

### **What is a Hysterosalpingogram (HSG)**

A hysterosalpingogram or HSG is an x-ray procedure performed to determine whether the fallopian tubes are open and to see if the shape of the uterine cavity is normal. An HSG is an outpatient procedure that takes less than one half-hour to perform. It is usually done after menses have ended, but before ovulation, to prevent interference with an early pregnancy (typically between day 7 and 10 of your cycle).

### **How is a hysterosalpingogram done?**

A patient is positioned under a fluoroscope (a real-time x-ray imager) on a table. The gynaecologist then places a speculum in the vagina (much like a PAP test). The cervix is cleaned, and a device (cannula) is placed into the opening of the cervix. The physician then gently fills the uterus with a liquid containing iodine (contrast) through the cannula. The contrast enters the tubes, outlines the length of the tubes, and spills out the ends if they are open. Any abnormalities in the uterine cavity or fallopian tubes will be visible on a monitor. The HSG is not designed to evaluate the ovaries or diagnose endometriosis. Frequently, side views of the uterus and tubes are obtained by having the patient change her position on the table. After the HSG, a patient can immediately resume normal activities, although some physicians ask that the woman refrain from intercourse for a few days.

### **Is it uncomfortable?**

An HSG usually causes mild or moderate uterine cramping for about 5-10 minutes; however, some women may experience cramps for several hours. The symptoms can be greatly reduced by taking ibuprofen (600mg) half an hour prior to the X-ray.

### **What are the risks and complications of HSG?**

An HSG is considered a very safe procedure. However, there is a set of recognized complications, some serious, which occur less than 1% of the time.

- Infection – The most common serious problem with HSG is pelvic infection. This usually occurs in the presence of previous tubal disease. In rare cases, infection can damage the fallopian tubes or necessitate their removal. A woman should call her doctor if she experiences increasing pain or a fever within one to two days of the HSG.
- Fainting – Rarely, the patient may get light-headed during or shortly after the procedure.
- Radiation Exposure – Radiation exposure from a HSG is very low, less than a kidney or bowel study, and there have been no demonstrated ill effects from this radiation, even if conception occurs later the same month. The HSG should not be done if pregnancy is suspected.

- Iodine Allergy – Rarely, a patient may have an allergy to iodine contrast used in an HSG. A patient should inform her doctor if she is allergic to iodine, intravenous contrast dyes, or seafood. Patients who are allergic to iodine may have a sonohysterogram performed instead of HSG since that procedure uses non-iodine containing fluids. Sonohysterograms provide good detail concerning the uterine cavity, but limited information about the fallopian tubes. If a patient experiences a rash, itching, or swelling after the procedure, she should contact her doctor.
- Spotting – Spotting commonly occurs for one to two days after the HSG. Unless instructed otherwise, a patient should notify her doctor if she experiences heavy bleeding after the HSG.

### **How do I book my HSG?**

To schedule your HSG please call the clinic at 250-861-6811 on day 1 of your menstrual cycle (the first day of full flow is considered day 1). We will book your x-ray for sometime between day 7 and 10 depending on availability. Please take ibuprofen 600mg half an hour before the HSG. The procedure is done between noon and 1 pm at the Kelowna General Hospital. Please check in at the diagnostic imaging 15 minutes prior to your appointment. Dr. Wise will meet you there.

### **How do I find out the results of the HSG?**

Your gynaecologist will get a formal report on the results of the x-ray within 1-2 weeks. You will also likely discuss the findings during your x-ray, however, it is important to wait for the final report in case there is an abnormality that was not initially seen.

*References – American Society for Reproductive Medicine, Patient’s Fact Sheet Hysterosalpingogram (HSG)*