

Hysterosalpingogram (HSG)

HSG (hysterosalpingography) is an x-ray test used to view your reproductive organs. Among many things, this test can help diagnose why you are unable to get pregnant or to verify sterilization after an Essure® procedure. HSG is done in the x-ray center of a hospital or clinic. During the procedure, your referring gynecologists with the help of a radiologic technologist takes images as contrast dye flows through the uterus and fallopian tubes. The dye makes it easier to see these organs on x-rays. It can also help pinpoint the location of any problems. HSG usually takes less than 30 minutes. You can often go back to your normal routine within a short time..



Reasons for the Procedure

HSG is used to diagnose problems with the fallopian tubes and uterus. These can include:

- Blockage or narrowing of the fallopian tubes
- Scarring of the fallopian tubes and uterus
- Abnormalities in the shape and size of the fallopian tubes and uterus
- Growths in the uterus
- Verification of sterilization after an Essure® procedure

What Are the Risks?

Problems with HSG are rare, but can include:

- Infection
- Bleeding
- Allergic reaction to the dye
- Damage to the uterus or fallopian tubes (very rare)

Getting Ready for the Procedure

The procedure will be scheduled shortly after the end of your menstrual period. When you schedule your test, tell your healthcare provider if you have allergies to iodine or shellfish. You will be asked to sign a consent form, and may want to arrange for a ride home after the procedure. In some cases, you'll be given antibiotics to take before and after the test. A day or two before the exam, your healthcare provider may ask you to:

- Not have unprotected sex since the start of your menstruation.
- Stop using creams or other vaginal medications.
- Avoid douching.
- Take over-the-counter pain medications a few hours before the test.

During HSG

- You will be asked to lie on an x-ray table with your knees bent—much like a Pap test.
- An instrument called a speculum is inserted into the vagina to hold it open.
- The cervix may be numbed. Then a catheter (thin tube) is guided through the cervix and into the uterus. In some cases, the cervix is first dilated to widen the cervical opening.
- The radiologist will position the x-ray machine over your abdomen. Then contrast dye is injected through the catheter.
- The dye may stretch the uterus and tubes, causing some cramping or pain.
- As the dye flows through the uterus and tubes, x-rays are taken and displayed on a monitor. You may be able to watch the progress of the dye on the monitor. You may also be asked to change positions.
- It is normal for some dye to spill out of the tubes and be absorbed by the body. The rest may appear later as vaginal discharge.

After the Procedure

- If you feel lightheaded or dizzy, you can rest on the table until you're ready to get dressed.
- You will likely have a thick discharge as some of the dye drains out of the uterus. Use pads, not tampons, until the discharge is gone.
- For a few hours you may feel some cramping. This can usually be relieved with over-the-counter pain medications.
- You may be told not to have sexual intercourse or douche for a day or two.

Follow-Up

After the radiologist has studied the x-rays, your healthcare provider will talk with you about the results of your HSG. This may be later the same day or during a follow-up appointment. In some cases, additional tests may be needed to look more closely at your reproductive organs. Your healthcare provider may also recommend medications or surgery to help correct a problem.

Call your healthcare provider if you have:

- Severe or increasing pelvic pain.
- Heavy vaginal bleeding (more than a pad an hour for 2 hours).
- Vomiting.
- A fever over 101°F.
- Foul-smelling or unusual vaginal discharge.