CURETTAGE

Curettage, or the scraping of the inner lining of the uterine cavity may be performed for the purpose of removing diseased mucosa in chronic endometritis, for the purpose of obtaining tissue for subsequent microscopic examination in suspected cancer of the uterus, and as a preliminary to repair of the cervix and operations upon the uterine appendages. In puerperal cases the operation is indicated for the

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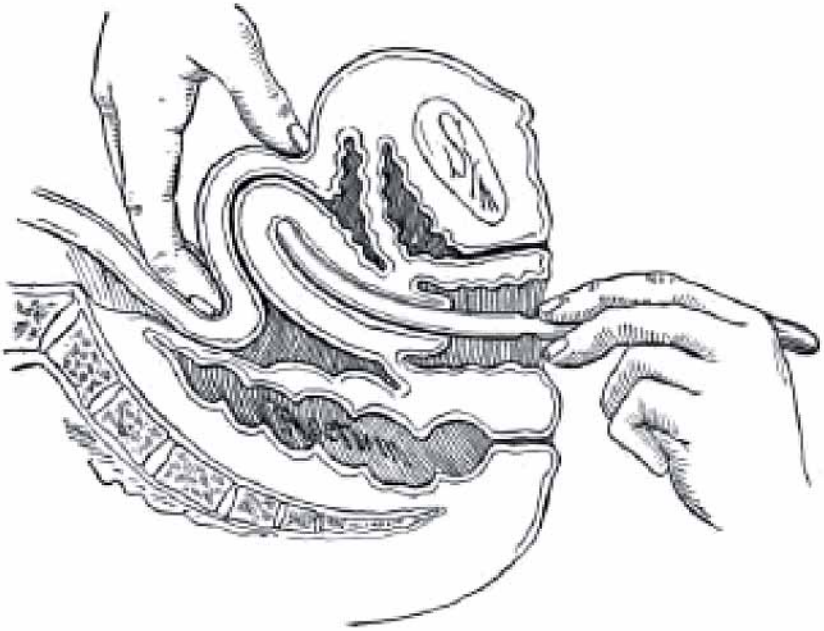

Showing the method of dilating the cervix by means of the graduated dilators of Hegar.

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removal of pieces of decidua or placenta retained after labor or following incomplete abortions.

The operation is contraindicated in cancer of the uterus except to obtain tissue for examination and as a preliminary to a radical operation and likewise in pelvic peritonitis, pyosalpinx, pelvic cellulitis, ectopic pregnancy, etc., unless as a preliminary to a laparotomy. Curettage is dangerous in the presence of submucous fibroids, as sloughing of the growths may result through injury from the curet. In streptococcus infections of the uterus, the operation, if performed at

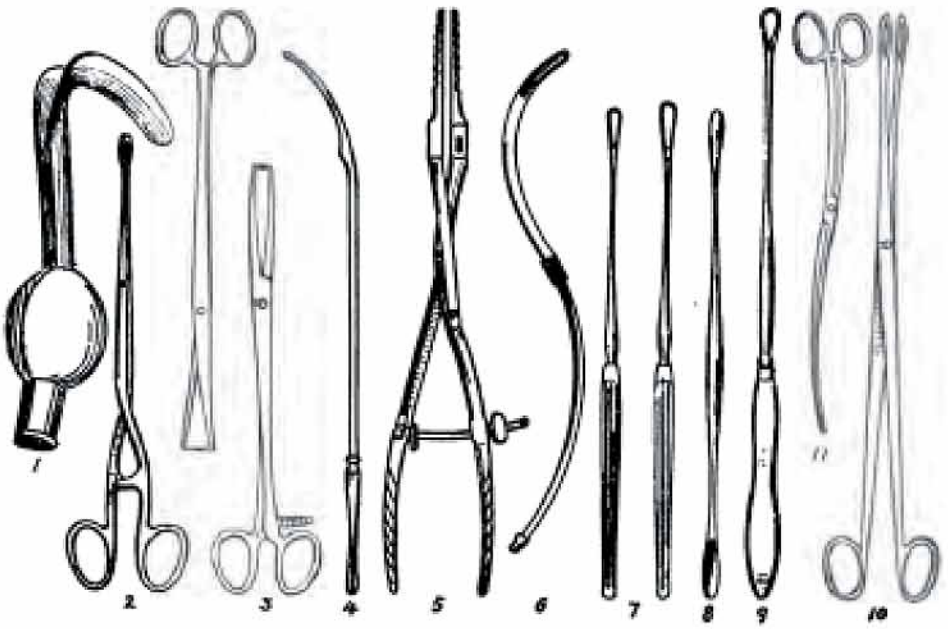

FIG. 857.—Instruments for curettage. 1, Garrigues' weighted speculum; 2 sponge holder; 3, tenacula; 4, uterine sound; 5, Goodell dilators; 6, Fritsch-Bozeman nozzle; 7, Sims' curets; 8, Martin's curet; 9, blunt curet; 10, placental forceps; 11, uterine dressing forceps.

all, should be done with caution, as new channels for infection are opened up by the curet and extension of the process to the deeper tissues is liable to follow.

