HYSTEROSALPINGOGRAM (HSG)

The following is an explanation of the hysterosalpingogram procedure, the indications for the procedure, and common complications that may result from the hysterosalpingogram.

The Purpose:
The purpose of the HSG is to outline various structures in a woman’s reproductive tract. In order to visualize these structures, it is necessary that liquid dye be introduced. Commonly, the HSG is performed to see if the fallopian tubes are open or patent. It may also be used to verify blockage or occlusion of the tubes after sterilization procedures. Many other abnormalities of the fallopian tubes can also be detected by the HSG. The HSG is also useful in detecting abnormalities in the shape of the uterine cavity that may result from congenital anomalies, tumors, or from adhesions (scar tissue).

In order to minimize radiation exposure to the very early pregnancy, the HSG is performed in the first part of the menstrual cycle after the menstrual flow has ceased. This is commonly performed between day 6 and 10 of a 28-day cycle and only performed Monday through Friday.

There may be some mild discomfort associated with the procedure and menstrual-like cramps may persist for a short period of time after the procedure. In some women, the cramping after the procedure is more severe than in others, an it may be wise to have someone accompany you to the office to assist you home should that be necessary.

Please take Tylenol, Advil, or Motrin about 45 minutes prior to the procedure.

The procedure should not be done if you are pregnant, if you have an active infection of your reproductive organs, if you are allergic to iodine or have had an allergic reaction to any dye used in any x-ray procedure. If you currently take Metformin or any form of the drug found in many diabetes medication please stop the drug 3 days prior to the procedure and do not resume until 3 days after the procedure. These drugs could possibly interact with the contrast dye. Please contact your diabetes doctor if you have any questions about this possible interaction.
The Procedure:
During the x-ray procedure, you will be placed in a position similar to that for an routine pelvic examination. A speculum will be introduced and the cervix will be cleansed with an antiseptic solution. Local anesthesia is administered to reduce pain and cramping. An iodine dye is then introduced through a soft, flexible catheter that will enable visualization of the uterine cavity and fallopian tubes. Several x-ray images are taken over an approximate 5 minute period. If you have any discomfort after the procedure, you may use Tylenol, Advil, or Motrin.

The Risks:
There are risks involved with this or any other medical procedure, and although their incidence is low, you should be aware that some women will develop an allergic reaction to the dye used, and some women will develop an infection from the procedure. In addition, it is possible that the dye used could accidentally penetrate into the blood or lymph vessels, or that the instruments used in the procedure could cause damage to the reproductive structures. These complications are rare, but do occur even when the most careful precautions have been taken. The complications are usually minor, but you should contact your doctor should any bleeding, fever (temperature greater than 100.4 degrees), lower abdominal pain, or rash develop subsequent to the x-ray procedure.