

Hysterosalpingoconstrastsonography (HyCoSy)

What is the main reason for having this examination?

This examination is carried out to investigate sub-fertility, and is used to detect blockage of the Fallopian tubes. It can also be used to assess the uterine cavity shape.

How is the procedure performed?

Before the procedure commences you will be asked to empty your bladder completely.

You will then be taken into a slightly darkened examination room. You will be undressed from the waist down and covered with a sheet.

A Transvaginal ultrasound will be performed prior to the Hycosy examination. After the scan Hycosy examination will begin. Your external genitalia will be cleansed with an antiseptic solution. A speculum will be placed in your vagina and your cervix will be cleaned with antiseptic solution.

A fine (2 mm) plastic tube will then be passed through the cervix into your uterus. A small balloon on the catheter is inflated to keep the catheter in place.

The speculum is removed and a vaginal ultrasound scan is then performed as a small amount of fluid (contrast material) is injected into the uterus through a fine tube and observed as it flows through the open Fallopian tubes.

Will I need an anaesthetic?

Whilst you may experience some mild discomfort, this is not usually a painful procedure and therefore no anaesthesia is required.

To minimise crampy discomfort, 2 tablets of an anti-inflammatory medication (such as Neurofen) is recommended 1 hour before the procedure.

If you cannot tolerate anti-inflammatories (e.g. due to asthma or stomach ulcers) simple analgesics such as Paracetamol may be substituted. No form of medication is provided by the department.

Are there any risks involved?

The most common ill-effect is the discomfort involved. For most women, use of an anti-inflammatory beforehand will make the procedure quite acceptable.

There is a small risk of introducing infection into the uterus and pelvis.

If you develop symptoms of fevers, loss of appetite, pelvic pain, unusual discharge in the days following the procedure, please see your referring doctor for further assessment.

Very occasionally, handling of the cervix results in a reflex fall in blood pressure, and a fainting episode. If you are feeling faint, please alert the staff.

How will I feel after the procedure?

Most women feel no ill-effect from the procedure. You may continue on your day as per normal and you may drive home.

If you develop symptoms of infection in the days after the procedure (eg. fever, loss of appetite, pelvic pain and unusual vaginal discharge) see your doctor as early as possible.

What preparation is required?

There are no specific preparations for this examination; you do not need to drink fluids to fill your bladder before this procedure.

How are bookings made?

The procedure is performed in the interval between the end of menstrual bleeding and ovulation (usually no later than Day 10 in a typical cycle). We would ask you to contact the department on (01)4085577 on Day 1 of your next menstrual period so that the appointment can be scheduled at the correct time. We will contact you if we need to discuss any of the details that you have provided about your menstrual cycle and history.

When should you not have this scan?

You should not have the procedure if you are pregnant or may be pregnant at the time of the examination or if you have acute pelvic infection or unexplained pelvic tenderness.

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