SIS and HyCoSy procedures

PATIENT INFORMATION SHEET INT17

Your appointment:

Date: .....

Time: .....

Location: .....

Please see our website for more clinic details.

Duration of examination

60 minutes

Please bring with you:

- Your request form
- Medicare and any
- Healthcare cards

Payment on the day of the examination is requested.

For more information regarding Benson Radiology please visit:

bensonradiology.com.au

What is a Saline Infusion Sonography (SIS)?

SIS is an ultrasound procedure to demonstrate the uterine cavity shape and lining. It may be useful in fertility assessment or in cases of abnormal menstrual or post-menopausal bleeding.

What is Hysterosalpingo Contrast Sonography (HyCoSy)?

HyCoSy is an extension of the SIS procedure using contrast to demonstrate whether the tubes are open or not. Currently saline (with microbubbles) is used as the contrast medium.

What preparation is required?

Finish drinking 500mls of water 1 hour prior to appointment and hold.

You will be asked to empty your bladder between the transabdominal and vaginal scans.

Your doctor may ask you to abstain from intercourse in the cycle of your test if your periods are irregular and if the date of ovulation is uncertain. Evidence of recent ovulation or pregnancy will require the procedure to be rebooked.

Your doctor may suggest you take Panadol or Naprogesic 30 minutes before your appointment.

If there is a recent history of pelvic infection or hydrosalpinx, the test may be contraindicated or may require antibiotic cover. In this instance your doctor can discuss the examination with our ultrasonologist.

Timing of procedure

Both procedures are generally performed between day 5 and 12 of a 28-day menstrual cycle, where day 1 is taken as the day menstrual bleeding begins. Your doctor will indicate which days are suitable if your cycle is irregular.

Your doctor may organise a progesterone withdrawal bleed or blood test to exclude recent ovulation for those with very irregular or infrequent periods requiring fertility assessment. Alternatively contact our ultrasonologist.

Menstrual bleeding needs to have ceased before the test can be done. Ongoing bleeding can make assessment difficult.

Post menopausal women and those on the pill requiring SIS, can undergo the procedure at any time bleeding is not present. Light spotting is acceptable.

What will happen during the examination?

You will be asked to fill out a basic information sheet outlining your gynaecological or obstetric history.

A detailed pelvic ultrasound, both transabdominal and transvaginal will be performed. These images will be reviewed prior to proceeding to SIS or HyCoSy.

A speculum is inserted, as occurs at a smear test, and a small catheter is placed within the uterus. It contains a small balloon to keep it in place during the procedure.

Body temperature saline is then injected slowly and distends the uterine cavity. The cavity lining, shape and contour are then assessed in 2D and 3D ultrasound.

Please turn

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For those requiring tubal assessment, saline and microbubble contrast is then injected into the cavity and should flow through open tubes into the abdominal cavity.

You may experience some cramping as the contrast is introduced, this should not be severe and generally settles quickly.

Are there any risks?

This is a low-risk procedure, and given it is performed under ultrasound—there is no radiation.

Allergy to the contrast of saline is not an issue.

Some women can feel faint during or after the examination.

Very occasionally the test cannot provide all of the required information, and the findings may need to be further evaluated, possibly with laparoscopy or hysteroscopy.

After the examination

After the examination there may be a blood-stained discharge for some hours. This is the saline draining from the uterus and vagina.

A sanitary napkin/liner (rather than a tampon) should be worn to allow the fluid to escape. Whatever remains in the pelvis is absorbed, without any harmful effects.

Most women have no problems following the procedure, but some experience cramping. It is suggested the morning, or afternoon of the test be set aside.

As a catheter is being inserted into the uterus, there is a very small risk of infection. As the risk is low, antibiotic cover is not required for the majority of patients.

If there has been a history of pelvic infection, this may be reactivated. If cramping, pain or fever develop within 48 hours of the test, please contact your referring doctor, or attend an emergency department.

The ultrasonologist who performs the test will explain the findings to you after the examination.

The images will be reviewed and reported by our radiologist. These will then be sent to your referring clinician. For details on reporting timeframes, please speak with our reception staff. It is important that you follow up the results of your examination with your referring clinician.

The findings and the results of your other tests, need to be discussed with your referring doctor.

It is important you understand why and how we will be assisting you. If you have any questions, please call one of our clinics or speak to our staff on the day of your visit.

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