HyCoSy and Saline Sonogram (Aquascan)

LONDON PRIVATE GYNAECOLOGY

Individualised Evidence-Based Care

This leaflet explains what a HyCoSy (hysterosalpingo-contrast sonography) and saline sonogram involve, why they may be recommended, and what to expect before, during and after the procedure with Mr Subramanian.

What are a HyCoSy and a Saline Sonogram?
These are minor outpatient procedures used to assess your fallopian tubes and/or the inside of your womb (uterine cavity) as part of a fertility assessment.

A HyCoSy *(hysterosalpingo-contrast-sonography)* involves an ultrasound scan of your fallopian tubes with a special dye or contrast medium, where we aim to visualise the contrast medium passing through the tubes. A saline sonogram (also known as an aquascan) involves an ultrasound scan of the outline of your womb or uterine cavity with saline (salty) fluid. The contrast medium or saline is introduced through a thin catheter placed through the cervix into the womb.

Your doctor will decide which test is most appropriate for you. Sometimes, both procedures are performed at the same time.

Why would we want to assess the fallopian tubes?
The fallopian tubes connect the ovaries (which store and release eggs) and the womb or uterus. Pregnancy occurs when an egg released from the ovary is fertilised by sperm within the fallopian tube. The fertilised egg is then transported to the womb where a pregnancy implants and grows. If your fallopian tubes are damaged or blocked, you might have difficulty getting pregnant or an increased risk of an ectopic pregnancy. An ectopic pregnancy is a pregnancy which is growing outside of the womb, usually in the fallopian tubes. This pregnancy cannot continue normally, but can be dangerous to the pregnant woman if it continues to grow, ruptures or bleeds.

Why would we want to assess the uterine cavity (womb)?
Pregnancies or embryos implant and grow in the uterine cavity or the womb. Abnormalities of the uterine cavity, such as a fibroid in the lining, polyps or adhesions/scar tissue can reduce your chance of pregnancy. A saline sonogram provides a more detailed assessment of the uterine cavity than a standard ultrasound scan and can identify abnormalities such as polyps, fibroids or scar tissue that may affect fertility.

Alternatives

Alternatives to HyCoSy:

- **Hysterosalpingogram (HSG):** This also checks whether the fallopian tubes are open, but uses X-rays rather than ultrasound. It involves a small dose of radiation, whereas a HyCoSy does not use radiation. A HSG does not assess the ovaries and pelvis in the same way as a HyCoSy. It is also usually performed by a radiologist, rather than a fertility specialist.
- **Laparoscopy and dye test:** This is a keyhole operation under general anaesthetic. It is more invasive because it involves surgery, small abdominal cuts and recovery time, with small risks such as bleeding, infection and injury to nearby organs.

Alternatives to a saline sonogram:

- **Hysteroscopy:** A thin camera is passed through the cervix into the womb. It gives a direct view of the womb cavity but is more invasive than a saline sonogram and may cause more discomfort. There is also a small risk of bleeding, infection or perforation, meaning a small hole in the wall of the womb.

Preparing for your procedure

Timing of the procedure
The procedure is usually performed between days 6 and 12 of your menstrual cycle, after your period has finished. We can perform it in the second half of your cycle, provided there is no chance of pregnancy and there has been no unprotected intercourse in the cycle.

Sexual intercourse
It is important not to have unprotected intercourse from the first day of your period in the cycle of the procedure, or for at least two weeks before the appointment if your periods are irregular. We cannot proceed if there is any possibility of pregnancy because the procedure may increase the risk of miscarriage or ectopic pregnancy.

Pain relief
We recommend taking 1g paracetamol (500 mg if under 50 kg) and 400 mg ibuprofen approximately one hour before your appointment, provided you have used these medications safely before and are not allergic to them.

When is the test not performed?
The test will not be performed during your period, if you have an active pelvic infection or unexplained pelvic tenderness, if you are known or suspected to be pregnant or have had unprotected intercourse since the beginning of this menstrual cycle or in the last two weeks if you have irregular periods.

