

Hysterosalpingogram

Introduction?

This leaflet tells you about the procedure known as a hysterosalpingogram (HSG) and explains what is involved. It is not meant to replace informed discussion between you and your doctor but may help to answer some questions you have about the procedure.

Why is a Hysterosalpingogram (HSG) and why do I need this procedure?

An HSG is a special x-ray examination which looks at the inside of your uterus (womb) and fallopian tubes (the tubes that carry the eggs from the ovaries to the uterus). It is similar to having a smear test and will be performed by a female Radiologist (specialist Consultant doctor) assisted by a female Radiographer and Healthcare Assistant.

The aim of the procedure is to show whether your uterus appears normal and if your fallopian tubes are damaged, swollen, blocked or if there are any adhesions (scarring) around the tubes. It is normally performed as part of a number of investigations into causes of infertility. The results help your doctor to decide the most appropriate treatment for you.

What are the alternatives?

In most cases there are no alternative tests available.

What are the potential risks and side effects?

As with every procedure, there are some risks associated with this exam.

X-ray radiation

All x-ray procedures involve exposure to radiation in varying amounts. The dose you get from a medical x-ray is very low and your doctor has determined that the benefits of having the HSG outweigh potential risks.

The radiographer is present throughout your test making sure that the dose is kept as low as reasonably possible, and the duration and level of x-rays are kept to a minimum.

Contrast Allergy:

A colourless contrast agent (x-ray dye) is used during the procedure, which contains iodine. You must inform the Radiology Department if you are allergic to iodine, as there is an extremely small risk of an allergic reaction such as a skin rash.

Infection:

HSG is a very safe procedure, but rarely pelvic infection can occur. If you have any problems with bleeding or offensive discharge after your test, or if you have severe pain which is not relieved by paracetamol or ibuprofen, please contact your GP for an urgent review appointment.

How do I arrange my appointment?

We perform this examination within 13 days of the start of your period. The best time is between day 7 and day 13 once your period has stopped.

Please telephone the Radiology Departments at the Conquest Hospital on 0300 131 4500 ext. 735149 and Eastbourne District General Hospital on: 0300 131 4500 ext. 735853 on the first day of your period (the first day you have any spotting or bleeding). If this occurs over a weekend, please contact us as soon as possible on Monday morning. If you get the answerphone, please leave a clear message stating your name, phone number and that you wish to book an HSG, and we will phone you back as soon as we can.

If you have irregular periods it may be best to discuss the timing of the procedure with your doctor and the Radiology Department.

We will then try our best to give you an appointment within the day limits mentioned above.

Pregnancy:

If there is the slightest chance that you could be pregnant, we will not perform the examination as x-rays could put your pregnancy at risk. For this reason, please DO NOT have unprotected sexual intercourse from the first day of your period until after the procedure.

Is there any preparation before the appointment?

Please see 'How do I arrange my appointment' above.

Some referring Consultants prescribe antibiotics (usually two types) to take for the HSG test. If you receive a prescription, the antibiotics should be started on the day of the HSG, and the courses completed as instructed.

What does the examination involve?

On arrival in the Radiology Department, you will be booked in at reception and taken to the private waiting area and changing cubicle where your details will be checked and you will be asked to undress, including underwear, and put on a hospital gown.

You will be taken into the x-ray room and asked to lie down on the x-ray table in a similar position to that used for a smear test.

The procedure will start in the same way as a smear test, with the Radiologist placing an instrument called a speculum into the vagina. The Radiologist will either place a tube at the cervix (neck of the womb) and inject the contrast into the tube which then enters the uterus (womb) and fallopian tubes, or the Radiologist will pass a catheter (a fine tube) through the cervix (neck of the womb) into the uterus (womb) and remove the speculum.

This dye is visible on x-ray so images will be taken at this time. The amount of x-rays taken are carefully controlled. The procedure will finish once sufficient images have been taken and the speculum has been removed.

Is the examination painful?

You may experience some mild to moderate discomfort, rather like period pain, as the dye fills your uterus and fallopian tubes. This discomfort should settle as soon as the test is finished.

Sometimes the Radiologist gives a small intramuscular injection of Buscopan before the test starts which can help reduce spasm/discomfort. This option will be discussed with you at the beginning of the test.

What happens after the procedure?

You will be given a hospital sanitary towel after the procedure as there may be some slight spotting and some of the dye will trickle out over the next 24 hours. (The dye is colourless but a little sticky). We advise you not to use tampons.

You are free to leave the department when you feel ready; this will be after approximately 15-30 minutes.

Your results will be discussed with you when you next see your referring Consultant or your GP.

We hope this leaflet has helped to answer any questions you might have about this examination.

Consent

Although you consent for this treatment, you may at any time after that withdraw such consent. Please discuss this with your medical team.

Sources of information

If you have concerns booking your appointment or following your exam you can contact the X-ray booking team at Eastbourne District General Hospital on 0300 131 4500 ext. 735853 and Conquest Hospital on: 0300 131 4500 ext. 735149. You can also contact your Consultants medical secretary or GP for any other questions, and results follow up.

Important information

The information in this leaflet is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the patient experience team on 0300 131 4784 or esh-tr.patientexperience@nhs.net.

Hand hygiene

We are committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering

Other formats

If you require any of our leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department on 0300 131 4434 or esh-tr.AccessibleInformation@nhs.net

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

Reference

The following clinicians have been consulted and agreed this patient information:

Dr Apthorp, Dr Joarder and Dr Watson, Consultant Radiologists.

The directorate group that have agreed this patient information leaflet:
Core Services

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Responsible clinician/author: Dr Watson – Consultant Radiologist

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