

HYSTEOSALPINGOGRAM (HSG)

What is it?

A hysterosalpingogram is an x-ray study of the uterus and fallopian tubes.

What preparation is needed for the examination?

No specific preparation is required. It is best not to attend after a large meal, but there is no requirement for fasting prior to the examination. Sometimes, your own Doctor will advise that you have antibiotics prior to the procedure but this is not always necessary. It is important the examination is performed in the early part of your menstrual cycle after menstruation has ceased. Therefore it is usually recommended to perform the study between the 6th and 10th day of your menstrual cycle, although when necessary we can safely book the examination late in your cycle. Although the examination is often performed because of difficulty in becoming pregnant, it is important that you are not pregnant at the time of study. Therefore we advise that you abstain from sexual intercourse after the onset of the menstrual cycle, in that cycle, in which the examination is going to be performed. Please arrive 15 minutes prior to the procedure time.



What happens during the examination?

When you arrive in the department, you will register at the reception desk. You will then be taken to change into a gown by a radiographer's helper or nurse. It is recommended that you empty your bladder prior to examination. You will then be taken into the fluoroscopic (X-ray) room where the Consultant Radiologist (Doctor) will explain in detail the examination and what it entails. At this time, informed consent for the examination will be obtained. Please ask any questions you may have at this time and the doctor will be only too pleased to answer them.

Following this, you will be asked to lie down on the table. The doctor will perform an internal examination of your cervix (similar to the procedure that you have for a cervical smear). When the cervix has been identified a small catheter or instrument will be inserted into the cervical canal and contrast (a liquid that shows up on x-ray) will be injected into the uterine cavity. The cavity will then show up on x-ray and the contrast will then pass into the fallopian tubes and if these are open at the end, will then pass into the peritoneum (abdominal cavity). All these stages are captured on X-ray for analysing. The catheter or instrument is then removed and the procedure is ended.

Does the procedure hurt?

The internal examination may be uncomfortable but should not hurt. Insertion of the catheter does not normally hurt but you may experience some crampy period like discomfort when the contrast is instilled into the uterus. At all times you can tell the doctor what you are feeling and he/she can release the pressure of injection if this is necessary. Most patients do not experience very much discomfort and there is not normally any unpleasant feeling following the procedure.

How long will it take?

The examination itself normally takes about 10-20 minutes but the whole procedure (including the explanation and insertion of the speculum) takes about 45 minutes.

When will I get my results?

When you have had the examination a radiographer/ nurse will tell you how, and approximately when, you will get the results. They are usually sent to your referring doctor within 48 hours.

Aftercare

Complications following this procedure are very uncommon although some patients do describe very mild pelvic discomfort for about 24 hours, this is usually relieved by simple analgesia such as Paracetamol or Ibuprofen.

You will probably have some minor vaginal bleeding following the procedure but if the bleeding becomes heavy, particularly with clots it would be important to obtain medical advice from your GP, Gynaecologist or local A&E department. The procedure is performed in a sterile manner.

However, very occasionally patients will develop infection following the procedure and if you have any signs of this (ie. fever, pain, unpleasant discharge) you should also seek medical advice from your GP, Gynaecologist or local A&E department, as soon as possible.



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