



Evaluation of the Uterus and Fallopian Tubes HSG, SIS, and Hysteroscopy

As part of your evaluation for infertility, recurrent miscarriage, or in preparation for an embryo transfer, we recommend an anatomical assessment of the uterine cavity (i.e., the inside of the uterus where an embryo will implant and grow during pregnancy) and/or the Fallopian tubes (the tubes that transport the egg from the ovary to the uterus). One or more of the following three tests may be recommended depending on your personal medical circumstances: hysterosalpingogram (HSG), sonohysterogram (SHG) or office hysteroscopy. Your physician will discuss with you the pros and cons of each test for your particular situation.

Hysterosalpingogram (HSG)

An HSG is an x-ray test designed to evaluate 1) the Fallopian tubes (are they open or not?) and 2) the shape of the uterine cavity. A small amount of sterile, iodine-containing fluid is injected through a small catheter that has been placed into the cervix. Continuous x-rays (fluoroscopy) will be taken as the contrast fills the uterus and flows through the Fallopian tubes. *If you are allergic to iodine, please let your physician know.* In most cases, this test takes only a few minutes to perform and is associated with mild discomfort and cramping. In cases of tubal occlusion, you may experience more cramping. Please see instructions below regarding side effects and scheduling the procedure.

Saline Infusion Sonohysterography (SIS)

An SIS is a simple ultrasound test to evaluate the uterine cavity. During a speculum exam, a small catheter is placed within the cervix or lower part of the uterus, through which a small amount of sterile fluid (saline) can be injected. A transvaginal ultrasound examination is performed as the saline is injected, allowing visualization of the uterine cavity. The shape of the uterus can be seen, and abnormalities such as uterine polyps and small fibroids that impinge upon the uterine cavity can be evaluated. In most cases, this test cannot determine whether or not the Fallopian tubes are open.

Hysteroscopy

In office hysteroscopy (diagnostic hysteroscopy not requiring anesthesia), a small, flexible scope attached to a video camera is inserted through the cervix and into the uterus, allowing direct visualization of the inner uterine lining. On occasion, it may be necessary to dilate the cervical opening slightly to allow insertion of the hysteroscope, although usually this is not necessary due to the small diameter of the instrument. In order to see more clearly, the uterine cavity is expanded by infusing a small amount of sterile fluid (saline) through a small channel in the hysteroscope during the procedure. This test provides information about the uterine shape and lining, but usually cannot determine whether the Fallopian tubes are open.

Scheduling

To schedule an HSG, SHG or hysteroscopy, please call SRM on the first day of your menstrual period. These tests should be performed during the interval between the end of the menstrual period and ovulation (generally, during the second week of your cycle). In some cases, your physician may prescribe hormonal medication such as oral contraceptive pills to delay ovulation, keep the uterine lining thin, and allow increased scheduling flexibility. If you are still experiencing vaginal bleeding on the day of your examination, please inform the physician. ***You should also inform the physician if your menstrual period was delayed or abnormal since this could indicate the possibility that you might be pregnant.***

On The Day Of Your Procedure

You may eat and drink normally on the day of your procedure. Also, it is not necessary to arrive with a full bladder. In general, HSG, SHG and hysteroscopy are all well tolerated. However, they may be uncomfortable and associated with mild to moderate pelvic pain during and/or just after the procedure. To reduce the likelihood of significant discomfort, we recommend that you take 3 to 4 200 mg tablets of ibuprofen (e.g., Advil or Motrin) or 2 200 mg tablets of Aleve approximately 1 hour prior to the procedure to reduce the likelihood or degree of cramping. The procedure takes approximately 15 minutes, but plan to be at SRM for up to 60 minutes to allow for check-in and recovery.

In most instances, you will be able to drive yourself home or back to work after the uterine evaluation appointment. However, some patients may experience temporary light-headedness, nausea, or persistent cramping. In these cases, a longer recovery time may be needed before you are able to drive. For this reason, when possible, you may want to have someone accompany you to the appointment.

After The Procedure

Complications of HSG, SHG, and hysteroscopy are very uncommon. However, rare cases of uterine and/or tubal infection can occur. Therefore, it is important that you notify SRM immediately if you develop any of the following symptoms over the several days following your appointment:

- Fever (temperature greater than 100.5 degrees Fahrenheit)
- Flu-like symptoms associated with pelvic pain
- Severe or progressive pelvic pain
- Heavy vaginal bleeding