Occasionally, the test may need to be abandoned for another reason, such as an unexpected abnormality identified during the initial ultrasound before the catheter is inserted. Your doctor will discuss this with you if this occurs.

Please note that if the HyCoSy cannot be completed for any reason after the consultation and ultrasound scan, a

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charge of £400 will apply for the consultation and scan. You will not be charged for any unused equipment or materials.

Day of your procedure
Your doctor will explain the procedure and answer any remaining questions before proceeding.

During the procedure
The procedure begins with a transvaginal (internal) ultrasound scan. A speculum, similar to a cervical smear test, is then used to guide a thin flexible soft tube (a catheter) through your cervix into the womb. The catheter has a tiny balloon which is inflated with saline to keep it inside the uterine cavity for the rest of the procedure.

A transvaginal ultrasound scan is performed again to check placement of the catheter and the appropriate type of fluid is passed through the catheter. Ultrasound is then used to observe the passage of saline or contrast through the uterine cavity and fallopian tubes.

If dye is seen flowing freely through both tubes, this indicates they are open or not blocked. The saline water in the uterine cavity allows us to see the internal structure of the womb clearly.
The procedure takes 10-15 minutes. However, you should allow at least 1 hour from the time you come in until the time you leave.

After the procedure
Most women are able to return home immediately after the procedure. Mild cramping similar to period pain is common and usually settles within a few hours. Light spotting may occur for 1-2 days. Most women can return to normal activities the same day or the following day.

You should ordinarily be able to drive afterwards, but as some women experience cramping pain or dizziness, it is best if you come with somebody who can drive you or take you home afterwards.

You can have sex again as soon as you feel comfortable after the procedure.

It is safe to resume unprotected intercourse and try to conceive after the HyCoSy.

We routinely prescribe a single 1g dose of azithromycin following the procedure to reduce the risk of infection. If you are allergic to this medication, an alternative antibiotic will be prescribed.

If there are risk factors for an infection such as endometriosis, we may give a prolonged course of antibiotics.

What are the risks?
It is a very safe procedure, but you may experience some side effects and there are some uncommon risks.

Common >1:100 (greater than 1% of patients)
- Cramping pain which usually subsides within 30 minutes of the procedure
- Light spotting for 1-2 days
- Occasionally, some women can feel faint during or after the procedure. This is a side effect of having a catheter dilate the cervix and will settle with 10-20 minutes of rest.

Uncommon <1:100 (less than 1% of patients)
- There is a small risk of pelvic infection, which usually occurs if you have a pre-existing STI (sexually transmitted infection) and/or tubal disease. You should call us if you experience pain and/or fever within a week of the procedure.
- In some cases, we are unable to complete the procedure if the neck of the womb is tightly closed or abnormal anatomy is found. If it is, your doctor will discuss other options with you.

Occasionally, spasm of a fallopian tube can make a tube appear blocked when it is not. In some circumstances, further investigations may be recommended if results are unclear.

Follow-up
A follow-up appointment will be arranged to discuss results and any further management if required.

When to seek medical attention
Seek urgent medical attention if you experience:
- Severe or worsening abdominal pain
- Heavy bleeding, for example soaking pads quickly or passing large clots
- Fever 38°C or above, chills or feeling very unwell
- Smelly vaginal discharge
- Feeling faint, shoulder-tip pain with feeling unwell, or any symptoms that worry you

How do I make an appointment?
You can make an appointment either by emailing us at **info@londonprivategynaecology.co.uk** or contacting **07379 271915** and we will be happy to assist you with appointments, scheduling and any questions you may have.

How to book or ask a non-urgent question

Email:
info@londonprivategynaecology.co.uk

Phone: 07379 271915

If you have urgent symptoms after surgery, use the hospital discharge number you have been given. If you cannot get advice promptly, contact NHS 111 or go to A&E. Call 999 for chest pain, severe shortness of breath, collapse, or very heavy bleeding with faintness.

Outpatient appointments:
- The Medical Chambers Kensington, 10 Knaresborough Place, London, SW5 0TG
- HCA Healthcare UK Chelsea Outpatients, 272 King's Road, London, SW3 5AW
- 86 Harley Street, London, W1G 7HP

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