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HYCOSY AND HYSTEOSALPINGOGRAPHY Imaging Department



Further Information

We endeavour to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty.

If they cannot resolve your concern, please contact our Patient Experience Team on 01932 723553 or email asp-tr.patient.advice@nhs.net. If you remain concerned, the team can also advise upon how to make a formal complaint.

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INVESTIGATIONS FOR FEMALE INFERTILITY

HYCOSY and HYSTEROSALPINGOGRAPHY (HSG)

WHAT ARE THESE TESTS?

Both of these tests are designed to assess the internal structure of the womb and whether the Fallopian tubes, which carry the egg from the ovary, are patent (open) or not.

PREPARING FOR THE TESTS

Both tests are undertaken in the ten days following the cessation of menstrual bleeding. This is so that there is no chance of you being pregnant. If you have irregular periods then it may be necessary to have a pregnancy test to confirm you are not pregnant at the time of the examination.

WHAT DO THESE TESTS ENTAIL?

In both of these tests the procedure is similar. With the HYCOSY test an internal vaginal scan is undertaken to assess the womb and ovaries. Following this a speculum is introduced as in a cervical smear test. A thin tube or catheter is placed through the cervix. Fluid is then injected through the catheter while an internal scan is performed. The fluid can be seen passing through the

Fallopian tubes indicating that they are open. The HYSTEOSALPINGOGRAM (HSG) is similar in that a thin catheter is placed through the cervix. Instead of an internal ultrasound a series of x-ray pictures are taken to demonstrate whether the Fallopian tubes are open.

WHAT HAPPENS AFTER THESE TESTS?

Your referring doctor will receive a full report.

DO THEY HURT?

There may be some discomfort when the catheter is inserted through the cervix. In both the HYSOSY and HSG, whilst fluid is injected through the catheter you may experience cramping, like period pain, which may persist for a short while after the procedure. It is often advised to take a couple of painkillers such as Ibuprofen half an hour before either procedure.

ARE THERE ANY RISKS INVOLVED?

The main risks are bleeding and the introduction of infection, though any bleeding normally settles after 24 hours. Examinations are undertaken using sterile technique to reduce the risk of any infection being introduced.

FALLOPIAN TUBE RECANALISATION

This test is a more complicated version of the HSG. It is a procedure to unblock occluded Fallopian tubes. Initially the procedure is as a HSG. Following this a larger catheter is introduced through the cervix. A thin metal wire, termed a guide wire, is then introduced through the catheter and then into the occluded Fallopian tube. The test is designed to unblock occluded Fallopian tubes. It is, however, not suitable for all cases of tubal occlusion. Only obstructions near the womb (at the isthmus) are suitable for this sort of treatment. As this is more complicated, patients having this treatment are given antibiotics and sedation.

QUERIES

If you have any queries regarding the contents of this leaflet please contact the Imaging appointments office – telephone 01932 723054.