

SONOHYSTEROGRAM PATIENT INFORMATION

Your physician recommended a hysterosonogram to evaluate the uterine cavity. The hysterosonogram evaluates the pelvic organs by ultrasound. During the procedure, we image the cervix, uterus, and ovaries. The hysterosonogram does not evaluate the fallopian tubes very well.

Timing

The hysterosonogram should be performed in the first half of a woman's menstrual cycle after menstrual flow ends, but before ovulation to reduce the likelihood of interference with a possible early pregnancy. The endometrium (uterine lining) needs to be thin for an accurate evaluation and the lining is thinnest during the first half of the menstrual cycle.

Preparation

Allow 45 minutes to an hour for the procedure from the time you check in until you leave. We need about 15 minutes for the preliminary scan of the pelvic organs and another 15 minutes to perform the hysterosonogram.

You can eat normally before the test, unless your stomach becomes easily upset. In that case, please eat lightly.

Before the procedure, you need to empty your bladder and remove your clothing from the waist down. You cover yourself with a drape or sheet.

Technique

We instill sterile saline into the uterus to evaluate the shape and contour of the uterine cavity. To accomplish this, we need to insert a speculum into the vagina similar to having a pap smear test. We place an antiseptic over the cervix and opening to the uterus. We insert a thin plastic catheter into the uterus or cervix and inflate a small balloon to keep it in place. The saline is then gently flushed into the uterine cavity and the ultrasound machine captures the image of the pelvic organs.

Sonohysterography usually involves recording a 3-dimensional image which can be manipulated to produce 2-dimensional photographs. Occasionally, the uterus cannot be imaged to provide diagnostic pictures even with 3D technology. In such instances, our staff may recommend an alternative technique to evaluate the uterus such as a surgical procedure called hysteroscopy.

Very few women describe the hysterosonogram as uncomfortable. Some of you may have previously had a hysterosalpingogram (HSG, X-ray dye test). The HSG more often causes pain because the contrast must be forced into the fallopian tubes. The hysterosonogram uses gentle injection of saline.

Complications

Complications rarely occur with a hysterosonogram. We use an antiseptic rinse of the cervix and sterile instruments to prevent infection. We recommend prophylactic antibiotics if the woman previously had a pelvic infection, or if we find evidence of dilated fluid filled tubes (hydrosalpinx). Less commonly, some women develop a reaction to the Betadine (iodine) solution used as an antiseptic. Please inform us of past allergies to iodine, Betadine or shellfish. Some women have severe uterine cramps but the cramps usually respond to mild analgesics.