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Hysterosalpingogram (X-ray of the fallopian tubes)

Hysterosalpingography (HSG) is a procedure used to diagnose certain problems of the uterus and fallopian tubes. During this procedure, we will check for blockage or growths inside the uterus and tubes. This may help us find the cause of infertility or repeated pregnancy loss (miscarriage).

Blockage of one or both fallopian causes about 35% of cases of infertility in women. Partial or complete blockage of a tube can prevent a fertilize egg from moving into the uterus. Tubal blockage may result from scarring from a past infection, endometriosis or surgery.

HSG is also done to confirm tubal blockage after hysteroscopic tubal occlusion (Essure) procedure to confirm that further contraception is no longer required. This Essure confirmatory test is done 3 months after the procedure.

PROCEDURE

HSG will be done in a special x-ray area in the hospital radiology department. The HSG should be done during the first half of a woman's menstrual cycle. You will be instructed to contact me when your period starts, and we will schedule the HSG usually between 5 and 12 days after the start of your period. You should not have sex, or be on an effective contraception, or use a condom between the end of your period and the day you have the HSG test. HSG should not be done in a woman who might:

- be pregnant;
- have a pelvic infection;
- have an allergy to the dye used in the procedure;
- is having heavy vaginal bleeding.

Although usually there is only minimal or no pain, as a precaution you should take some pain medication one hour in advance. This may include Motrin, Advil, Naprosyn or extra-strength Tylenol.

In some cases, an antibiotic will also be prescribed to be taken in the morning before the procedure. This should be repeated in the evening of the procedure, also.

During the procedure, you will be asked to lie on your back with your feet place as in a pelvic exam. A small speculum is inserted into the vagina to holds the walls of the vagina apart and allow visualization of the cervix, which is then cleaned with antiseptic solution.

A small tube-like device is inserted into the cervix through the cervical opening in the lower part of the uterus. A feeling of pinching or tugging may be felt. An x-ray machine is placed over the abdomen and

x-ray pictures are taken as the dye is slowly injected into the uterus and fallopian tubes. Some cramping of the uterus, similar to menstrual cramps may be felt. If the tubes are blocked the dye may cause some stretching of the tubes that can also cause some pain. X-ray images are made as the dye fills the uterus and tubes. You may be asked to change positions a number of times to get a better view. If there is no blockage, the dye will spill out of the far ends of the tubes. After it spills out the fluid is absorbed by the lining of the abdomen without any problems.

After the Procedure

Many women have some minor side effects after HSG. These are usually not serious and go away after a day or two in most cases. Side effects may include:

- sticky vaginal discharge as some of the dye fluid drains out of the uterus;
- cramps;
- feeling dizzy, faint or sick to your stomach;
- slight vaginal bleeding.

You may take pain medication as noted above if need be. A pad can be used for vaginal discharge, but do not use a tampon for two days. If antibiotics are prescribed afterwards make sure they are taken the same evening. You should not have sex for two days after the procedures.

Risks and Complications

Call the office if you have any of the following symptoms:

- Vomiting
- Fainting
- Severe abdominal pain or cramping

Heavy vaginal dischargeFevers or chills	
If there are any questions do not hesitate to contact the office.	
I have read the above information about Hysterosalpingograph complications of the procedure. I have had the opportunity to a received acceptable answers to my questions. I consent to the procedure.	•
Patient Signature:	Date:
I have explained the procedure and answered all questions.	
Doctors Signature:	Date: