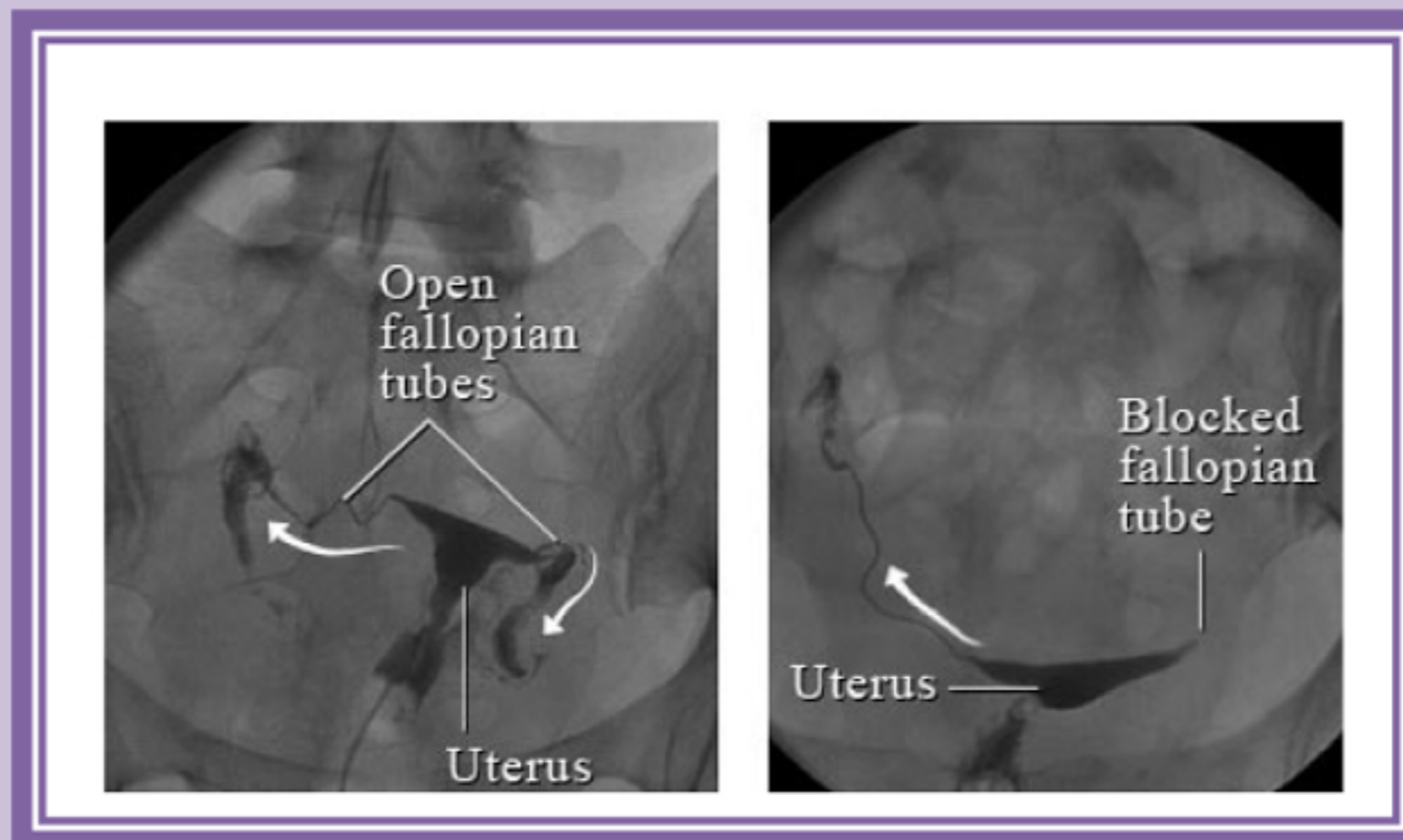




Kingdom of Saudi Arabia
National Guard Health Affairs
King Abdulaziz Medical city
Medical Imaging Department

