

SONOHYSTEROGRAM/FLUID SONOGRAM/MOCK EMBRYO TRANSFER

PATIENT INFORMATION SHEET

Sonohysterogram (or Fluid Sonogram) is a diagnostic test which assesses the size and shape of the uterus. It may be helpful in evaluating fibroids, polyps or certain anomalies of the uterine cavity. These abnormalities may interfere with implantation or with continued growth of an embryo that has implanted. The sonohysterogram often provides supplemental information about the uterus to that of an x-ray hysterosalpingogram (HSG) and is often combined with a Mock Embryo Transfer in patients who are preparing for IVF.

The sonohysterogram is done in the first half of your menstrual cycle (days 5 – 12) - after menses is complete, but before ovulation. It can also be done while on birth control pills when the pills are used as part of the preparation for IVF. **If your sonohysterogram is scheduled for day 11 or 12 of your cycle, you must use protection if having intercourse after day 10 and before your sonohysterogram.** If you are still having a full menstrual flow on the day of your sonohysterogram appointment, you should reschedule.

You will be asked to provide a urine specimen for a pregnancy test prior to the procedure. Please arrive at the office with a moderately full bladder (consume 24 – 48 ounces of liquids prior to your appointment) and do not urinate until instructed after your arrival.

The procedure takes about 15 minutes. Usually it is not painful. Rarely, patients describe it as mildly uncomfortable, and very rarely as moderately painful. You can take any over-the-counter pain reliever about 30 minutes before your appointment. There are no other special preparations. You will also be asked to sign a consent form after having the chance to ask questions about the risks versus benefits of the procedure and after all of your questions have been fully answered to your satisfaction.

You will be asked to empty your bladder and provide a urine specimen for the pregnancy test before the provider (Physician, Physician Assistant, Nurse Practitioner, Certified Nurse Midwife) begins the procedure. Do not empty your bladder until directed by the staff. The provider will then insert a speculum into the vagina and the cervix will be washed with a medicinal soap. A narrow, plastic catheter will be threaded through the opening of the cervix. Once the catheter is in place, the provider will record the type of catheter used and make measurements of the depth of the uterus for future reference. The speculum will be removed and a transvaginal ultrasound probe will be placed into the vagina. This enables the provider to view the tip of the catheter to confirm that it has entered fully into the uterine cavity. A syringe filled with sterile water is attached to the end of the catheter and the contents are slowly injected into the uterus. As the water enters and fills the uterine cavity, it can be seen on the monitor of the sonogram machine. Several pictures or “stills” are taken once the water has filled the cavity. Irregularities in the shape of the uterus are noted and documented and the size and shape of the cavity is assessed.

Rarely, there is difficulty in threading the soft, pliable catheter through the cervix and the provider may ask you to cough while he/she places forceps on the cervix in order to straighten-out the canal to allow passage of the catheter. In addition, it is sometimes necessary to use a thin metal probe to confirm the angle of the canal relative to the uterus before the catheter is inserted. This can cause mild cramping. You should let the provider know in the course of the procedure how you are tolerating any pain you are experiencing.

Since you will be awake throughout the procedure, the provider will tell you what he/she is seeing and will, if you are interested, tilt the sonogram monitor so that you can see it as well. Most patients are able to go back to work or other activities after the procedure, but we ask you to get up and dress slowly. If you feel faint or otherwise unwell, please let our staff know immediately.

Occasionally, there will be a small amount of bleeding after the procedure and some mild discomfort. If you notice continued bleeding, or if you have a vaginal discharge or develop pain or a fever following the procedure, call your primary physician or nurse, or the physician on call.

The Mock Embryo Transfer is an important preparatory step in optimizing the success rates for an IVF cycle. Besides using the sonohysterogram to evaluate the uterine cavity described above, the type of embryo transfer catheter among the many we have available, the depth, angle, and direction into the uterus that the embryo transfer catheter should go are all mapped out. The “mock” evaluation allows us to more easily and effectively perform the ‘real’ embryo transfer at the time the precious embryos are ready.

RISKS:

Some potential complications can occur after a fluid sonogram/sonohysterogram (with or without a ‘mock’ embryo transfer). Mild uterine cramping during the injection of the sterile water is a possibility. There may be slight vaginal bleeding due to irritation to the cervical canal as a probe is inserted, or to the cervix itself if forceps have to be applied to facilitate passage of the catheter. As with any even minimally invasive procedure it is possible that you could develop an infection and/or abdominal pain in the days following the sonohysterogram, possibly as a result of injury or perforation of the uterus. This is very rare. If you were pregnant at the time of the sonohysterogram (in spite of what appeared to be a normal menstrual period or being on birth control pills) there is a small risk that you could subsequently have a miscarriage. There is a slight chance of an allergic reaction to the cleansing solution. As with any invasive procedure there may be risks that we are unaware of at this time or that are unique to you.

Alternatives to a sonohysterogram are hysterosalpingogram (HSG) or hysteroscopy. The former is an x-ray procedure for diagnostic purposes but with similar if not greater risks than fluid sonogram. The latter is surgery done under anesthesia and also has risks greater than a fluid sonogram, although hysteroscopy may also be used as therapy. Not doing the sonohysterogram is also an alternative, but will deprive your primary physician of information he/she believes will improve your care.