

HyCoSy (Hystero-Contrast-Salpingography) **and SIS (Saline-Infusion Sonography)** ***Patient Information and Consent***

HyCoSy checks the fallopian tubes are open by injecting a small amount of bubbly fluid (Exem foam) into the uterus through a thin tube (catheter) and observing it with ultrasound. The test is mainly used to investigate delay in falling pregnant, or in the lead-up to some fertility treatments. It is very similar to the radiology procedure known as HSG but does not use any radiation or iodine-based solutions (it is safe for people with an iodine allergy).

SIS is a very similar procedure, but injects sterile salt water instead of Exem foam. It is used to outline the uterine cavity to check for its shape or the presence of polyps, fibroids or scarring.

Neither procedure should be performed if you are, or may be, pregnant at the time. They should also be delayed until following treatment of suspected or confirmed pelvic infection.

How is the procedure performed?

On the day, an abdominal or internal (transvaginal) ultrasound scan is required immediately before performing the procedure.

Before the procedure, you will need to undress from the waist down and empty your bladder completely. When lying on the bed, you will be covered with a sheet and legs resting either on lowered foot-rests or raised stirrups. The genitals will be washed with an antiseptic solution. A speculum will be passed into the vagina to allow viewing of the cervix and the cervix is also washed with antiseptic. A thin plastic tube (catheter) is passed into the uterus opening (cervix). When it reaches the upper cervix or uterine cavity, a small balloon at its tip is filled with a sterile salt water solution, to keep it in position. The speculum is then removed and an internal ultrasound is performed as the salt water or Exem foam is injected. You will be kept informed of what is happening throughout.

Is it painful?

There is some discomfort associated with both procedures, similar to period pain. The intensity varies between different people but is not usually too painful. There is more pain when the catheter does not pass easily into the uterus. **We strongly recommend that you take 2 tablets of an anti-inflammatory medication** (such as Ponstan, Nurofen, Advil or Naprogesic) an hour before your appointment. This helps, not only to reduce your cramps, but also to relax the uterus, so the procedure can be performed with greater ease. If you are unable to take anti-inflammatories, due to allergies, asthma or other reasons, use of simple analgesics, such as Panadol is an alternative.

Are there any risks?

The most common problem is the discomfort. However, with use of an anti-inflammatory beforehand, the procedure is not usually too unpleasant.

Some bleeding may occur due to placement of the tube inside the cervix, or due to instruments used to hold the cervix while the tube is inserted. This usually stops without need for treatment.

There is a small risk of introducing infection into the uterus and pelvis. If you become unwell in the days or weeks that follow the procedure, with fever, loss of appetite, lower abdominal or pelvic pain, or unusual vaginal discharge, please see your referring doctor or local GP at your earliest convenience. You may need a short course of antibiotics.

Occasionally the catheter cannot be passed into the cervix far enough to remain in place. If this occurs the procedure may not be successfully completed, but a fee will still apply.

Rarely, passing tubes into the cervix results in a fall in blood pressure (called cervical shock). This can lead to feeling faint and dizzy or passing out. If you become faint, sweaty, or lose vision or hearing during the procedure, please alert the staff immediately.

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During HyCoSy, it is possible that the fluid (Exem foam) may not pass into the fallopian tubes, even if they are open, due to uterine cramps blocking the tube opening. Sometimes, bowel gas or fibroids can prevent the foam being visible, even if it is flowing through the tubes. In these situations, the HyCoSy result will suggest tubal blockage. Your referring doctor will discuss your next steps (which may include a keyhole surgery to confirm the diagnosis) with you. If the fluid can be seen moving freely through the tubes, surgery can be avoided.

What preparation is required for the procedures?

You must not have sexual intercourse from the first day of your period immediately before the procedure until after the procedure has been performed. We ask that a urine pregnancy test be performed on the day of your procedure (we will provide this for you). You can elect not to perform a pregnancy test but to document this choice on the consent form.

The bladder will need to be empty during the procedure, so drinking extra fluids before your appointment is not required. Antibiotics are not required routinely before the procedure, but if you have other conditions which increase your risk of infection, or if you have had a recently treated infection, you should talk to your referring doctor about taking antibiotics on the day.

How will I feel after the procedure is over?

You will probably have some period-like cramps for a few hours. Using further simple analgesics or local heat (hot water bottle or wheat bag) can help. Having someone to drive you home is nice, if possible, but it is quite reasonable to drive yourself if you need to. Returning to work immediately after the procedure is possible if required, but you may prefer a restful hour or two instead.

You should expect some discharge from the vagina for a short period of time, due to the antiseptic wash and fluid injected. We suggest you bring a panty-liner to wear afterwards. If you develop symptoms of possible infection (as described above), please see your referring doctor or local GP as early as possible.

Consent:

I have read and understood this information document.

I wish to proceed with HyCoSy / SIS.

I have chosen not to take a pregnancy test but confirm that I am not pregnant.

Name: _____

Date of birth: _____

Signature: _____

Date: _____

I have checked understanding and answered all questions raised.

Doctor's Signature: _____

Doctor's Name: _____

Date: _____