

CONSENT FORM FOR A HYSTEOSALPINGO-CONTRAST SONOGRAPHY

A Hysterosalpingo contrast sonography is a procedure that is performed to examine the uterine cavity and to assess if the fallopian tubes are open. This procedure is commonly performed to identify potential causes of infertility.

PROCEDURE

The procedure is performed in the office. First, a pelvic examination is performed with insertion of a speculum into the vagina to visualize the cervix. Next, a small catheter with small balloon is inserted through the cervical canal. After the catheter is put in place, a vaginal ultrasound probe is inserted into the vagina. Once the uterus is visualized saline and small air bubbles are gently injected through the catheter into the uterine cavity. The progress of the saline into the uterine cavity and air/fluid contrast is followed by viewing the ultrasound screen. Generally, the test is completed within 4-5 minutes. The test can be associated with mild lower abdominal cramping that subsides after the test is completed.

COMPLICATIONS

Complications following this procedure are uncommon. Some of the risks include the following:

1. **Pelvic infection** - The performance of this test can result in an infection that could produce lower abdominal pain and fever that develop within a few days following completion of the procedure. A consequence of this infection may be scarred fallopian tubes and infertility. Infections are more likely to occur in women who have already had a previous pelvic infection and damaged tubes. If an infection develops, hospitalization with IV antibiotics and, potentially, surgery may be indicated.
2. **Exposure of potential pregnancy** – If your last menstrual period was not normal or there is a possibility that you could be pregnant please request that a pregnancy test be performed before the procedure.

INSTRUCTIONS FOLLOWING THE TEST

Following the completion of the test you can return to your normal routine. If you develop any fever, chills, severe abdominal pain or heavy vaginal bleeding, you should contact the physician immediately. If you should have any difficulty in contacting your physician you should proceed to the emergency department of your nearest hospital.

ACKNOWLEDGEMENT OF INFORMED CONSENT

I acknowledge that I have read and understand this written material. I understand the purpose, risks and benefits of this procedure. I am aware that there may be other risks and complications not discussed that may occur. I also understand that during the course of the procedure, unforeseen conditions may be revealed requiring the performance of additional procedures. I also understand that technical problems with the instrumentation may prevent the completion of the procedure. I acknowledge that no guarantees or promises have been made to me concerning the results of this procedure or any treatment that may be required as a result of this procedure. This procedure has been explained to me in language that I understand. **I have been given the opportunity to ask questions which have been answered to my satisfaction.** I have also considered other options and alternatives. **I consent to the performance of the procedure described above.**

Patient Signature

Provider Signature

Printed Name

Date of Birth

Date