

Informed Consent for Hysterosalpingogram

Your doctor has referred you to Radiological Associates of Sacramento for a Hysterosalpingogram. This consent explains the procedure and possible complications.

Description of the Procedure:

Hysterosalpingogram is an x-ray exam of the uterus and fallopian tubes. It is generally done to check for a blockage in the fallopian tubes causing infertility or as a pre/post operative look at the fallopian tubes for a tube reversal procedure. Hysterosalpingogram is best performed one week after menstruation to make certain that the patient is not pregnant during the exam. The patient is placed on an x-ray table and prepared as for a pelvic exam. Using sterile technique, the radiologist will insert a speculum into the vagina, clean off the cervix, and then insert a catheter into the uterus. A small amount of contrast media (dye) is inserted through the catheter to fill up the uterus and the fallopian tubes. The contrast media makes the structures show on the x-ray, the radiologist and the technologist will take images during the exam. The exam takes approximately 30-60 minutes.

Risks of the Procedure:

Most patients experience some cramping similar to menstrual cramps. A small amount of spotting after the exam is also normal. If you experience any fever or heavy bleeding please contact your physician right away. Because a contrast media is administered, the possibility of an allergic reaction exists. Occasionally, a patient will have a mild reaction to the contrast media including sneezing, nausea or hives. Uncommonly, a serious reaction to the contrast occurs. In the case of some allergic reactions, hospitalization may be necessary. Very rarely, death has occurred related to contrast media.

Alternatives to the Procedure:

Laparoscopy.

Anticipated Benefits:

Diagnosis of any abnormalities of the uterine cavity; determine patency of fallopian tubes.

Consent:

I have been informed of the nature, risks, consequences, and the alternatives of this procedure. No guarantee has been made as to the results. I have read and fully understand the above information. All of my questions have been answered. I give my consent to have this procedure performed.