

6. X-ray images are made as the fluid fills the uterus and tubes. You may be asked to change positions a number of times for X-rays. If there is no blockage, the fluid will spill slowly out the far ends of the tubes. After it spills out of the tube, the fluid is absorbed by the cells lining the abdomen.

After the Procedure

Many women have minor side effects after having HSG. These are not serious and go away after a day or two in most cases. Side effects may include:

- Sticky vaginal discharge as some of the fluid drains out of the uterus
- Cramps
- Feeling dizzy, faint, or sick to your stomach
- Slight vaginal bleeding

Talk to your doctor about what kind of medication you can take to relieve these symptoms. A pad can be used for the vaginal discharge. Do not use a tampon. If the discharge gets on your underwear or clothing, it may stain.

Your doctor may prescribe antibiotics for a few days after the procedure. If you are prescribed antibiotics, make sure you take all of them, even if you feel fine.

Risks and Complications

Severe problems are rare. They may include an allergic reaction to the fluid, injury to the uterus, or pelvic infection. Call your doctor if you have any of these symptoms:

- Vomiting
- Fainting
- Severe abdominal pain or cramping
- Heavy vaginal bleeding
- Fever or chills

Test Results

Your doctor will discuss the results of your HSG with you. Based on the results, further tests may be needed. If a problem is found, your doctor will talk with you about a treatment plan.

Finally...

HSG is a way to diagnose problems of the uterus and fallopian tubes. The risk of problems after HSG is low, but you should be aware of warning signs. Talk to your doctor if you have questions about this procedure.



Information contained in this booklet is meant for informational purposes only and should not substitute the visit to your doctor nor his/her advice for your health care.

Accuracy of the content is current to the date of printing.

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Hysterosalpingogram (HSG)



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Hysterosalpingogram (HSG)

Hysterosalpingography (HSG) is a procedure used to diagnose certain problems of the uterus and fallopian tubes. HSG most often is used to see if a woman's tubes are partly or fully blocked. Blocked tubes are a common cause of infertility. HSG also is used to help find the cause of repeated pregnancy loss.

Why Is HSG Done?

With HSG, the doctor can check for blockage or growths inside the uterus and tubes. This may help your doctor find the cause of infertility or repeated pregnancy loss (also called repeated miscarriage).

Blockage of one or both fallopian tubes causes about 35% of cases of infertility in women. Partial or complete blockage of a tube can prevent a fertilized egg from moving into the uterus. Tubal blockage may result from scarring from a past infection, endometriosis, or surgery.

HSG also is done to detect growths or scarring inside the uterus or problems in its size or shape. This can be the cause of repeated pregnancy loss.

What to Expect

HSG will be done in a special X-ray area in the hospital, clinic, or doctor's office. It is best to have HSG during the first half (days 1-14) of a woman's menstrual cycle. This timing reduces the chance that a woman

may be pregnant during the procedure.

HSG is not done in a woman who:

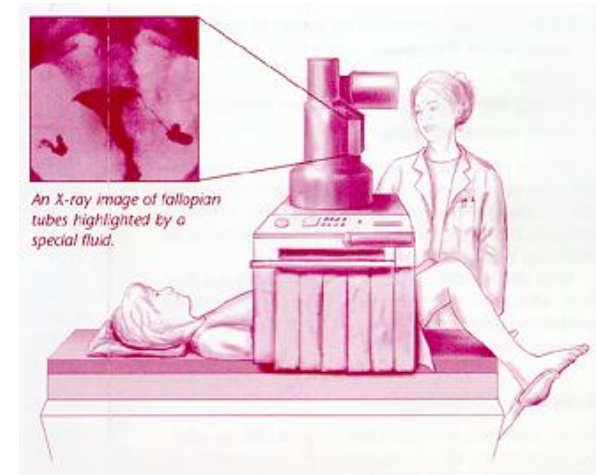
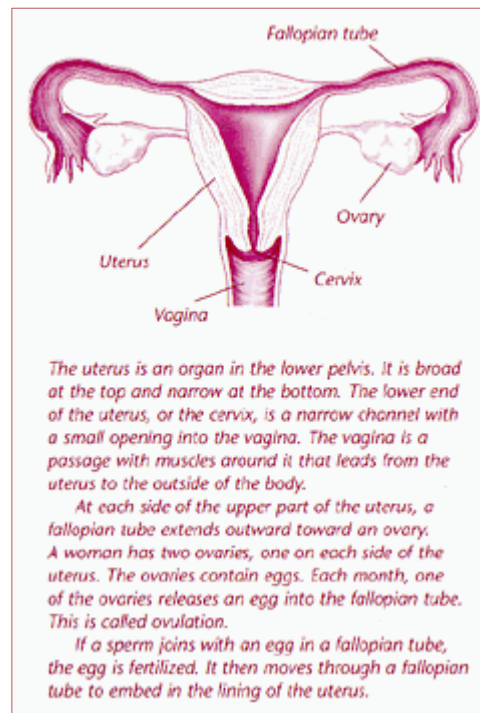
- Is pregnant
- Has a pelvic infection
- Has an allergy to the dye used in the procedure
- Is having heavy uterine bleeding

To reduce pain during the procedure, you may want to take pain medication in advance. Discuss this with your doctor. In some cases, he or she also may prescribe an antibiotic for you to take before HSG.

You should not drive right after an HSG. Arrange to have someone take you home.

The Procedure

For HSG, a special fluid is placed into the uterus and tubes. The fluid shows up in contrast to these structures on an X-ray screen. This highlights their inner



size and shape. For the procedure:

1. You will be asked to lie on your back with your feet placed as for a pelvic exam. A device called a speculum is inserted into the vagina to hold the walls of the vagina apart and allow a view of the cervix. The cervix is cleaned.
2. The end of the cervix may be injected with local anesthesia (pain relief). You may feel a pinch or tug as this is done.
3. A device is inserted to hold the cervix steady. A thin tube then is passed through the cervical opening to the lower part of the uterus.
4. An X-ray machine is placed over the abdomen. This allows the doctor to see the fluid inside your organs on a screen.
5. The fluid slowly is placed through the thin tube into the uterus and fallopian tubes. The fluid causes the uterus to stretch. This may cause uterine cramping. Also, if the tubes are blocked, the fluid will cause the tubes to stretch. This may cause pain.