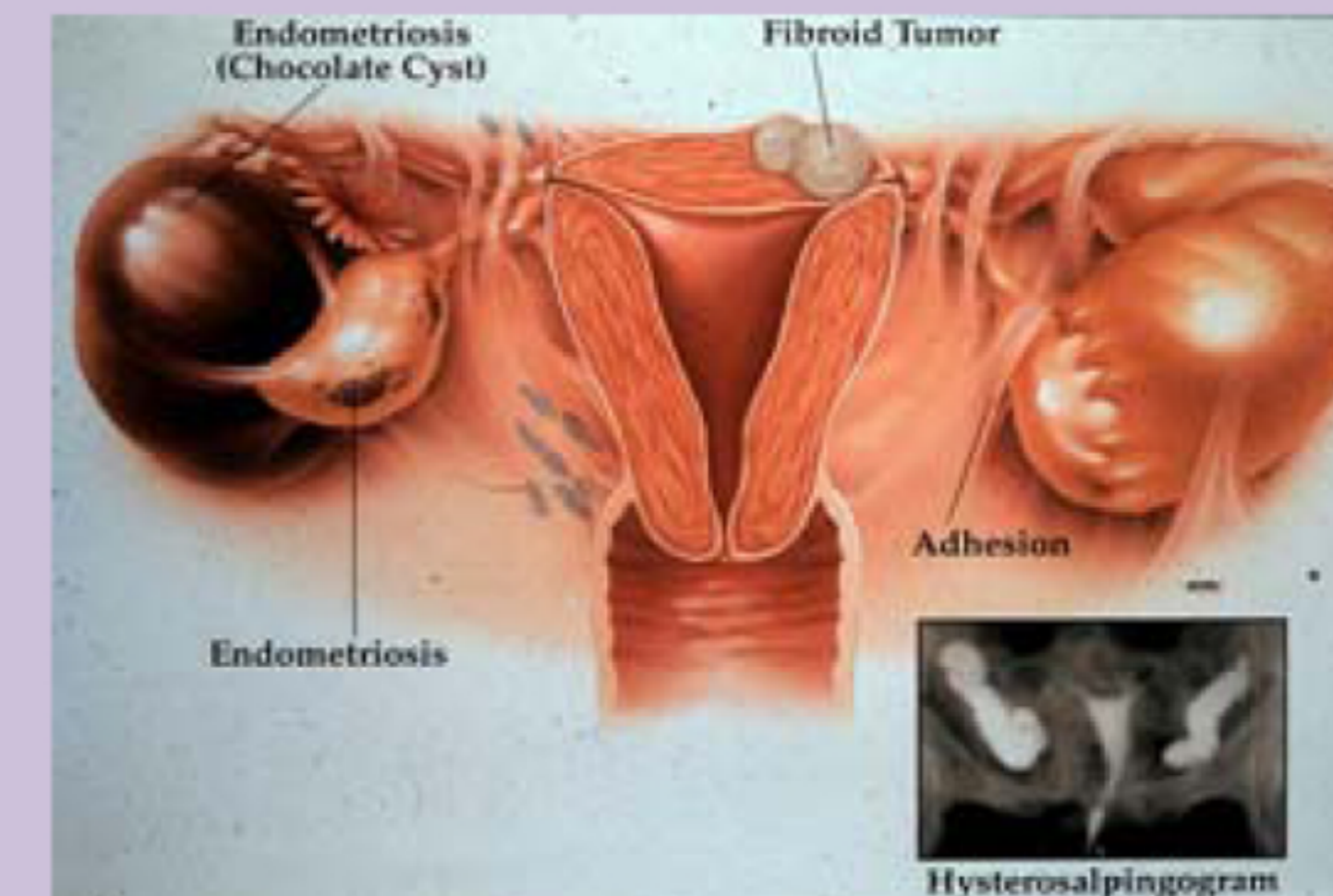
Diagnostic Imaging Section Hysterosalpingogram.

A hysterosalpingogram (HSG) is an X-ray test that looks at inside of the uterus and fallopian tubes and the area around them. It often is done for women who are having a hard time becoming pregnant (infertile).



Why it's done.

- Find a blocked fallopian tube. The test is done for a woman who is having a hard time becoming pregnant. An infection may cause severe scarring of the fallopian tubes and block the tubes, preventing pregnancy. Occasionally the dye used during a hysterosalpingogram will push through and open blocked tube.
- Find problems in the uterus such as an abnormal shape or structure, an injury, polyps, fibroids, adhesions, or foreign objects. These types of problems may cause painful menstrual periods or repeated miscarriages.

