

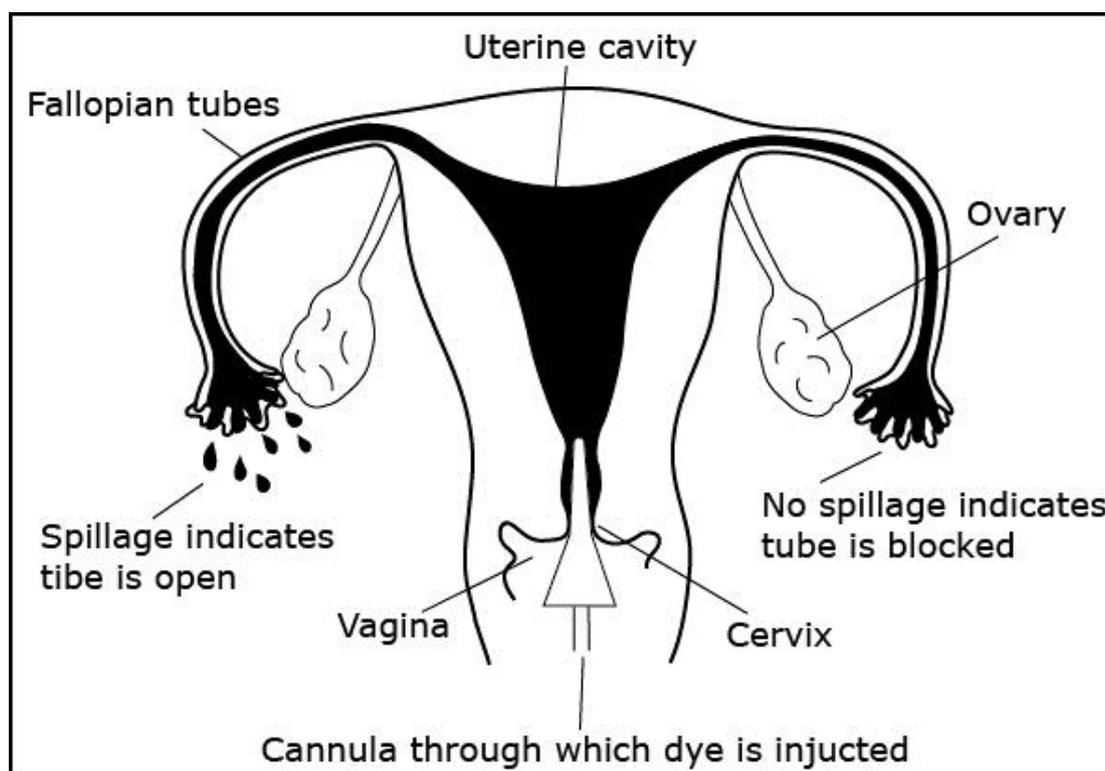
Having a Hysterosalpingogram (HSG)

Other formats

If you need this information in another format such as audio tape or computer disk, Braille, large print, high contrast, British Sign Language or translated into another language, please telephone the PALS desk on 01271 314090.

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. HSG is an outpatient procedure that takes less than 30 minutes to perform. It is usually done after your period has ended, but before ovulation, to prevent interference with an early pregnancy.



The procedure is undertaken in the X-ray department. No anaesthetic is necessary, but some women do experience a degree of discomfort when the dye is introduced. This should last no more than a few minutes. You may wish to take tablets like ibuprofen 30 minutes prior to your test.

How is a hysterosalpingogram done?

The patient is positioned under a fluoroscope (a real-time x-ray imager) on a table. The gynaecologist then examines her uterus and places a speculum in her vagina. Her cervix is cleaned, and a device (cannula) is placed into the opening of the cervix. The gynaecologist then gently fills the uterus with a liquid containing iodine (contrast) through the cannula. The contrast then enters the tubes, out-lines the length of the tubes, and spills out of their ends if they are open (please see diagram for clarification). 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.

The HSG can be carried out on any day during your cycle providing your period has stopped (i.e. no bleeding) and reliable contraception is in place for this cycle. HSG can disturb any ongoing pregnancy and may cause miscarriage. Therefore **it is important that you avoid pregnancy during the cycle in which you are having the HSG; if there is evidence of unprotected sex, this procedure will be cancelled.** You are advised to ring the X-ray department (01271 322741) on the first day of your period, or shortly after, to book your procedure. We would suggest that, on the day of your investigation, you bring a companion with whom you could travel home.

Is it uncomfortable?

This procedure usually causes mild or moderate uterine cramping for few minutes; however, some women may experience cramps for hours. The symptoms can be greatly reduced by taking medications used for menstrual cramps or pain killer before the procedure.

There is a very small risk of infection after this procedure, and it is important that you contact your GP if you are concerned by any vaginal discharge or pelvic pain in the first few days after this test.

What are the risks and complications of HSG?

HSG is considered a very safe procedure. However, there is a set of recognized complications. Some of these are serious, but these occur in less than 1% of cases.

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 the first week after HSG. To try and prevent this we will give you a one-off dose of Azithromycine (one gram) of potent antibiotic.

Fainting – Occasionally, some patients may get light-headed during or shortly after the procedure. This happens mainly as a result of manipulating the cervix. The patient will be advised to remain lying down for few minutes when most of these symptoms resolve spontaneously.

Radiation exposure – Radiation exposure from this procedure is very low, less than kidney or bowel x-rays, and there have been no demonstrated ill effects from this radiation, even if conception occurs later the same month which is not advisable. The HSG should not be done if pregnancy is suspected.

Iodine allergy – Rarely, a patient may have an allergy to the iodine contrast used in performing HSG. The patient should inform her doctor if she is allergic to iodine, intravenous contrast dyes, or seafood. Patients who are allergic to iodine may need an alternative test undertaken. 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.

PALS

The Patient Advice and Liaison Service (PALS) ensures that the NHS listens to patients, relatives, carers and friends, answers questions and resolves concerns as quickly as possible. If you have a query or concern call 01271 314090 or e-mail ndht.pals@nhs.net. You can also visit the PALS and Information Centre in person at North Devon District Hospital, Barnstaple.

Have your say

Northern Devon Healthcare NHS Trust aims to provide high quality services. However, please tell us when something could be improved. If you have a comment or compliment about a service or treatment, please raise your comments with a member of staff or the PALS team in the first instance.

'Care Opinion' comments forms are on all wards or online at www.careopinion.org.uk.

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