SALINE INFUSION HYSSTEROSONOGRAPHY

POLICY: Hysterosonography will be performed with an order from a physician or other qualified clinical practitioner. The procedure will be performed by a radiologist or other licensed practitioner who is qualified by reason of training to understand the normal anatomy, pathophysiology of the pelvis, and integration of ultrasound with other imaging techniques to optimize the probability of detecting disease.

PURPOSE: To assess of the endometrial cavity of the uterus in more detail than is possible with routine endovaginal ultrasound and document normal and abnormal structures therein.

INDICATIONS: Hysterosonography is indicated for patients with signs and/or symptoms of endometrial pathology (e.g. abnormal vaginal bleeding, endometrial abnormality suspected or indeterminate on prior endovaginal ultrasound, habitual abortion, infertility). This examination is an appropriate study for patients with nonspecific pelvic complaints. Caution: Sonohysterography should not be performed in women who are pregnant or could be pregnant. It also should not be performed in women who have a pelvic infection or have unexplained pain which could be due to a pelvic infection.

PATIENT PREPARATION: Menstruating women should be scheduled between days 5 and 10 of their menstrual cycle when possible. A pregnancy test is advised when clinically indicated.

In the event that a recent prior pelvic ultrasound examination has not been performed, patients will be investigated from a transabdominal approach through the distended urinary bladder. Patients will be instructed to drink 32 ounces of liquid two hours prior to the scheduled examination time and refrain from voiding until instructed by Inland Imaging staff.

Patients who have had a recent pelvic ultrasound examination performed at this facility will be examined from an endovaginal approach only. These patients do not require a filled bladder and need no special preparation.

Patients should be instructed to take prescribed oral or injectable medication on their normal schedule.

PROCEDURE: Preliminary imaging will be performed by a sonographer with the patient in a supine position. Transabdominal imaging will be performed as indicated above. Every patient should be examined endovaginally prior to performing the hysterosonogram procedure. Each organ should be imaged in its entirety (e.g. long and transverse views) before imaging the next organ. The hysterosonogram procedure will take place following the endovaginal exam. The order of organ imaging will be (minimal number of images in parenthesis):

Transabdominal
• Uterus and endometrium (4 images)
• Right ovary (2 images)
• Left ovary (2 images)

Endovaginal
• Uterus (5 images, 2 cine sweeps)
• Endometrium (1 image)
• Right ovary (2 images, one cine sweep)
• Left ovary (2 images, one cine sweep)

Hysterosonogram
• Endometrium (8 images)

TRANSABDOMINAL
• (Transabdominal images are the same as those described in Female Pelvic Ultrasound Protocol)

ENDOVAGINAL
• (Endovaginal images are the same as those described in Female Pelvic Ultrasound Protocol)

HYSTEROSONOGRAM
• Hysterosonography will be performed by a radiologist with the aid of a sonographer. A radiologist will explain the procedure and make the patient aware of the risks of undergoing it (e.g. infection). The patient will be asked to sign a consent form prior to beginning the hysterosonogram. Although this is not a sterile procedure, it should be made as clean as possible. A speculum will be inserted into the patient's vaginal canal in order to allow visualization of the cervix. The external cervical os will be cleansed and a catheter passed through it and into the uterus. A small balloon at the end of the catheter will be inflated with saline in order to prevent the catheter from slipping out of the uterus. The speculum is removed, and an endovaginal ultrasound transducer is placed within the fornix of the vaginal canal. As saline is slowly introduced into the uterus through the catheter, distending the endometrial cavity, endovaginal ultrasound images will be obtained. After imaging is completed, the probe and catheter will be removed, allowing for the saline to drain out of the endometrial cavity.

• Minimal stored images should include:
  • Two midline long axis view of the endometrial cavity demonstrating its entire visible length and labeled ML endometrium long.
  • One long axis view of the right cornua and labeled right endo long.
• One long axis view of the left cornua and labeled *left endo long.*
• One cine sweep of the endometrial cavity in a sagittal plane from right to left and labeled *long rt-Lt;*
• Three short axis views of the endometrial cavity demonstrating its entire visible length and labeled *endometrium trans.*
• One cine sweep of the endometrial cavity in a short axis plane from fundus to cervix and labeled *trans fundus-cervix;*
• Two long axis views of the endometrial cavity should be obtained as the catheter balloon is deflated and the catheter removed, allowing for completed visualization of the lower uterine segment portion of the endometrial cavity and cervix, and labeled *ML endometrium long.*

**PATHOLOGIC CONDITIONS:**
• (Pathologic conditions will be documented as discussed in the Female Pelvic Ultrasound Protocol)