



Ultrasound patient information

Saline Infusion Sonography (SIS) and Hystero-Contrast Salpingography (HyCoSy)

Your doctor has asked us to perform saline infusion sonography (SIS) or Hystero-Contrast Salpingography (HyCoSy). Please take the time to read the following information about the procedure and preparation for it.

What is SIS (Saline Infusion Sonography)?

An ultrasound of the pelvis performed with a transvaginal probe (slender probe inserted into the vagina) while a small amount of fluid (sterile salt water) is injected into the uterus via a fine tube. It helps to show abnormalities of the lining of the uterus (endometrium) or shape of the uterine cavity. Common reasons for having SIS include:

- ▶ suspected abnormalities of the uterine shape (that you may have been born with)
- ▶ assessment of fibroids (muscle growths) pressing on the uterine cavity
- ▶ further evaluation of abnormalities seen at a prior scan, eg. polyps.

What is HyCoSy (Hystero-Contrast Salpingography)?

An ultrasound of the pelvis performed with a transvaginal probe (slender probe inserted into the vagina) while a special dye (Exem foam) is injected into the uterus via a fine tube. If the fallopian tubes (which carry the egg from the ovary to the uterus) are not blocked, the dye can be seen flowing along them. This test is usually performed for women having trouble falling pregnant, or considering fertility treatment.

How is the fluid/dye injected into the uterus?

A very fine plastic tube (catheter) is passed through the cervix into the uterus. Before it can be passed, the genital area will be cleaned with antiseptic, a speculum will be inserted into the vagina to show the cervix and the cervix will be cleaned with antiseptic. Your legs will be in stirrups and you will be undressed from the waist down. This can be uncomfortable, but our staff will talk you through the procedure. You may like to have a support person with you.

Where does the fluid go afterwards?

Only a small amount of fluid is injected – from half a teaspoon to a tablespoon. Most is safely absorbed by your body. You may have a dark fluid discharge from the vagina for a day or two afterwards. It is a good idea to bring a panty-liner with you to wear home.

How do I make a booking?

You **MUST** call the Diagnostic Imaging Department (6458 2830) on the first day of your menstrual period (or Monday following if it is a weekend). The first day of bleeding is counted as Day 1. In a regular, 28 day cycle, the procedure needs to be scheduled once the bleeding is expected to have slowed or stopped (usually Day 5), and by Day 11 at the latest. If your cycle is short or irregular, you will need to advise us about this. You **MUST NOT** have sexual intercourse from the beginning of the period until after your appointment. The tests **should not be performed** if there is a chance of pregnancy.

How long does it take?

About 30-40 minutes for the preparation and testing. Most of the time is for preparation.

Do I need to drink a lot of water?

No. The tests are best done with your bladder empty. Only drink as you want to in the hours before the procedure. You may go to the toilet as needed while you are waiting.

Will I have pain?

There is some discomfort involved – some people feel more, others less. Anaesthetic is not required. You will be awake and able to drive home afterwards. Crampy pain (like period pain) is usually felt as the plastic tube is passed into the cervix, and as the fluid is injected into the uterus. Most women cope well with the procedure if they take some pain relief.

We recommend that you take two (2) tablets of an anti-inflammatory pain medication an hour before the procedure. Examples include Nurofen, Naprogesic, Ponstan and Advil. If you cannot take anti-inflammatories, substitute two (2) tablets of Panadol.

Do I need antibiotics for the procedure?

Women considered to be at particular risk of pelvic infection may be advised to take antibiotic tablets prior to the procedure. Those at risk include women with a history of pelvic inflammatory disease (PID) or with suspected dilated tubes (hydrosalpinx).

If you have a known pelvic infection, or symptoms of infection, the procedure **must be delayed** until after appropriate treatment. **Please discuss any concerns with your referring doctor who should provide you with a script for antibiotics if considered appropriate.**



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Can I go back to work the same day or will I need time off?

Most women will have some crampy discomfort immediately following the test. It should settle down after an hour or so. You will probably be able to return to work if needed, but it is ideal to be flexible, or plan the afternoon off in case of more pain than expected. You will be fit for work the next day. It can be helpful to have a support person with you, who can drive you home if you feel uncomfortable.

Are there any risks?

Occasionally women become faint when the plastic tube is inserted into the cervix. This can usually be treated with changes in posture and stopping the process briefly. It is rare for medication to be required as treatment.

Sometimes the plastic tube won't go into the cervix far enough to perform the test. If this occurs, your referring doctor will be informed (by report) and will make alternative plans for you at your next review appointment.

It is possible to introduce infection with the tubes. If you become unwell in the days or weeks after the test with fevers, sweats, chills, loss of appetite, new lower abdominal or pelvic pain, or unusual vaginal discharge, see your local doctor at your earliest opportunity for further assessment, or attend the KEMH Emergency Centre (telephone number 6458 1431).

A HyCoSy procedure may give the false impression that the Fallopian tubes are blocked, so if your result suggests blockage, your referring doctor will discuss the need for additional tests of the tubes with you.

For further information about ultrasounds at KEMH

Ultrasound Department - (08) 6458 2830

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www.kemh.health.wa.gov.au