

## **Hysterosalpingo-contrast-sonography**

### What is a hysterosalpingo-contrast-sonography procedure and how is it performed?

Hysterosalpingo-contrast-sonography is an outpatient ultrasound procedure used to assess the patency of the fallopian tubes.

First a vaginal speculum is inserted into the vagina in order to visualize the cervix.

Then a catheter is inserted through the opening of the cervix and a little amount of a contrast agent (sterile saline solution or air) is introduced.

Next, after the removal of the speculum, a trans-vaginal ultrasound is performed.

### Indications

Investigation of infertility is the main reason for a woman to be referred for a hysterosalpingo-contrast-sonography procedure. It is used to assess the patency of the fallopian tubes.

### Feasibility of this procedure

Absolute contraindications to this procedure are: pregnancy, pelvic inflammatory disease, unilateral or bilateral sactosalpinx, genital malignancies, abnormal vaginal bleeding, cardiovascular and respiratory conditions that can lead to vagal reflexes; relative contraindications are acute infections of the genital tract ( vaginitis, cervicitis, endometritis).

Up to 10 % of the cases a hysterosalpingo-contrast-sonography can't be performed due to a severe cervical stenosis, uterine malformations or fibroids (that can limit the introduction of the catheter), cervical insufficiency or pelvic pain.

### Does it require a preparation?

This exam is usually performed between day 7 and day 10 of a regular 28-day (monthly) menstrual cycle. There is no scientific evidence that therapies with antibiotics and/or NSAIDs are needed before or after the procedure. Also cervicovaginal swabs cultures are not indicated before the test.

### Is it painful? What are the main complications?

Usually women experience temporary mild pain.

Side effects range from 5 to 10% of cases and are: pelvic pain, sweating, nausea, vomiting, bradycardia and temporary loss of consciousness that may occur during the examination or immediately after. Vaginal bleeding after the procedure is common and usually temporary. Complications are rare and consist of fever (which may solve spontaneously, but can sometimes require antibiotic therapy), pelvic inflammation or infections. In a small percentage of cases (0.5%) hospitalization is needed.

### Does the hysterosalpingo-contrast-sonography have limits?

The diagnostic accuracy of this examinations is about 85 %, when compared to other investigation methods (for example hysterosalpingography).

Some anatomic conditions (uterine retroversion, uterine or adnexal pathologies ) or technical factor could reduce the diagnostic accuracy.

### **Informed consent**

I, the undersigned, \_\_\_\_\_ confirm that I fully understand what has been explained to me by Doctor \_\_\_\_\_ and hereby give my consent to undergo the proposed diagnostic and/or therapeutic procedure.

I am aware of the aim of the examination, of the modality, of the diagnostic accuracy, of the limits and adverse effect related.

I have been told that:

- a sterile plastic catheter will be introduced into the uterus;
- a sterile saline solution will be used as contrast material;
- a trans-vaginal ultrasound will be performed.

I declare that I am aware of the adverse events (pelvic pain, nausea, vomiting, vaginal bleeding, fever) and of the possible alternatives available (hysterosalpingography, diagnostic laparoscopy).

I therefore:

- Give my **consent** to the examination
- Do **not** give my **consent** to the examination

Date //

(Patient's signature) \_\_\_\_\_

(Doctor's signature and stamp) \_\_\_\_\_