



**Procedure Information -
Hysterosalpingography (HSG)**

Visit No.: Dept.:
Name: Sex/Age:
Doc. No.: Adm. Date:
Attn. Dr.:
Patient No.: PN

Page No:

01	02	03	04	05	06	07	08	09
+10	+20	+30	+40	+50	+60	+70	+80	+90

*Please fill in /
affix patient's label*

Introduction

1. Hysterosalpingography is a study used to visualize the female reproductive system including the uterus & fallopian tubes. The indication is usually infertility in women.
2. The procedure will be performed by a radiologist. The procedure will generally be performed in the Radiology Department under fluoroscopic x-ray guidance.

Contraindication

1. This examination is contraindicated for women who suspect they might be pregnant or who may have a pelvic infection.

Procedure

1. Pubic (perineal) area will be cleaned, and a speculum will be inserted into the vagina. Radiologist will then place a catheter into the cervix. Contrast agent will be gently syringed through the catheter, gradually filling the uterus and the fallopian tubes.
2. The radiologist will take a series of x-rays to observe and record the flow of contrast within the uterus and the Fallopian tubes.
3. The procedure takes about 20-30 minutes.
4. The patient may experience lower abdominal pain due to injection or peritoneal spillage of contrast medium, insertion of cannula and distension of uterus if tubal spasm or blocked tube is present.



Potential Risks and Complications

1. There may be transient nausea, vomiting, headache and bleeding from trauma to the uterus or cervix.
2. Rare complications include pelvic infection, intravasation of the contrast medium and allergy to contrast medium.

Disclaimer

This leaflet only provides general information pertaining to this operation / procedure. While common risks and complications are described, the list is not exhaustive, and the degree of risk could also vary between patients. Please contact your doctor for detailed information and specific enquiry.



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Reference

ACR Manual on Contrast Media (2023)

I acknowledge that I have understood the above information and was given opportunity to ask questions concerning my procedure.

Name of Patient / Relative

Signature

Relationship (If any)

Date