

## **Sonohysterography**

### **What is the main reason for having this examination?**

It is a technique used for evaluating unexplained vaginal bleeding that may be the result of uterine abnormalities such as:

- polyps
- fibroids
- endometrial adhesions (or scarring)
- malignant lesions/masses
- congenital defects

Sonohysterography may also be used to investigate uterine abnormalities in women who experience infertility or multiple miscarriages.

### **How is the procedure performed?**

Before the procedure begins, 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 before you have the Sonohysterography. For the Sonohysterography examination, your external genitalia are cleansed with an antiseptic solution. A speculum will be placed in the vagina and the cervix will also be cleaned with antiseptic.

A fine (2 mm) plastic tube is then passed through the cervix into the uterus. A small balloon on the catheter is then inflated to keep the catheter in place. The speculum is removed and a vaginal ultrasound scan is then performed as the contrast fluid (ExEm foam) is injected and the ovaries, fallopian tube and uterus are observed.

### **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 Nurofen) 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.

### **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 about your day as per normal and you may drive home

### **What preparation is required?**

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