New and Investigative Cycle Patients

Sonohysterosalpingogram

It is a test done to evaluate the cavity of the uterus and patency of the Fallopian tubes at the same time using ultrasound imaging. Usually it is coupled with a 3-D ultrasound for more precise assessment of the uterine architecture where some uterine abnormality previously missed on the usual 2-D ultrasound can be picked up by the 3-D ultrasound.

The test is done after the period flow finish and before your ovulation roughly between cycle days 6-12 in if you have a 28 days cycle. However the test can be done at any time of the cycle after cessation of menses. There is no evidence that it can interfere with implantation or early pregnancy if done later in the cycle.

The test involve insertion of vaginal speculum, exposing the cervix and cleaning the opening with Betadine (antiseptic). A flexible thin catheter (tube) is inserted in the cervix passed the internal cervical opening and warm sterile saline solution is injected slowly to fill and visualize the uterine cavity. That will be followed by injected contrast (or agitated saline) further to show openness or patency of the Fallopian tubes.

The test is generally not more uncomfortable than doing a Pap smear if done properly with smooth correct insertion of the catheter and slow injection of the saline. Significant bleeding or infection following the test is not common.

Please note the following instructions:

1- You may want to take Advil 400 mg 1-2 hours before the test especially if you tend to have significant menstrual cramps.

2- After the test, please report any symptoms like significant bleeding, abdominal pain or abnormal discharge to your nurse immediately. You may need a script of antibiotics to abort possible early infection. You may also be asked to come back to the clinic for further clinical assessment. Infection after sono-hysterosalpingogram is uncommon.

Please do not interpret the results yourself before you meet your doctor. You may be stressing out unnecessarily. The observation of no flow seen through the tubes is not uncommon and it does not always mean that you have blocked tubes! False alarm with
those tests can be as high as 40%. By the same talking, an open tube on the salpingogram does not always mean healthy perfectly functioning tube.