A curettage should always be performed under the strictest asepsis and with care and gentleness, as a false passage may easily be made through the wall of the uterus with the curet or dilator; especially is this liable to happen in septic conditions and in puerperal cases where the uterine wall is soft. The position of the uterus and the condition of the adnexa should be ascertained beforehand by means of a bimanual examination.

Instruments.—A Simon or a Garrigues self-retaining speculum, sponge holders, two bullet forceps, a uterine sound, a pair of large and

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small Goodell dilators, Sims' curets, a Martin curet, a large blunt curet, placental forceps, uterine dressing forceps, and a Fritsch-Bozeman return-flow irrigator will be required (Fig. 857).

Asepsis.—All the instruments are boiled for five minutes in a 1 per cent. soda solution, and the operator's hands are sterilized as for any operation.

Position of Patient.—The patient should be in the lithotomy posture.

Anesthesia.—General anesthesia is necessary.

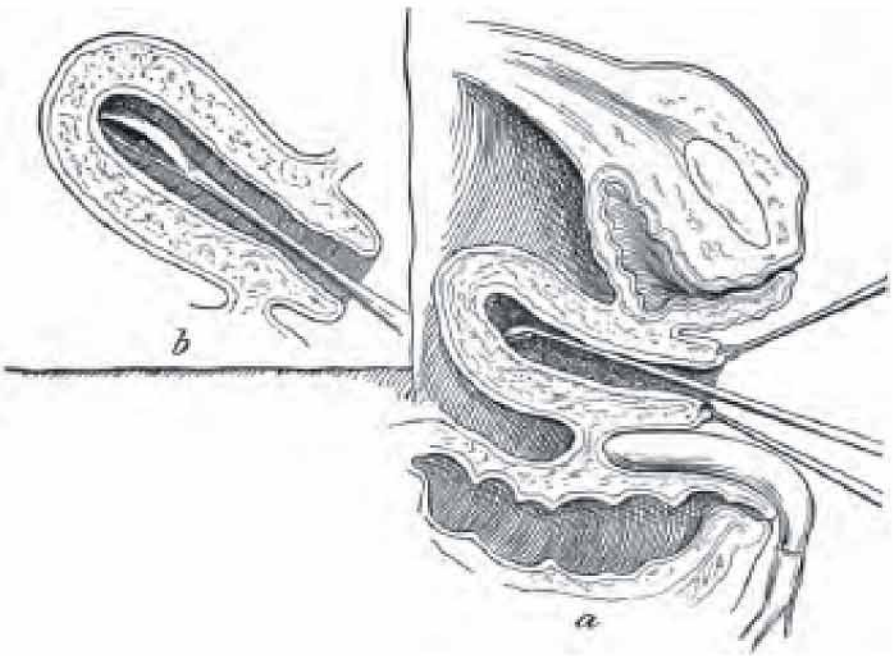

FIG. 858.—Dilatation and curettage of the uterus. Illustration *a* shows the endometrium being removed with Sims' curet; illustration *b* shows the mucous membrane on the fundus being removed with Martin's curet. (Ashton.)

Preparations of Patient.—The bladder and bowels are to be empty. The hair is shaved or cut from the labia and the external genitals are washed with soap and water followed by a 1 to 2000 bichlorid solution. The vagina is first thoroughly scrubbed with soap and water by means of a swab on a sponge holder and is then thoroughly douched with a 1 to 5000 bichlorid of mercury solution.

Technic.—1. *Nonpuerperal Cases.*—The cervix is exposed by means of the speculum and the anterior or both the anterior and posterior lips are caught by means of bullet forceps and are drawn well down toward the vulva. The cervix is then wiped with a swab soaked in a 1 to 2000 bichlorid solution and, after first determining the direction of the canal, the cervix is dilated in the manner described

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on page 805. The entire uterus is then thoroughly scraped with a sharp curet of the largest size that will pass through the cervix. This should be done in a systematic manner—for example, beginning with the anterior wall, the curet is carried to the fundus and is then withdrawn along the front wall and out of the uterus in one sweep. Any adherent tissue is wiped off the curet and the instrument is reinserted and withdrawn over another section of the anterior wall. The process is repeated until the entire anterior wall has been scraped, and then the two side walls and the posterior wall are similarly dealt

