

DILATION AND CURETTAGE (D&C) - DILATION AND EVACUATION (D&E)

SUCTION CANISTERS AND TUBING

Healthcare systems across the nation and the world are experiencing supply chain disruptions and product shortages due to the ongoing influence of COVID-19. Factors such as raw material shortages with subsequent impact on component production, shipping port logjams, freight costs, and more have significantly impacted the availability of critical patient care items and devices in a multitude of categories. Early recognition of potential supply shortages, full understanding of utilization of these products, and the implementation of conservation strategies will support effective management of these products throughout the disruption.



Consolidate: Inventory all stock on hand and consider a central distribution location for disbursement. Large hospital systems may want to contemplate how to approach consolidation efforts, either as a whole system, or at the individual site level. Consider including your outpatient clinics and ambulatory surgery centers performing suction curettage in this inventory.



Collaborate: Engage nurses, OB/GYN specialists, and surgeons to evaluate patient treatment alternatives in relation to the needed procedure. Therapeutic indications for suction curettage include postpartum hemorrhage and miscarriage with active bleeding. In addition, other specialties (ENT), may use these canisters for specimen collection.



Educate: Engage and educate patients openly on procedure supply disruption, therapeutic alternatives, and how this disruption may impact their treatment approach. If a change in practice/protocol is recommended, ensure all areas utilizing the equipment or supporting these patients receive consistent education.



Alternative Procedures: A panel of OB/GYN physician specialists within our HealthTrust Physician Advisor Network suggest the following approaches during this shortage:¹

- The primary mode for conservation of tubing and canisters is to ensure appropriate triage of patients requiring suction curettage. Priority patients to consider include:
 1. Postpartum hemorrhage secondary to retained placenta or blood clot
 2. Incomplete miscarriage with significant bleeding
 3. Increased risk of infection/sepsis
 4. Gestational trophoblastic disease
- In some cases, miscarriage or incomplete miscarriage can be treated medically. Refer to International Federation of Gynecology and Obstetrics (FIGO) [Guidelines for Misoprostol Use](#)² and The American College of Obstetricians and Gynecologists (ACOG) [Guidelines for Management of Early Pregnancy Loss](#) for information on medical management and specific dosing of medications.³
- Consider the use of hand-held suction devices as an alternative to full suction devices in appropriate patients experiencing miscarriage or incomplete miscarriage.
- Suction tubing shortages may be addressed with use of ½ or ¾ inch sterile perfusion tubing with the appropriate size sterile connectors to accommodate the cannula needed for the type of procedure. This tubing is slightly stiffer than the normal canister tubing, but will serve as a substitute for the standard tubing as long as suction in the green zone can be maintained.

**Due to the sensitivity and religious implications for some of the uses of this device, members of faith-based organizations may wish to contact your ethicist with questions.*

REFERENCES

1. 2022 Physician Advisor Network: OB/GYN specialist survey. Collected April 4, 2022.
2. Khatun S., New FIGO Guidelines for Misoprostol Use. *Maternal Health Task Force*, Posted June 29, 2017; <https://www.mhtf.org/2017/06/29/new-figo-guidelines-for-misoprostol-use/>
3. American College of Obstetricians and Gynecologists. Early pregnancy loss. Practice Bulletin 200. *The American College of Obstetricians and Gynecologists* 132(5), 2018; <https://www.acog.org/clinical/clinical-guidance/practice-bulletin/articles/2018/11/early-pregnancy-loss>

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