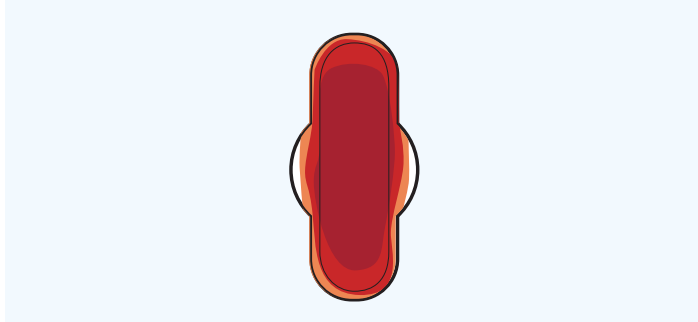
Risk

About 1 in 100 procedures.

Haemorrhage

What is it: Excessive bleeding.

Action/treatment: You may need further surgery, intravenous fluids or a blood transfusion.

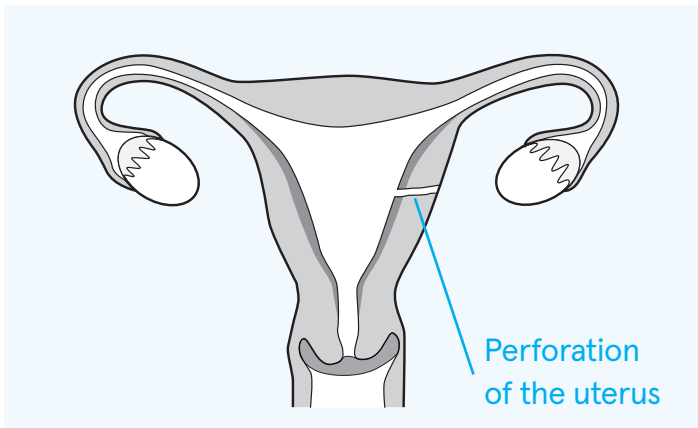


Less than
1 in 1,000
cases.

Perforation of the uterus

What is it: The tools used during the procedure make a small hole in the wall of the uterus.

Action/treatment: This usually heals by itself without treatment. If we are concerned about possible injury to your bowel or to blood vessels, we will transfer you to a hospital for further assessment. In some cases, you might need surgery. In rare cases, you will have to have your uterus removed.



1 in 1,000
procedures.

Effect on future pregnancies

An uncomplicated procedure will not affect your chance of becoming pregnant in the future.

There is a small increase in the risk of a future pre-term birth (more than 3 weeks earlier than the due date), compared to if you have not had this procedure.

To help manage this risk we may give you medication before the procedure to reduce this risk further.

Contraception and aftercare



Write any questions you have here.



We will give you information about your contraception options, if required.

Contraception options

Within just 2 weeks of your treatment, your body can release an egg; so it's possible to get pregnant again before your next period. This is why we strongly suggest starting contraception as soon as possible if you don't want to become pregnant. Please take the time to look at our contraception brochure.

Ask your doctor or nurse for fact sheets on any of the contraceptive methods you are interested in.

You can take an online contraception quiz at contraception.org.au



ⓘ Regardless of what contraception you are using, you should not have vaginal intercourse for 1 week after your procedure.

Contraception during your appointment

We can easily give you a long acting reversible contraceptive (LARC) method at your appointment – so you don't need to worry about making another appointment.

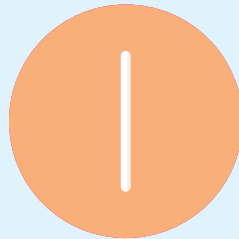
LARC options (e.g. IUDs, implants, injections) are the most effective at preventing pregnancy.

We can provide a prescription for other hormonal contraception options such as the contraceptive pill or vaginal ring.

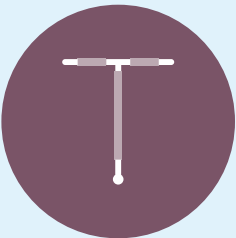
You can start contraception such as the pill or ring the day after your procedure and it will be effective immediately.



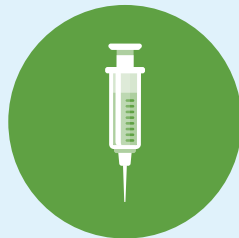
Hormonal IUD



Implant



Copper IUD



Injection

Our aftercare phone service connects you to experienced registered nurses, 8am-5pm AEST weekdays



Free aftercare

Call our aftercare nurses on **1300 888 022** if you experience any of the following problems or have any concerns:

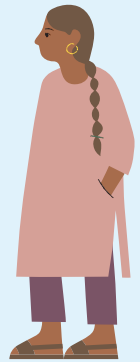
- passing clots larger than golf balls
- bleeding heavier than your period for more than a few days
- soaking through a maxi-pad every 30 minutes for 2 hours or more
- having strong abdominal pain that doesn't stop
- nauseous more than 1 week after your procedure
- fever, feeling tired or feeling generally unwell
- having sore breasts for 2 weeks after your procedure
- not menstruating as usual, 4-6 weeks after your procedure.

Your Healthcare Rights

MSI Australia adopts the Australian Charter of Healthcare Rights. The Charter provides a framework of client rights which allows clients, families, carers and services providing health care to work together towards a safe and high quality health system, achieving the best possible outcomes.

The Charter is guided by the following principles:

- Access
- Safety
- Respect
- Partnership
- Information
- Privacy
- Give feedback



As a client of MSI Australia, you have a right to:

- be treated in a professional, courteous and caring manner
- be respected regardless of your gender, age, sexual orientation, disability, religion and cultural and linguistic diversity
- have your concerns, complaints and suggestions taken seriously.

If we don't satisfy your concerns, you may also escalate your complaint to the independent body in your State/Territory.

! More information about your healthcare rights and the Australian Charter of Healthcare Rights is available on safetyandquality.gov.au. An accessible version of the Charter is also available.



Call us if you experience any of the following problems or have any concerns:

- Passing clots larger than a golf ball size
 - Heavy bleeding or bleeding that lasts longer than 2 weeks
 - Soaking a maxi pad every 30 minutes for more than 2 hours
 - Having strong abdominal pain that doesn't stop
 - Feeling nauseous more than 1 week after your treatment
 - Feeling tired or generally unwell
 - Having sore breasts for 2 weeks after your procedure
 - Not menstruating as usual, 4-6 weeks after your treatment.
-

Call us IMMEDIATELY if you have possible signs of an infection:

- Fever
- Feeling generally unwell (flu like symptoms)
- Ongoing abdominal pain
- Unusual vaginal discharge



Care and support before, during and after your procedure

Interpreter:

Call 131 450 and ask to be connected to
MSI Australia on 1300 003 707

Aftercare:

1300 888 022

msiaustralia.org.au