



PATIENT'S FACT SHEET Hysterosalpingogram (HSG)

What is a hysterosalpingogram (HSG)? A hysterosalpingogram or HSG is an x-ray procedure performed to determine whether the fallopian tubes are open and to see if the shape of the uterine cavity is normal. An HSG is an outpatient procedure that takes less than one half-hour to perform. It is usually done after menses have ended, but before ovulation, to prevent interference with an early pregnancy.

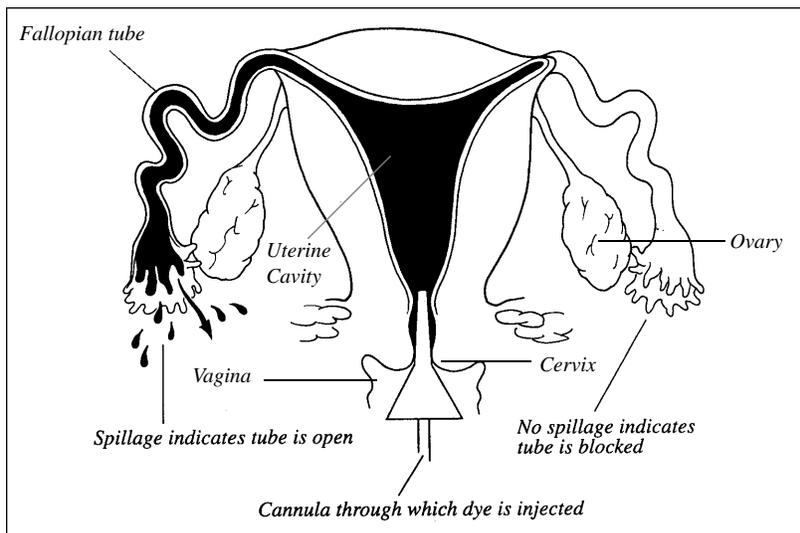
How is a hysterosalpingogram done? A patient is positioned under a fluoroscope (a real-time x-ray imager) on a table. The gynecologist or radiologist then examines her uterus and places a speculum in her vagina. Her cervix is cleaned, and a device (cannula) is placed into the opening of the cervix. The physician then gently fills the uterus with a liquid containing iodine (contrast) through the cannula. The contrast then enters the tubes, outlines the length of the tubes, and spills out their ends if they are open. Any abnormalities in the uterine cavity or fallopian tubes will be visible on a monitor. The HSG is not designed to evaluate the ovaries or diagnose endometriosis. Frequently, side views of the uterus and tubes are obtained by having the patient change her position on the table. After the HSG, a patient can immediately resume normal activities, although some physicians ask that the woman refrain from intercourse for a few days.

Is it uncomfortable? An HSG usually causes mild or moderate uterine cramping for about five minutes; however, some women may experience cramps for several hours. The symptoms can be greatly reduced by taking medications used for menstrual cramps.

Does a hysterosalpingogram enhance fertility? It is controversial whether this procedure enhances fertility. Some studies indicate a slight increase in fertility lasting about three months after a normal HSG. Most physicians perform the HSG only for diagnostic reasons.

What are the risks and complications of HSG? An HSG is considered a very safe procedure. However, there is a set of recognized complications, some serious, which occur less than 1% of the time.

- **Infection** - The most common serious problem with HSG is pelvic infection. This usually occurs in the presence of previous tubal disease. In rare cases, infection can damage the fallopian tubes or necessitate their removal. A woman should call her doctor if she experiences increasing pain or a fever within one to two days of the HSG.
- **Fainting** - Rarely, the patient may get light-headed during or shortly after the procedure.



- **Radiation Exposure** - Radiation exposure from a HSG is very low, less than a kidney or bowel study, and there have been no demonstrated ill effects from this radiation, even if conception occurs later the same month. The HSG should not be done if pregnancy is suspected.
- **Iodine Allergy** - Rarely, a patient may have an allergy to the iodine contrast used in an HSG. A patient should inform her

doctor if she is allergic to iodine, intravenous contrast dyes, or seafood. Patients who are allergic to iodine may have a sonohysterogram performed instead of HSG since that procedure uses non-iodine containing fluids. Sonohysterograms provide good detail concerning the uterine cavity, but limited information about the fallopian tubes. If a patient experiences a rash, itching, or swelling after the procedure, she should contact her doctor.

- **Spotting** - Spotting commonly occurs for one to two days after the HSG. Unless instructed otherwise, a patient should notify her doctor if she experiences heavy bleeding after the HSG.

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