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CONDITIONS & TREATMENTS: METHODS OF EVALUATING THE UTERUS

Uterine disorders are just one of a few conditions that can cause female infertility. Methods of evaluating the uterus include the following:

- **Sonohysterography** is a valuable, safe, easy and cost-effective new technique for examining the inside lining of the uterus. Sonohysterography can be used to evaluate abnormal bleeding, infertility and recurrent pregnancy loss. It also can define abnormalities such as possible polyps and fibroids that are detected on X-ray hysterosalpingography and pelvic ultrasound. Sonohysterography involves instilling a small amount of electrolyte fluid into the uterus using a thin catheter that is placed through the vagina into the uterus. There may be some cramping associated with the procedure and a small risk of infection. Sonohysterography can distinguish between polyps and fibroids and clearly identifies their location and size. In the case of a normal sonohysterogram one might avoid unnecessary surgery. When an abnormality is found, it allows for proper surgical planning and perhaps avoidance of a purely diagnostic surgical procedure.
- **Ultrasound** is performed using a probe that is applied to the lower abdomen, or inserted into the vagina, while sound waves are passed through the surrounding organ systems. These sound waves penetrate tissues of different density to different degrees, thus creating an impression similar to an X-ray. Unlike X-ray studies, ultrasound has no known negative side effects. Vaginal probe ultrasonography is commonly used to monitor follicular development and visually confirm that the egg has been released from the follicle. Ultrasonography is also used to monitor the developing fetus and diagnose many other conditions.
- **Hysterosalpingogram (HSG)** is an X-ray examination used to outline the inside of the uterus and the Fallopian tubes. The HSG is recommended for various reasons, but is usually done to verify that the Fallopian tubes are open. The HSG is performed on day five to 12 of the menstrual cycle. A radiologist will take X-ray pictures of the abdomen as dye is slowly injected through a catheter that has been inserted into the uterus. You may watch on a television monitor as dye fills the uterus and Fallopian tubes. Several X-rays are taken during the procedure, but radiation exposure is minimal. Cramping may be felt as the catheter is introduced and as the dye is injected. Allergic reaction to the dye, which contains iodine, may occur. There is also a small risk of infection associated with the procedure; this is increased if you have a history of pelvic inflammatory disease (PID). After the procedure, you may wish to have someone drive you home due to cramping. If you are scheduled for the HSG, you will receive complete instructions.