

# HSG (Hysterosalpingogram)

## What is an HSG?

Hysterosalpingography (HSG) is an X-ray that shows the inside of the uterus and fallopian tubes. It is often used to diagnose partly or fully blocked fallopian tubes. It also can show the size and shape inside of the uterus.

## Why is HSG performed?

Scarring or abnormalities in the uterus or fallopian tubes can lead to infertility and pregnancy problems. HSG also is used after some tubal sterilization procedures to make sure that the fallopian tubes have been completely blocked.

## Why is an HSG cancelled?

HSG is not done if you:

- are pregnant
- have a pelvic infection
- have uterine bleeding at the time of the procedure

## What should I do to prepare for HSG?

Your obstetrician–gynecologist (ob-gyn) may recommend that you take an over-the-counter pain reliever an hour before the procedure. This may help ease mild cramping you may have during the procedure. Discuss this decision with your ob-gyn. In some cases, you may receive an antibiotic as well.

Most people can drive themselves home after an HSG. Some patients may not feel well afterward. You may want to make arrangements to be driven home after the procedure. Caregivers may wait in the lobby.

It is advised to wear undergarments that will hold a pad. You will have spotting or bleeding after the procedure. Undergarments are not provided.

Be ready to provide a urine sample for a urine pregnancy test before the HSG. It is best to arrive with a partially full bladder.

Please make arrangements for child care. For safety reasons, children are not allowed in the imaging suite. Child care is not provided.

## How is an HSG performed?

During HSG, a contrast agent (fluid that contains a dye) is placed in the uterus and fallopian tubes. The dye shows up in contrast to the body structures on an X-ray. The dye outlines the inner size and shape of the uterus and fallopian tubes. It also is possible to see how the dye moves through the body structures.

*The procedure takes 30 to 40 minutes.*

You will be given a gown and ask to be undressed from the waist down. You will be taken to the procedure room by a technologist and be asked to change into a gown. All clothing and anything with metal from waist down must be removed.

The imaging technologist will ask you a series of questions. This will determine how the exam is performed and can help Radiologists (physician performing the procedure) interpret the images.

The patient will lie on an X-ray table with knees bent and feet flat on the table; the procedure will NOT require the patient to be in stirrups.

The provider will insert a speculum into the vagina, similar to a pap smear procedure. Once the provider visualizes the cervix, the provider will cleanse the cervix and outer vaginal canal with an antiseptic. A catheter will be inserted through the vagina into the cervix for about 10 minutes during the procedure. The patient may feel pressure or a tugging sensation. Once the catheter is in place, a balloon will be inflated to ensure placement.

The patient is moved to a higher position on the table. The imaging camera will cross over the patient; The provider will inject iodine contrast which may cause an intense feeling of pressure or cramping, lasting about 15 – 20 seconds.

The provider may roll the patient on their side for additional imaging.

Once the imaging is complete, the provider will remove the catheter after deflating the balloon. Lastly, the provider will remove the speculum.

### After the procedure

After HSG, you can expect to have sticky vaginal discharge as some of the fluid drains out of the uterus. The fluid may be tinged with blood. A pad can be used for the vaginal discharge. Do not use a tampon. You also may have the following symptoms:

- Slight vaginal bleeding (24 to 48 hours after exam)
- Cramps
- Feeling dizzy, faint, or sick to your stomach

For 48 hours after the exam, it is advised that the patient not have sex, wear tampons, and no douching. Bathing or swimming is also not recommended; however, showering is fine.

If Valium or other stronger sedatives have been given, another person should drive them home.

If the patient experiences heavy bleeding, passing blood clots, fever, or a foul smelling discharge; reach out to the ordering provider.

### Receiving your HSG results

After the procedure, the performing provider will give a preliminary report. This may change after further review of the images and comparison to previous exams. Typically, results are released to you via the patient's MyChart and to the ordering provider the next business day.

If you would like a CD of the study, please call the film library at 832-822-1202. The Radiologist's report will also be included on the CD.

Reference: The American College of Obstetricians and Gynecologists