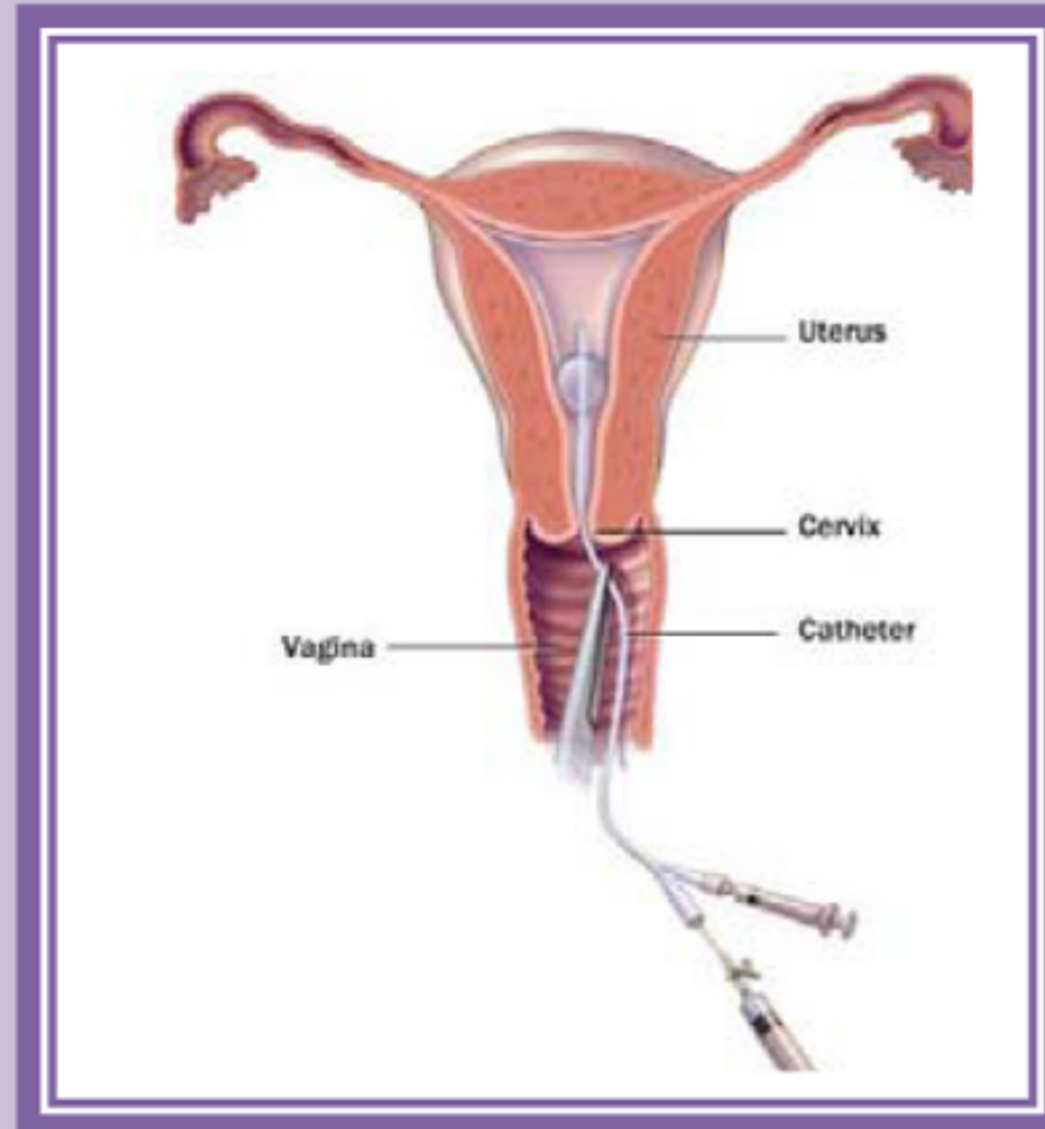


Risks

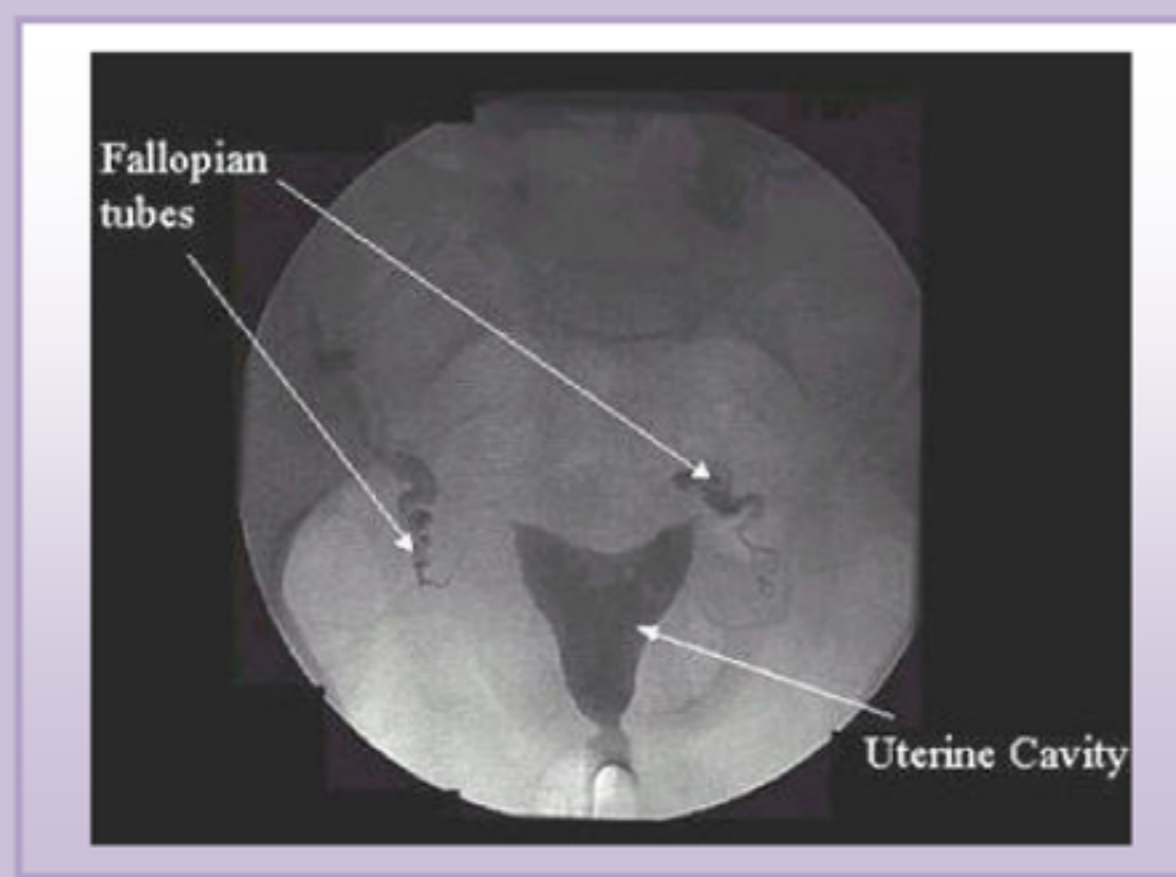
- There is small chance (less than 1 in 100) of pelvic infection, endometritis or salpingitis after the test.
- There are small chance of damaging or puncturing the uterus or fallopian tubes during the test.
- After the test some of the dye will leak out of the vagina. You also may have some vaginal bleeding for several days after the exam. Call you doctor or go to ER if you have:
 - Heavy vaginal bleeding.
 - A fever.
 - Sever belly pain.

For more information please contact
diagnostic imaging section
01 8011111 ex 12992 or 11318

How it's done



- It's usually done by radiologist, a radiology technologist and a nurse may help the doctor. A gynecologist or a doctor who specialized in infertility also may help with the test.
- See whether surgery to reverse a tubal ligation has been successful.
- .
- Before the test begins you may get a sedative or ibuprofen to help you relax and to relax your uterus so it will not cramp during the test.
- You need to take off your clothes below the waist.
- You will empty your bladder and then lie on your back on the examination table with your feet raised and supported by stirrups. This allows your doctor to look at your genital area.



Preparations

- ✓ Are or might be pregnant.
- ✓ Currently have pelvic infection (pelvic inflammatory disease) or sexually transmitted disease (such as gonorrhea or chlamydia).
- ✓ Have any bleeding problems or are taking any blood-thinning medicines.
- ✓ Have a history of kidney problems or diabetes.
- ✓ This test should be done 2 to 5 days after your menstrual period has ended to be sure you are not pregnant, it should be done before you ovulate the next month (unless you are using contraception) to avoid using X-ray during an early pregnancy

Patient concerns

- You probably will feel some cramping like menstrual cramps during the test. The amount of pain it depend on what problems the doctor find.
- Your doctor will put smooth, curved speculum into your vagina.
- The speculum gently spreads apart the vaginal walls, allowing the doctor to see inside the vagina and the cervix.
- The cervix may be held in place with a clamp. The cervix is washed with a special soap and stiff tube (cannula) or a flexible tube (catheter) is put through the cervix into the uterus.
- Dye will be injected. If fallopian tube s are open, the dye will flow through them and spill into the belly where it will be absorbed naturally by the body