 PATIENT INFORMATION FORM

Hysterosalpingogram (HSG)

Welcome to Sound Radiology. Your doctor has referred you for a HSG procedure. A pregnancy test will need to be performed on the day of your HSG so we request that you do not go to the toilet until a urine sample has been obtained.

There are two types of HSG procedures that can be requested by your doctor:
1. **Fluoroscopic HSG** - this uses clear dye to assess the uterine cavity and determine the patency of the fallopian tubes (are they open?). This is performed using screening x-rays in ‘real time’ with images taken.
2. **Saline HSG** - uses saline to distend the uterine cavity to assess for polyps and fibroids that may be causing gynaecological problems. This is imaged in ‘real time’ using transvaginal ultrasound where both 2D and 3D images are taken of the uterus.

Our Radiologist will insert a speculum into the vagina and place a very small catheter into the uterus. After the pictures are taken the Radiologist will remove the catheter. Due to the fluid being introduced into the uterus, some blood stained fluid loss can normally be experienced. Please allow 90 minutes for your examination, although your HSG study is usually completed in less than 1 hour. The actual procedure should usually take less than 10 minutes.

The HSG is similar to a pap smear and you may experience some cramping and period like pain. We suggest taking a mild analgesia prior to, or after your procedure. If your discomfort becomes severe please consult your referring doctor.

In rare cases due to the technical difficulties associated with some cervical anatomical variation we may not obtain a diagnostic result. In the process of coming to this conclusion we will generally have spent extra time and consumables trying to achieve the best outcome possible for you. As a result there will still be an out of pocket cost associated with this test regardless of the outcome.

Is English your SECOND language? ……………………………………………………………….. YES ☐ NO ☐

What day of your cycle are you today? _________

Have you had a HSG before? ……………………………………………………………….. YES ☐ NO ☐

If so, when? ________________________________________________

If you had any reactions or complications, please specify __________________________________________

Have you had a laparoscopy to check tubal patency? ………………………………………….. YES ☐ NO ☐

If so, when? ________________________________________________

Have you had pelvic inflammatory disease? ………………………………………….. YES ☐ NO ☐

Do you have any known allergies? (i.e. betadine, iodine, latex, bandaids, local anaesthetic) ………………………………………….. YES ☐ NO ☐

If yes, please list ________________________________________________

Are you currently on any medications? (i.e. Warfarin or aspirin) ………………………………………….. YES ☐ NO ☐

If yes, please list ________________________________________________

I have read the information and understand what the procedure entails and I consent for this procedure to be performed.

Name (print) ____________________________________________ Signature __________________________

Staff Signature ____________________________________________ Date ___ / ___ / ___

Please feel free to speak with the staff or Radiologist regarding any questions or information you require before proceeding with your examination.