



Pearl W. Yee, M.D. Inc.
Obstetrics • Gynecology • Medical Aesthetics
Fertility • Menopause • Urinary Incontinence
Advanced & Minimally Invasive Female Surgery

www.pearlyeemd.com

■ 2661 Ocean Avenue, San Francisco, CA 94132
(415) 405-0200 • (415) 405-0201 (Fax)
■ 1447 Powell Street, San Francisco, CA 94133
(415) 43-DrYee (433-7933) • (415) 433-1622 (Fax)

HYSTEOSALPINGOGRAM (HSG) Information and Consent

What is a Hysterosalpingogram?

A HSG is an x-ray procedure using fluoroscopy to examine the inside cavity of the uterus and fallopian tubes to determine if you have any abnormalities in the cavity or tubal blockage. Oil-based contrast dye is gently injected through the cervix to make the pelvic organs visible on x-ray. This procedure is usually performed to discover the causes of infertility, heavy bleeding or to confirm tubal occlusion after an Essure tubal sterilization procedure (post Essure HSGs are performed with an aqueous solution).

How to schedule for your hysterosalpingogram:

To schedule for your HSG, call our office at 415-405-0200 during office hours to report when your last period started. The HSG test should be done after your menstrual flow as completely finished but before you ovulate. Our office will call the radiology department at CPMC to schedule your test. Schedule the HSG between day 7 and 10 of your cycle. Please confirm that you have obtained prior authorization from your insurance company well before the HSG is performed. Dr Yee is available to perform the test on most mornings; all afternoon tests are performed by the radiologist.

On the day of your hysterosalpingogram:

Please arrive 15 minutes before your scheduled appointment time with your insurance information at the Radiology Department of California Pacific Medical Center on 3700 California Street to check in at the Patient Registration desk on the lobby level. The radiology department is located on lobby level down the hall to your left past the elevators. We recommend that you take 3 to 4 tablets of Advil or Motrin or two Tylenol tablets approximately 30-60 minutes before arriving for your procedure to be more comfortable. The over-the-counter premedication is optional; but a visit to the restroom to void is recommended before the procedure. The radiology technician will review consent forms and direct you to the dressing area to change into a hospital gown before you enter the Xray procedure room. Dr Yee will be waiting in the x-ray exam room for you. You will be resting on the x-ray table and can watch the dye test on the TV monitor screen. After a cervical local anesthetic is given the radiologist will enter and the entire procedure to take less than 10 minutes. An exterior catheter will be used to inject dye past the cervix to determine if the fallopian tubes are open. You may experience mild cramps for a few minutes during the filming. Less than 15% of patients

will be instructed to walk around for 15 minutes and return to radiology for one exterior x-ray picture without any instruments needed, to complete the test. Occasionally, a patient was instructed to return in 24 hours for a plain delay x-ray film.

After the procedure:

Patients will have some bloody vaginal discharge for hours to a day after the procedure. The technician will give you a pad right afterwards and you will be instructed to call your doctor if the cramping increases or if you have a fever after the procedure. Vaginal bleeding that soaks a maxi pad every hour for two hours straight is excessive and needs to be reported immediately. Some patients feel slightly nauseated or dizzy immediately after the procedure or may have cramps for the first 24 hours. Most patients are able to return to work that morning and may take some Advil or Motrin for mild cramping. The final radiology report will be available the following week and will be reviewed at your next office consultation for planning further workup and treatment options. Not done so already, please call the office and make a consultation appointment within one month to finalize a treatment plan.

Benefits of an HSG procedure:

The HSG will help determine if there is an anatomical problem involved in your fertility workup or history of miscarriages. The HSG is not a cure for miscarriage. We have observed a significant increase in pregnancy rates the first 3 months following an oil-based HSG; therefore, please try to get pregnant the same month you do the HSG! The increased fertility after tubal flushing by oil-based HSG has been confirmed by several studies.

Risks associated with an HSG:

There is a less than 2% chance of causing or activating a pelvic infection from this test. If you have a history of PID (pelvic inflammatory disease), you will need to take antibiotics before and after undergoing a HSG. You should call the doctor if you develop a fever or allergic reaction after the HSG.

I have read the above information and request to proceed with the HSG Procedure.

Pt Signature: X _____ **DOB:** _____

Print Name: _____ **Date:** _____

Witness: _____