

Patient preparation for an assessment of Fallopian tube patency

This method includes the radiological examination of the uterine cavity and Fallopian tube appearance and patency by applying a contrast agent. You will be exposed to a low-dose X-ray radiation.

Why and when would you need the procedure?

Hysterosalpingography is the most commonly used to assess the Fallopian tube patency and morphology, for visualisation of the uterine cavity and detection of potential congenital or acquired anomalies of the reproductive system. This method can also have therapeutic benefits for infertility treatment due to tubal flushing with the contrast agent.

When is the procedure performed?

The procedure should be performed in the early follicular phase of the menstrual cycle, but after the period ends completely in order to avoid potential pregnancy. Water-soluble iodinated contrast agent is applied in a quantity from 10 to 20 mL.

How to get prepared?

Sterile cervical smears are required for the procedure, negative on Chlamydia trachomatis, Mycoplasma hominis, Ureaplasma urealyticum and aerobic bacteria. If the cervical smears were not sterile, an intra-abdominal inflammatory process could develop.

How is the procedure performed?

Your gynaecologist will explain to you each step to make you feel comfortable and relaxed as much as possible. You will lie down on the gynaecological examination table and the external genitalia and vagina will be properly cleaned by using disinfectant agent. A speculum is then inserted into the vagina allowing detailed visualisation of the uterine cervix.

The uterine cervix is fixated by a toothed vulsellum and retractor, followed by the insertion of the tip of a hysterosalpingography device into the distal part of the uterine cervix. A contrast agent is then infused through the HSG device into the uterine cavity and Fallopian tubes. Radiographic

imaging of the contrast agent passage through the female reproductive system (diascopy) is performed during the procedure at several different intervals.

The morphology of the uterus and endometrium is assessed, including the presence of uterine anomalies or other structures in the uterine cavity (endometrial polyp or submucous myoma).

Normal passage of a contrast agent through the Fallopian tubes indicates its normal patency, while an obstruction of these signals is interpreted as a tubal occlusion. Accumulation of contrast agent in the recto-uterine pouch is a sign of patent tubes as well.

Following the procedure the instruments are removed from the vagina. The uterine cervix is examined and the tamponade is applied as necessary. The procedure might be painful.

The chance of conception is increased 6 months after the procedure.

Contraindications for radiologic hysterosalpingography are: potential uterine pregnancy, severe uterine bleeding, inflammatory process, hypersensitivity to iodine and iodinated agents.