Suction curettage of the uterine cavity

01 What is it?

It is an operation that empties the contents of the uterine cavity, or that takes a sample of its lining for analysis. It is carried out through the natural passages: it leaves no scar on the abdomen.

This sheet, given to you by Dr Gatri, is intended to complement the explanations provided during your consultation. Do not hesitate to ask her if you have any questions.

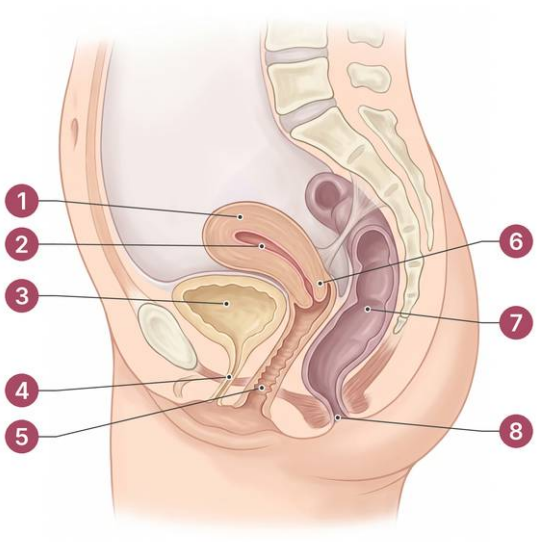


FIGURE 1 — The uterus and the neighbouring organs (diagram, side view).

1. Uterus
2. Uterine cavity
3. Bladder
4. Urethra
5. Vagina
6. Cervix
7. Rectum
8. Anus

Through the natural passages, no scar on the abdomen. Side view: the belly is on the left of the image, the back on the right.

Diagram Wagram Clinic, 2026.

There are two techniques: suction removes the contents of the uterus using a thin cannula, curettage using a curette.

02 Why this procedure?

Depending on your situation, the operation is offered:

- after a missed miscarriage in the first trimester or a miscarriage, to empty the uterus;
- in the case of tissue remaining after a pregnancy;
- to analyse the lining of the uterus.

03 How does the procedure take place?

The operation is carried out using a speculum, without any incision. It is short: it takes about 30 minutes, and you go home a few hours later.

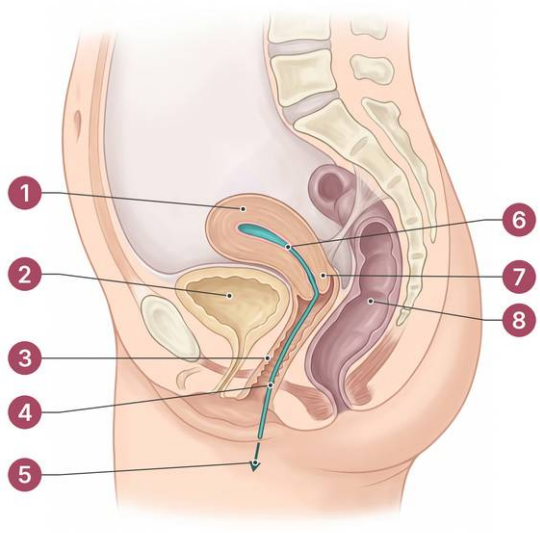


FIGURE 2 — Suction: a thin cannula in the uterine cavity (diagram, side view).

1. Uterus
2. Bladder
3. Vagina
4. Thin cannula

5 To suction
6 Tip of the cannula
7 Cervix
8 Rectum

In blue-green: the thin cannula and the uterine cavity. The operation is carried out using a speculum (not shown), without any incision, through the natural passages.

Side view: the belly is on the left of the image, the back on the right.

Diagram Wagram Clinic, 2026.

The operation takes place at the Clinique de la Muette, under general anaesthetic.

04 What the procedure does not guarantee

The operation guarantees neither that the problem will not recur, nor the course of a future pregnancy.

05 Risks and complications

Short-term complications, whether traumatic, haemorrhagic or infectious, are rare. A perforation of the uterus is exceptional: most often it requires no further operation, but a laparoscopy (keyhole surgery) may sometimes be needed to check that there is no injury to neighbouring organs.

Afterwards, an infection of the uterus (endometritis) is rare and may require antibiotic treatment.

In the longer term, synechiae, that is, adhesions of the inner wall of the uterus, are common after surgical treatment, within the following twelve months. Their risk and severity increase beyond two surgical procedures.

06 Alternatives

When the pregnancy has stopped in the first trimester, two treatments are possible: suction or medical treatment with misoprostol. In this situation, doing nothing and waiting is not recommended.

In the case of an incomplete miscarriage, two options are recommended: suction or waiting for the uterus to empty spontaneously; misoprostol is not recommended.

Future fertility is the same whichever treatment is chosen, and it is recommended not to delay a new pregnancy if you wish to have one.

07 Contraindications

It is essential to tell your doctor about your personal and family history and about all your treatments and medicines. In particular, mention anticoagulants and antiplatelet drugs, your allergies and any current genital infection. The surgeon and the anaesthetist will decide whether certain treatments need to be stopped.

08 Before the procedure

A pre-anaesthetic consultation is always carried out; except in urgent cases, it takes place at least 48 hours before the operation.

Preparation of the cervix with a medicine, misoprostol, may be offered to you: its use in your situation will be explained to you. Non-steroidal anti-inflammatory drugs are recommended to limit pain during and after the operation.

09 After the procedure and your instructions

- Minor bleeding is expected and may last two to three weeks.
- A pulling sensation or mild period-like pain is possible in the first few hours; it is well relieved by simple painkillers.
- Showers are normal. For about two weeks, and as long as there is any blood loss, avoid baths, water activities, tampons or menstrual cups, and sexual intercourse.
- Ordinary activity is possible from the next day. A few days off work are generally prescribed, but this is not compulsory.
- When a sample is sent to the laboratory, your surgeon will give you the result within about two weeks.
- The follow-up consultation takes place 3 to 4 weeks after the operation.

10 When to seek medical advice without delay

Once you are back home, if a fever above 38 °C, very heavy blood loss (a night-time sanitary pad changed every 30 minutes for 2 hours), severe lower abdominal pain, feeling faint or any other abnormality appears, you must inform your doctor without delay.

11 Your questions for Dr Gatri

This information sheet probably cannot answer all your questions. In any case, do not hesitate to ask your doctor any question that comes to mind, either orally or in writing.