



The American College of
Obstetricians and Gynecologists



FREQUENTLY ASKED QUESTIONS
FAQ175
SPECIAL PROCEDURES

Sonohysterography

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What is sonohysterography?

Sonohysterography is a technique in which fluid is injected through the **cervix** into the **uterus**, and **ultrasound** is used to make images of the uterine cavity. The fluid shows more detail of the inside of the uterus than when ultrasound is used alone. The procedure can be done in a health care provider's office, hospital, or clinic. It usually takes about 15 minutes.

Why is sonohysterography done?

Sonohysterography can find the underlying cause of many problems, including abnormal uterine bleeding, infertility, and repeated miscarriage. A sonohysterogram may be ordered when a woman has had a normal ultrasound exam but is still having symptoms. This procedure can detect the following conditions:

- Abnormal growths inside the uterus, such as **fibroids** or **polyps**
- Scarring inside the uterus
- Abnormal uterine shape

Sonohysterography also is done before and after some surgical procedures.

When is sonohysterography done?

The procedure will be scheduled when you are not having your menstrual period. If you are bleeding, the results may not be as clear. The test may be postponed until the bleeding stops. The procedure is not done if you are or could be pregnant, or if you have a pelvic infection or **pelvic inflammatory disease**. You may be given a urine test to rule out pregnancy.

What preparation is involved before the procedure?

Sonohysterography is done when your bladder is empty. You will be asked to undress from the waist down and lie on an exam table. Your health care provider may do a **pelvic exam** to check if you have any tenderness or pain. In some situations, you may be given **antibiotics**.

How is sonohysterography performed?

Sonohysterography has two parts. A **transvaginal ultrasound** exam is done first. Next, a fluid is injected through the cervix into the uterus, and an ultrasound exam is done again.

- In a transvaginal ultrasound exam, an ultrasound transducer—a slender, handheld device—is placed in the vagina. It sends out sound waves that are used to make images of the internal organs. These images are shown on a screen.
- After the first transvaginal ultrasound exam, the transducer is removed. A **speculum** is placed in the vagina. It holds the vagina open. The health care provider passes a swab through the speculum to clean the cervix.
- Next, a thin tube called a catheter is inserted through the vagina. It is placed in the opening of the cervix or in the uterine cavity. The speculum then is removed.
- The transducer is placed in the vagina again. A sterile fluid is slowly passed through the catheter. Cramping may occur as the fluid goes into the uterus. A **transabdominal ultrasound** exam also may be done while the fluid is passed into the uterus. In this type of ultrasound exam, a transducer is moved over the abdomen.
- When the cavity is filled with fluid, ultrasound images are made of the inside of the uterus and the uterine lining.

What can I expect after the procedure?

Most women are able to go home right away and return to their normal level of activity that day. Some of the following symptoms may occur after the procedure:

- Cramping
- Spotting
- Watery discharge

What are the risks associated with sonohysterography?

This procedure is safe, but there is a rare risk of pelvic infection. Call your health care provider if you have any of the following symptoms:

- Pain or fever in the day or two after you go home
- A change in the type or amount of discharge

What are some alternatives to sonohysterography?

There are alternatives to sonohysterography that also can be used to diagnose problems of the uterus:

- **Hysterosalpingography**—This X-ray procedure is used to view the inside of the uterus and **fallopian tubes** and can show whether the tubes are blocked. Radiation is used and a fluid that contains a dye. Some women may be allergic to the dye that is used.
- **Hysteroscopy**—A slender, light-transmitting device with a small camera attached—the hysteroscope—is inserted into the vagina and through the cervix to look inside the uterus. Unlike sonohysterography, this test usually requires **general anesthesia** or **local anesthesia**.
- Magnetic resonance imaging (MRI)—This imaging test is used to view the internal organs, but it does not show the inside of the uterus as clearly as sonohysterography.

Glossary

Antibiotics: Drugs that treat infections.

Cervix: The opening of the uterus at the top of the vagina.

Fallopian Tubes: Tubes through which an egg travels from the ovary to the uterus.

Fibroids: Benign growths that form in the muscle of the uterus.

General Anesthesia: The use of drugs that produce a sleep-like state to prevent pain during surgery.

Hysterosalpingography: A special X-ray procedure in which a small amount of fluid is placed into the uterus and fallopian tubes to detect abnormal changes in their size and shape or to determine whether the tubes are blocked.

Hysteroscopy: A procedure in which a slender, light-transmitting device, the hysteroscope, is inserted into the uterus through the cervix to view the inside of the uterus or perform surgery.

Local Anesthesia: The use of drugs that prevent pain in a part of the body.

Pelvic Exam: A manual examination of a woman's reproductive organs.

Pelvic Inflammatory Disease: An infection of the uterus, fallopian tubes, and nearby pelvic structures.

Polyps: Benign (noncancerous) growths that develop from tissue lining an organ, such as that lining the inside of the uterus.

Speculum: An instrument used to hold open the walls of the vagina.

Transabdominal Ultrasound: A type of ultrasound in which a transducer is moved across the abdomen.

Transvaginal Ultrasound: A type of ultrasound in which a transducer specially designed to be placed in the vagina is used.

Ultrasound: A test in which sound waves are used to examine internal structures.

Uterus: A muscular organ located in the female pelvis that contains and nourishes the developing fetus during pregnancy.

If you have further questions, contact your obstetrician–gynecologist.

FAQ175: Designed as an aid to patients, this document sets forth current information and opinions related to women's health. The information does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to institution or type of practice, may be appropriate.

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