

# Hysterosalpingography

(Hysteroqram,HSG)

by EditorialStaffandContributors

EnEspañol(SpanishVersion)

## Definition

X-rayexaminationoftheuterusandfallopiantubesaftercontrastdyeisinjectdthroughthecervix.

## PartsoftheBodyInvolved

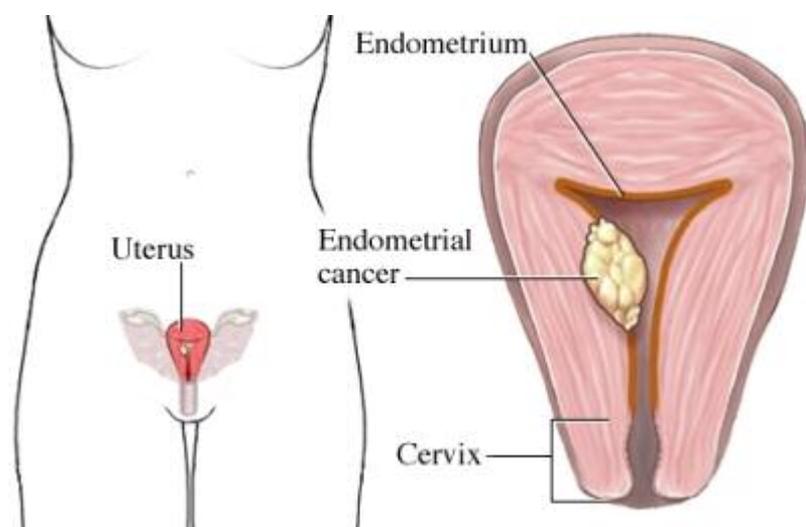
- Uterus
- Fallopiantubes
- Cervix
- Vagina

## ReasonsforProcedure

Hysterosalpingographyisusedtoevaluatethefollowing:

- Uterinetumors
- Intrauterineadhesion
- Developmentaldisorders
- Obstructionofthefallopiantubes
- Traumaticinjury
- Tubaladhesions
- Thepresenceofforeignbodies

UterineTumor



## RiskFactorsforComplicationsduringtheProcedure

Thisprocedureshouldnotbedoneifyou:

- Arepregnant
- Havecurrentorpast pelvicinflammatorydisease(PID)
- Aremenstruatingorexperiencingvaginalbleedingofunknownorigin

Factorsthatincreasetheriskforcomplicationsinclude:

- Untreatedsexuallytransmitteddisease(STD)
- Recentlyperformed dilationandcurettageprocedure(D&C)
- Vaginalbleedingofunknowncause
- Pre-existingheartorkidneydisease

## WhattoExpect

### PrioroProcedure

Yourdoctorwilllikelydothefollowing:

- Physicalandpelvicexam
- Cultures,possibly(especiallyifyouhaveahistoryofPID)

Inthedayingleadinguptotheprocedure:

- Scheduletheprocedurewithinthefirst10daysafteryourperiodtoprecedeovulationanddecreasethelikelihoodofdisturbinganunknownpregnancy.
- Takeanypainmedicationorantibioticsasorderedbyyourdoctor.
- Ifinstructedtodosobyourdoctor,takealaxativeorenema.
- Havealightmealthenightbeforeanddonoteatordrinkanythingaftermidnight,unlessoldotherwisebyyourdoctor.
- Wearcomfortableclothing.
- Arrangeforaridetoandfromtheprocedure.

### DuringProcedure

Possiblyasedative

### Anesthesia

None

### DescriptionoftheProcedure

Youwilllieonaspecialx-raytable,calledafluoroscopytable,withyourfeetinstirrupsorpulleduptoyourchest.Thedoctordoesapelvicexamtoassessthepositionoftheuterusandcheckfortendernessorinflammation.

After inserting a speculum in the vagina, the doctor cleanses the cervix and upper vagina, and then gently inserts a tube that attaches to the cervix.

You are then repositioned and the contrast material is slowly injected through the tube and into the uterus. The doctor watches on a special type of machine called a fluoroscopy and takes x-ray photos (called "films") at different times during the procedure. The table may be tilted or you may be asked to roll from side to side to spread the contrast material and obtain better views. When x-rays of all the areas have been completed, the instruments are removed.

## **After Procedure**

You'll be observed for signs of an allergic reaction and bleeding for about 30 minutes.

## **How Long Will It Take?**

The procedure takes about 15 to 45 minutes.

## **Will It Hurt?**

Most patients report some discomfort and cramping during this procedure. If there is a blockage, it may cause more intense pain. Your doctor may order pain or sedating medication to be taken one hour before the procedure to reduce your pain.

## **Possible Complications**

- Infection
- Excessive bleeding
- Adverse reaction to contrast material
- Increased and persistent pain
- Perforation of the uterus
- Injury to a recently fertilized egg

## **Average Hospital Stay**

None

## **Postoperative Care**

- Expect some bleeding for a few days after the procedure.
- Use over-the-counter pain medication to relieve discomfort, as needed.
- If an antibiotic has been ordered to prevent infection, take all of the pills that were prescribed.
- Do not stop the medication, unless told otherwise by your doctor.
- Do not douche, use tampons, or engage in sexual intercourse for 48 hours after the procedure.

## **Outcome**

A radiologist interprets the x-ray films and reports what was found to the doctor who ordered the exam. Your doctor will then make recommendations for treatment.

## **Call Your Doctor if Any of the Following Occurs**

After the test, report any signs or symptoms of infection to your healthcare provider immediately. These may

include the following:

- Increased pain
- Heavy vaginal bleeding
- Signs of infection, including fever and chills
- Abdominal pain
- Nausea, vomiting
- Itching, hives, rash
- Difficulty breathing and/or swallowing

**RESOURCES:**

American College of Obstetricians and Gynecologists  
<http://www.acog.org>

National Women's Health Information Center  
<http://www.4woman.gov>

**CANADIAN RESOURCES:**

The Society of Obstetricians and Gynaecologists of Canada (SOGC)  
[http://www.sogc.org/index\\_e.asp](http://www.sogc.org/index_e.asp)

Women's Health Matters  
<http://www.womenshealthmatters.ca/index.cfm>

**REFERENCES:**

*Handbook of Diagnostic Tests*. 2nd ed. Springhouse Publishing; 1999.

*Procedures for Primary Care Physicians*. Mosby-Year Book; 1994.

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Last reviewed January 2008 by [Jeff Andrews, MD](#)

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