Uterine Evacuation in the Setting of Transabdominal Cerclage

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Objective

Patients with transabdominal cerclage in place present a management challenge in the setting of undesired pregnancy, pregnancy failure, or pre-viable pregnancy complications. Literature that guides safe surgical technique for uterine evacuation is sparse. This study sought to describe the management and safety profile of dilation and curettage (D&C) and dilation and evacuation (D&E) in patients with transabdominal cerclage.

Study Design

We used hospital billing records to identify patients with history of transabdominal cerclage placed between January 1998 to August 2019. We subsequently described the patient characteristics and surgical techniques of the procedures among those who underwent uterine evacuation.

Results

Of the 142 patients with an abdominal cerclage placed at our institution, fourteen had subsequent uterine aspiration for a total of 19 procedures over the study period. We describe fifteen D&C procedures in 11 patients between 5- and 12-weeks gestation, and four D&E procedures in three patients between 17- and 19-weeks gestation. Surgeons used osmotic dilators for cervical preparation and standard surgical techniques. There was one minor complication and no major complications. Three patients had procedures other than uterine evacuation.

Conclusions

Dilation and curettage and D&E are reasonable potential methods of uterine evacuation in women with transabdominal cerclage.