

# OUTPATIENT ELECTIVE SUCTION CURETTAGE FAMILY MEDICAL CLINIC GUIDELINES

*NOTE: Elective abortions are not done at FMC*

Indications: Incomplete or missed spontaneous abortion at  $\leq$  10 wk gestational age by ultrasound, or severe dysfunctional uterine bleeding not responding to medical therapy

Contraindications: possibly viable pregnancy, pelvic/vaginal infection, clotting disorder, medical reason for hospitalization

## THE DAY OF DECISION:

- Confirm nonviable pregnancy
- Review options with patient (see "spontaneous abortion")
- Explain procedures of laminaria or misoprostol and suction curettage
- Review risks/benefits (risks: bleeding, infection, perforation, retained tissue with repeat procedure needed, reaction to anesthetic, very rare: thrombosis, need for hysterectomy, death)
- Check Rh status (if Rh negative, 50 microgram dose Rhogam for < 13 weeks gestation)
- Consider CBC, blood typing, GC/Chlamydia, wet prep for Bacterial Vaginosis
- Offer support/counseling referral

## THE DAY BEFORE SUCTION CURETTAGE:

- Review laminaria & suction curettage procedures [refer to "cervical dilation"]
- Sign consent
- Insert laminaria (unless using misoprostol for cervical prep the day of procedure)  
Equipment to be ready for physician:

Mayo stand with sterile drape	Sterile gloves of appropriate size for physician
3 laminaria boxes	Bowl or cup with sterile cotton balls
Betadine	Ring forceps
Uterine sound	Single-toothed cervical tenaculum
Sterile cotton swabs	Hurricane (Topical anesthetic gel)
2 Chux	Sterile speculums (one Graves, one Pedersen)
- Give patient prescriptions:  
To take before procedure:
  - Ibuprofen 600 or 800mg (1 po 1/2 hour before appt.)
  - Ativan 2 to 5 mg (to be taken po 1/2 hour before appt if needed)  
To take after the procedure:
  - Ibuprofen 600 or 800 mg po q 8 hours
  - Doxycycline 100mg po BID x 7 days
  - or
  - (Metronidazole 500mg BID x 5d if BV
  - Tylenol #3 1-2 po q 4 hrs prn pain (1 day supply)
  - Methergine .2 mg po TID x 3 days
- Give copy of consent form to patient

- Help arrange ride--patient should not drive to/from the procedure if opiate or benzo used

#### DAY OF SUCTION CURRETTAGE:

- Check consent, review procedure with patient
- Give additional preop meds (IM Demerol/Phenergan, po Ativan), if patient has a ride
- If using misoprostol for cervical dilation, give ibuprofen 600 – 800 po and misoprostol 400mcg buccally. Wait 60-90 minutes.
- Prepare room: (nursing has protocol for this)
 

Equipment:	Suction machine with netting in place	Ring forceps
	Suction tubing	Formalin jar
	Suction curettes of various sizes	Betadine
	Pratt cervical dilators	Sterile gloves
	Speculum (large grades if possible)	Uterine sound
	Single-toothed cervical tenaculum	Bowl with cotton balls
	Mayo stand with sterile drape	1% lidocaine with epi
	Pudendal tray (for cervical block)	
	Hurricane gel with sterile q-tips	
- Paracervical Block: (\*\*)  
 1% lidocaine with epinephrine, maximum total of 18cc.  
 Inject at 4 and 8 o'clock positions or 3,5,7 and 9  
 Insert needle tip no more than 5-10 mm and aspirate frequently to avoid IV injection
- Perform suction curettage (\*) Use cannula appropriate for size by U/S, not dates
- Anticipate complications:
  - Have IV solution, tubing ready if needed
  - Have Methergine or misoprostol available in case of excessive bleeding
  - Have IM form of sedation ready if needed
  - Demerol 50-75 mg with Phenergan 25 mg

#### AFTER SUCTION CURRETTAGE:

- Ensure patient stability - Nurse will observe up to an hour
- Make sure patient understands post-op instructions and meds
- Make follow up visit for 3 weeks after procedure
- Document your procedure
- Give Rhogam if patient is Rh negative
- Give patient prescriptions to take after procedure:
  - Ibuprofen 600 or 800 mg po q 8 hours prn pain
  - Doxycycline 100 mg po BID x 3 to 7 days
  - or
  - Metronidazole 500 mg BID x 5 days (if needed for BV)
  - Tylenol #3 1-2 po q 4 hrs prn (1 day supply)
  - Methergine .2 mg po TID x 3 days if needed for excessive bleeding

#### REFERENCES:

##### Procedures for Primary Care Physicians

- \* For D&C: "First Trimester Abortion" Steven Eisinger, Chapter 89
- \*\* For paracervical block: "Paracervical Block", Chapter 102