

Evidence Based Intervention

Dilatation & curettage for heavy menstrual bleeding

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Policy:

This is a national Evidence Based Intervention policy formally adopted by Hertfordshire and West Essex Integrated Care Board. Please see <https://ebi.aomrc.org.uk/>

Dilation and curettage (D&C) is a minor surgical procedure where the opening of the womb (cervix) is widened (dilatation) and the lining of the womb is scraped out (curettage).

Recommendation:

D&C should not be used for diagnosis or treatment for heavy menstrual bleeding because it is clinically ineffective.

Ultrasound scans and camera tests with sampling of the lining of the womb (hysteroscopy and biopsy) can be used to investigate heavy periods.

Medication and intrauterine systems (IUS) can be used to treat heavy periods.

For further information, please see:

NICE Guideline [NG88] [Heavy menstrual bleeding: assessment and management](#)

NHS Conditions [Alternatives to hysteroscopy](#)

Rationale for Recommendation

NICE guidelines recommend that D&C is not offered as a treatment option for heavy menstrual bleeding. There is very little evidence to suggest that D&C works to treat heavy periods, and the one study identified by NICE showed the effects were only temporary. D&C should not be used to investigate heavy menstrual bleeding as hysteroscopy and biopsy work better. Complications following D&C are rare but include uterine perforation, infection, adhesions (scar tissue) inside the uterus and damage to the cervix.

Patient Information

Information for Patients

There are two surgical procedures which have in the past been used to investigate and treat heavy periods. The first, dilation and curettage, was used to establish the cause of heavy periods, but today, the medical evidence tells us this procedure is inappropriate and should not be routinely carried out. The second procedure, a hysterectomy which removes a woman's womb and therefore ends menstruation completely, can be carried out, but only when specific criteria are met and alternative treatments have been tried first.

About the condition

Heavy periods are common and can have a significant effect on a woman's everyday life. In about



half of women, no underlying reason is found. But, there are several conditions and some treatments that can cause heavy menstrual bleeding, so you should discuss your symptoms with a clinician if you are concerned.

It's important you and your doctor make a shared decision about what's best for you if your heavy periods are becoming a problem. When deciding what's best you should both consider the benefits, the risks, the alternatives and what will happen if you do nothing.

What are the BENEFITS of the intervention?

There are no diagnostic or treatment benefits with dilation and curettage. A hysterectomy for patients with heavy periods should only be considered in certain circumstances.

What are the RISKS?

Complications following dilation and curettage are rare, but can include uterine perforation, infection, damaging your cervix. A hysterectomy is a significant operation and therefore inevitably carries a small risk of blood loss or complications from the anaesthetic. Other risks include infection, or a prolapse in later years. It may also cause the early onset of your menopause and should only be considered if you definitely don't want to have children as your periods will be permanently ended.

What are the ALTERNATIVES?

A doctor will usually use an ultrasound scan or an instrument which takes a small sample of the lining of your womb to see what's causing your heavy periods. There are a number of alternative treatment options including hormone treatment and a coil that provides contraception and are good at reducing blood loss.

What if you do NOTHING?

Doing nothing is not likely to be harmful. However, if heavy periods are having a significant impact on your life, you should seek medical advice to identify the underlying cause and discuss treatment options.

Further information can be found at <https://ebi.aomrc.org.uk/interventions/dilatation-curettage-for-heavy-menstrual-bleeding/> This weblink was correct as of 27/11/2024.

Coding

```
WHEN Primary_Spell_Procedure IN ('Q103', 'Q108')
AND ( Primary_Spell_Diagnosis like '%N92[0124]%'
OR Primary_Spell_Diagnosis like '%N950%')
-- Only Elective Activity
AND APCS.Admission_Method not like ('2%')
THEN 'B_menstr_D&C'
```

Exclusions

```
WHERE 1=1
-- Cancer Diagnosis Exclusion
```



AND (Any_Spell_Diagnosis not like '%C[0-9][0-9]%'
AND Any_Spell_Diagnosis not like '%D0%'
AND Any_Spell_Diagnosis not like '%D3[789]%'
AND Any_Spell_Diagnosis not like '%D4[012345678]%'
OR Any_Spell_Diagnosis IS NULL)

-- Private Appointment Exclusion
AND apcs.Administrative_Category<>'02'

References

1. NICE guidance (NG88) Heavy menstrual bleeding: assessment and management (2018).
2. NHS advice, Hysterectomy: <https://www.nhs.uk/conditions/hysterectomy/>
3. MacKenzie IZ, Bibby JG. Critical assessment of dilatation and curettage in 1029 Lancet 1978;2(8089):566–8.
4. Ben-Baruch G, Seidman DS, Schiff E, et al. Outpatient endometrial sampling with the ipelle curette. Gynecologic and Obstetric Investigation 1994;37(4):260–2.
5. Gimpelson RJ, Rappold HO. A comparative study between panoramic hysteroscopy with directed biopsies and dilatation and curettage. A review of 276 cases. American Journal of obstetrics and Gynecology 1988;158(3 Pt 1):489–92.
6. Haynes PJ, Hodgson H, Anderson AB, et al. Measurement of menstrual blood loss in patients complaining of menorrhagia. British Journal of Obstetrics and Gynaecology 1977;84(10):763–8.

Change History:

Version	Date	Reviewer(s)	Revision Description

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