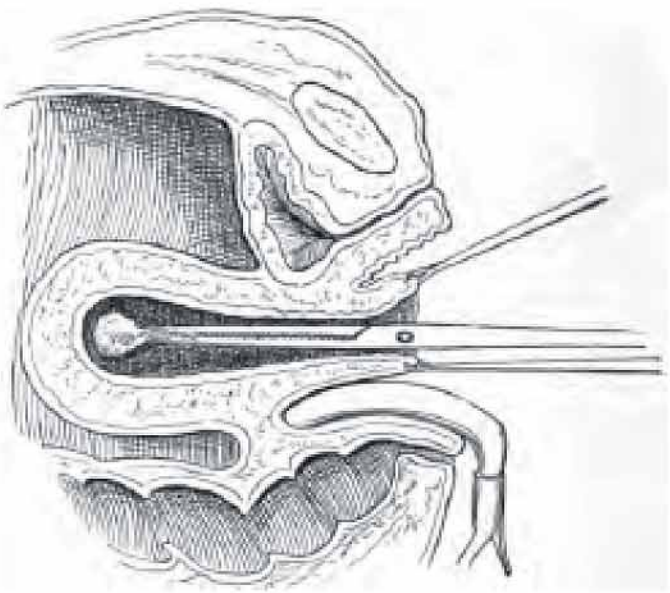

FIG. 859.—Shows the uterine cavity being swabbed out with pure carbolic acid. (Ashton.)

with. A Martin curet is then substituted for the Sims instrument and the fundus is well scraped. The cavity is then irrigated with sterile water or normal salt solution by means of the return-flow catheter in order to remove any débris or loose shreds of tissue, and a light packing is inserted for a few moments to dry the cavity. The packing is then removed and the uterine cavity is swabbed with pure carbolic acid introduced by means of a cotton swab on dressing forceps (Fig. 859). In doing this care must be taken not to touch the vagina with the carbolic acid and to remove any excess of acid from the swab before inserting it in the cervix. The vagina is then cleansed, the bullet forceps are removed from the cervix, and a light vaginal tampon is placed in contact with the cervix. The vulva is finally covered with a gauze pad.

2. *Puerperal Cases.*—Unless the cervix is already dilated, it should be stretched sufficiently to admit one or, if possible, two fingers. The

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operator then inserts the index- and middle-fingers or, if this is not possible, the index-finger of the right hand into the uterus and, while counter pressure is made over the fundus with the left hand, he thoroughly explores the cavity and separates any retained material by means of the internal fingers (Fig. 860). Large pieces of tissue thus loosened may be then removed by means of placental forceps. The cavity of the uterus is then irrigated with normal salt solution or with sterile water and is lightly scraped with a large dull curet. In doing this great care and gentleness are necessary to avoid perforating the

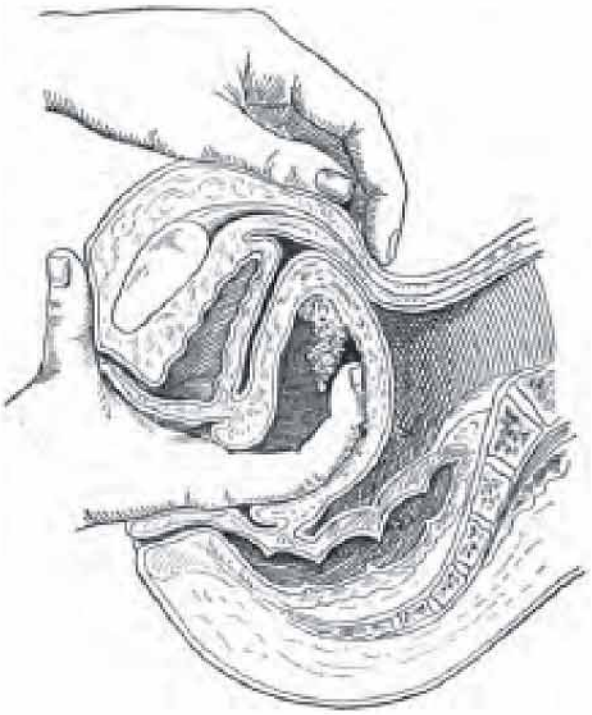

FIG. 860.—Digital currettage of the uterus. (Ashton.)

uterus. *Sharp curets should never be employed in puerperal cases.* After a final exploration with the finger the cavity is again irrigated and the operation is concluded by cleansing the vagina and covering the vulva with a sterile gauze pad secured in place by a *T*-bandage. Only in cases where the operation is accompanied by severe bleeding or where it is desired to introduce contraction in a flabby organ is it necessary to pack the uterus (see page 786). If this is done, the packing should be removed in twenty-four hours.

After-care.—The vagina should be douched daily with a 1 to 5000 warm bichlorid solution followed by sterile water or normal salt solution. In cases of curettage for simple endometritis the patient may be allowed out of bed within a week, in other cases the duration of the stay in bed will depend upon the condition of the patient.

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