

Understanding Dilation and Evacuation (D&E)



Dilation and evacuation (D&E) is a procedure to end a pregnancy (abortion) in the second trimester. The second trimester is weeks 14 to 27 of pregnancy.

Why D&E is done

D&E may be done for many reasons. It may be done if the baby in the womb has severe health problems. It may be done if the mother has severe health problems. It may be done in cases where an abortion was not possible earlier in the pregnancy. Or it may be done to fully remove tissue in the uterus after a miscarriage. A D&E removes the placenta and fetal tissue. It also clears some of the lining of the uterus.

Risks of D&E

All procedures have risks. The risks of D&E include:

- Injury to the cervix
- Infection
- Severe bleeding
- A hole in the uterus (perforation)
- Tearing of the uterus (rupture)
- Not all pregnancy tissue is removed from the uterus
- Need for a surgery to repair the cervix or uterus

Your own risks may vary based on your age, the week of pregnancy, and your overall health. Ask your healthcare provider which risks apply most to you.

Getting ready for your procedure

Tell your healthcare provider:

- All the medicines you take, including non-prescription medicines like aspirin or ibuprofen
- All vitamins, herbs, and other supplements you take
- If you had any recent changes in your health, such as an infection or fever
- If you're sensitive or allergic to any medicines, latex, tape, or anesthetic medicines (local and general)

Also:

- If directed, stop taking certain medicines or supplements before the procedure.
- Ask a family member or friend to take you home from the hospital.
- Follow any directions you are given for not eating or drinking before the procedure.
- Follow all other instructions from your healthcare provider.

- Read any consent form carefully. This is a form that gives your permission to do the procedure. Ask questions before you sign it if something is not clear.

What happens before your procedure

You will have an ultrasound. This is an imaging test that uses sound waves to make images of the inside of the body. This test is done to measure the size of the fetus. This will confirm the gestational age.

A day or two before the D&E, some dilators will be put into your cervix to help widen it. These are wands of material that swell like a sponge. They will slowly expand and push open your cervix. Or a dilator device may be used closer to the time of your procedure. Your healthcare provider will tell you what to expect. The night before the procedure, you may take medicine to soften the cervix so it's easier to widen. You may also be given antibiotic medicine. This is to help prevent infection.

On the day of your procedure

The procedure takes about 30 minutes. You can go home the same day. In general, you can expect the following:

- You will lie on your back on an exam table. Your feet will be in stirrups.
- You will be given medicine to help you relax and to prevent pain. You may have an injection in your spine. This stops pain from that part of your spine down. You will also be given a sedative. Or you may have general anesthesia. This medicine prevents pain and causes you to sleep through the procedure.
- You may have a thin, flexible tube (catheter) in your bladder. This is to drain urine during the procedure if needed.
- The healthcare provider uses a gel lubricant and inserts a speculum into your vagina. This is a metal tool that is used to widen your vagina. This lets them see your cervix.
- The dilators will be removed.
- The healthcare provider will clean your cervix with antiseptic cleanser.
- The healthcare provider will use a tool to hold the uterus and keep it steady. Your cervix will be opened with a series of dilators. These are wands that come in a range of sizes.
- When your cervix is open wide enough, a tube (cannula) is put into the uterus. The tube is attached to a bottle and pump. These use suction to remove tissue from inside the uterus.
- The healthcare provider may also use large, rounded tweezers called forceps to remove larger pieces of tissue.
- Then the lining of the uterus is scraped with a tool called a curette. Suction is used again to remove this tissue.
- The tissue removed from the uterus is examined. The healthcare provider may also use ultrasound on your belly. This is to make sure that all of the tissue has been removed from the uterus.

After your procedure

You will go to a recovery room. Your healthcare team will watch your vital signs, such as your heart rate and breathing. You'll be given pain medicine. You will be given medicine to help stop bleeding from the uterus.

Recovering at home

After you get home:

- Rest at home for the rest of the day.

- You will have cramps in your uterus for up to several days. Take pain medicine such as acetaminophen or ibuprofen as advised.
- Take other medicines as instructed. These may include antibiotics and a medicine to help your uterus shrink back to normal size.
- You may have some bleeding in the first 2 weeks after D&E. Use menstrual pads for the bleeding. Don't use tampons.
- Don't have sex for at least 1 week. Use birth control when you have sex.

Getting support

Ask your healthcare team about getting counseling. Grieving after a pregnancy loss is a normal part of the process. There are many kinds of support available. That support can come from family, friends, and neighbors. Your healthcare provider may refer you to a therapist or grief counselor. A grief support group can help. And this is the time many people reach out to their spiritual or religious community.

For other types of support, search online for “pregnancy loss support” to find resources like these:

- Share: Pregnancy and Infant Loss Support www.nationalshare.org
- Pregnancy Loss Support Program www.pregnancyloss.org

You may also have symptoms of depression from sudden hormone changes. Tell your healthcare provider if you have signs of depression, such as feeling hopeless or loss of interest in activities.

When to call your healthcare provider

Call your healthcare provider if you have any of these:

- Pain in your belly that doesn't get better, or gets worse
- Swelling of your belly (abdomen)
- Vomiting
- Fast heart rate
- Fluid from the vagina that increases or smells bad
- Fever of 100.4°F (38°C) or higher, or as directed by your healthcare provider
- Feeling achy or unwell
- Signs of depression that last for 2 weeks or more
- Symptoms that don't get better, or get worse
- New symptoms

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