Dilation for Cervical Stenosis

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Cervical dilation may be required when visualization of the endocervix is impaired by apparent or functional stenosis or migration of the squamocolumnar junction (SCJ) into the canal or when access to the endometrial cavity is required as for endometrial biopsy, abortion, or intrauterine contraceptive device (IUD) insertion.

RELEVANT ANATOMY
Cervix, external cervical os, internal cervical os.

PATIENT POSITION
• Dorsal lithotomy

ANESTHESIA
• None

EQUIPMENT
• Misoprostol 200 mcg buccally 2 hours before if planned ahead
• Pratt dilators (preferred) or Hegar dilators (Fig. 13.6.1)
• Lacrimal duct probes or “os finder” for complicated cases of stenosis
• Single tooth tenaculum or atraumatic vulsellum forceps
• Lubrication
• Speculum
• Equipment/instruments for paracervical block
1. A paracervical block may be placed prior to cervical dilation procedures in order to reduce procedural discomfort (see Chapter 13.7, Paracervical Block).
2. Place a single tooth tenaculum on the anterior or posterior portion of the cervix.
3. Grasp the dilator in the middle with the thumb and index finger.
4. Dilator should be inserted just through the internal os without entering the uterine cavity more deeply than necessary.
5. Place lubrication at the tip of the dilator.
6. Start with a 13F Pratt dilator or a 1-mm Hegar dilator.

CPT Code
57800. Dilation of cervical canal, instrumental (separate procedure)

PEARLS
- Pratt dilator sizes range from 13 to 43F; each French unit is equivalent to 0.33 mm in diameter. It is characterized by a gradual taper at the end of the instrument.
- Hegar dilators have a blunt end and have sizes ranging from 1 to 26 mm in diameter.
- Pratt dilators have been shown to require less force for dilation and are less likely to cause a perforation of the uterus.
- An “os finder” (a tapered, flexible plastic device) can be used when just finding the os is necessary. Its flexible and tapered nature can reduce trauma and provide enhanced “feel” for the location of the internal os.