be prescribed for 3 to 6 months. Progesterone or medroxyprogesterone also may be prescribed to regulate uterine bleeding.

Ovulatory DUB may be treated with progestins during the luteal phase. Oral iron supplements may be prescribed to replace iron lost through menstrual bleeding.

**Surgery**

Surgical intervention emphasizes the least invasive method that proves effective relief, beginning with a therapeutic dilation and curettage (D&C), then endometrial ablation, and, finally, hysterectomy.

**Therapeutic D&C**

In a therapeutic D&C, the cervical canal is dilated and the uterine wall is scraped. D&C, the most frequently performed minor gynecologic surgical procedure, is used to diagnose and treat DUB and other disorders of the female reproductive system. It may be performed to correct excessive or prolonged bleeding. D&C is contraindicated in any woman who has been taking anticoagulant drugs or whose condition precludes the use of regional or general anesthesia. Nursing care of the woman having a D&C is described in the box below.

**Endometrial Ablation**

In an endometrial ablation, the endometrial layer of the uterus is permanently destroyed using laser surgery or electrosurgical resection. It is performed in women who do not respond to pharmacologic management or D&C. The woman needs to understand that this procedure ends menstruation and reproduction.

**Hysterectomy**

Hysterectomy, or removal of the uterus, may be performed when medical management of bleeding disorders is unsuccessful or malignancy is present, particularly if the woman no longer wishes to bear children. In premenopausal women, the ovaries are usually left in place; in postmenopausal women, a total hysterectomy, or panhysterectomy, may be performed; this procedure involves removal of the uterus, fallopian tubes, and ovaries.

Hysterectomy may involve either an abdominal or a vaginal approach. The choice depends on the underlying disorder, the need to explore the abdominal cavity, and the preference of the surgeon and woman. Nursing care of the woman undergoing a hysterectomy is described in the box on page 1563.

**Abdominal hysterectomy** is performed when a preexisting abdominal scar is present, when adhesions are thought to be present, or when a large operating field is necessary. For example, the woman with endometriosis is more likely to have an abdominal hysterectomy because endometrial tissue implants that may be present on other abdominal organs need to be removed. The surgical incision may be either longitudinal, made in the midline from umbilicus to pubis, or a Pfannenstiel incision, also known as the bikini cut.

**Vaginal hysterectomy**, removal of the uterus through the vagina, is desirable when the uterus has descended into the vagina or if the urinary bladder or rectum have prolapsed into the vagina. Vaginal hysterectomy leaves no visible abdominal scar.

**NURSING CARE**

**Nursing Diagnoses and Interventions**

DUB usually causes the woman anxiety. Her self-image, sexuality, or reproductive capacity may be threatened, and she may fear the possibility of cancer. She may be embarrassed to discuss her menstrual history and hygiene practices. Interventions for the woman with DUB commonly address problems with anxiety and sexual function.

**Anxiety**

The anxiety associated with abnormal uterine bleeding can be intense. Until the cause of the bleeding is identified and has been addressed, the woman may fear cancer or other life-threatening conditions.

- Discuss the results of tests and examinations with the woman. *This allows for open exchange of information.*
- Provide information about the causes, treatments, risks, long-term effects of treatments, and prognosis. *This allows the woman to assume responsibility for her own health and become involved in her own treatment plan.*

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**NURSING CARE OF THE WOMAN UNDERGOING DILATION AND CURETTAGE (D&C)**

**PREOPERATIVE CARE**

- If ordered, ask the woman to come in 24 hours before surgery for insertion of a laminaria tent. *This device absorbs cervical secretions and slowly dilates the cervix.*
- Ensure that the woman remains NPO after midnight on the day of surgery.

**POSTOPERATIVE CARE**

- Monitor circulation and sensation in the legs, and avoid compression of the popliteal area. *The lithotomy position requires the woman’s legs to be elevated in stirrups, which can impair circulation.*
- Instruct the woman to use perineal pads and avoid tampons for 2 weeks. *This reduces the risk of infection and allows tissues to heal.*
- Explain that the onset of the next menstrual period may be delayed.
- Explain that intercourse should be avoided until after the postoperative checkup and after vaginal discharge has ceased. *This precaution reduces the risk of infection.*
- Instruct the woman to rest for several days after surgery, avoid heavy lifting, and report any bleeding that is bright red or exceeds that of a normal menstrual period. Vigorous activity, lifting, or straining interferes with healing and may cause hemorrhage.