

# Hysterocontrastsonography (HyCoSy) The Procedure Explained

**Information and Consent Form**  
Please bring this booklet with you

## Introduction

You have been advised by your Fertility Specialist to have a procedure known as a Hysterocontrastsonography (HyCoSy).

## How to book HyCoSy appointment?

On the first day of your period, call the HyCoSy booking office on:- 01633 238583 between 08:30 am and 16:30 pm to book your procedure. Please call on Monday if your period starts on a weekend. Please inform us if you think you have a latex allergy. The test will usually be done within 14 days after your period starts but if there is a shortage of appointments, you may be asked to ring back when your next period starts.

If your booked appointment is no longer convenient please call the HyCoSy booking office as this will enable the staff to give your appointment to someone else and they will be able to arrange another date and time for you. Should you have any queries regarding your appointment or the procedure please contact the HyCoSy booking office on Tel:- 01633 238583.

We want to involve you in all the decisions about your care and treatment. **This procedure requires your formal consent.** This booklet has been written to enable you to make an informed decision in relation to agreeing to the procedure.

At the back of the booklet is a consent form.

**The consent form is a legal document** therefore please read it carefully. Once you have read and understood all the information including the possibility of complications and you agree to undergo the procedure, please sign and date the consent form. You will notice that the consent form is carbonised, keep a copy for your records, so please fill it in whilst it is still attached to this booklet.

If however there is anything you do not understand or wish to discuss further do not sign the form but bring it with you and sign it after you have spoken to a Health Care Professional.

## **What is a Hystero Contrast Salpingogram (HyCoSy)?**

A HyCoSy is a special ultrasound test done on an outpatient basis to show whether your fallopian tubes are open (not blocked). It can also help detect some problems within the womb (uterus) and lining of the womb (endometrium). A dye is passed through the neck of the womb (cervix) to outline the cavity and the tubes. The dye is visible on internal (transvaginal) ultrasound scans.

## **Why do I need a HyCoSy?**

HyCoSy may help us to establish the reason you are not getting pregnant and decide appropriate treatment for you. It is in the fallopian tubes that the female egg meets with the male sperm to fertilise the egg. It is important that your fallopian tubes are open so this can happen - if there is a blockage it might stop you becoming pregnant. It is not possible to see the tubes with normal x-rays or ultrasound so a specialist procedure such as this is needed.

## **What are the benefits of HyCoSy?**

HyCoSy is one of the specialist procedures available to assess your fallopian tubes and uterine cavity. It is an alternative to hysterosalpingography (HSG) which involves radiation (X-ray) exposure or a laparoscopy which is a surgical operation that requires a general anaesthetic.

## What does the HyCoSy not tell us?

The HyCoSy is unable to tell us whether you have adhesions (scar tissue) around your fallopian tubes or endometriosis. These can only be diagnosed by laparoscopy. If the dye is not seen to pass through one or both of your tubes, this may indicate a blockage. A blockage of the fallopian tubes may occur after a pelvic infection or pelvic surgery. If a blockage is suspected, you may need to have this confirmed by a second test preferably using a different technique either an X-ray method called HSG or laparoscopy.

## What are the risks of HyCoSy?

**If you are pregnant:** the procedure could cause a miscarriage and could harm a developing baby. This is why we book your appointment, whenever possible, after a period and advise you to avoid sexual intercourse from the start of your period until after the procedure.

**Infection:** there is a small risk of a pelvic infection following the procedure of approximately 1 in a 100 cases. As a precaution, we may prescribe antibiotics to provide cover for this risk of infection. If you suspect you may have an infection (e.g. temperature, pain, bleeding and offensive smelling vaginal discharge) you should contact your GP or contact the Emergency Gynaecology Assessment Unit at The Grange University Hospital.

**Allergy:** it is extremely rare to have an allergic reaction to the "dye", but if you have any known allergies you must inform us before the procedure.

**Pain:** you may feel some discomfort or "period type" pain but this usually fades as soon as the examination is finished. In order to reduce the amount of discomfort you may experience; we recommend that you take two Ibuprofen 200mg tablets and/or two 500mg tablets of Paracetamol (if you are not allergic to these) one hour before the procedure. On the rare occasion, a longer period of hospital observation and stronger pain relief may be needed (rare).

**Fainting:** occasionally you may feel "faint" during or after, so we advise you to lie down for a few minutes. It is advisable to bring someone with you to accompany you home.

**Perforation of the womb:** it is very rare for a medical instrument (the catheter or a guide probe) to make a hole in the womb during this procedure. Further observation in hospital or investigation may be necessary.

**Need for further tests:** In women with stenosis of the cervix, it may be somewhat difficult to insert the catheter into the cervical canal so that dye can be injected.

Inadequate distension (expansion) of the uterine cavity with the dye may also prevent good-quality ultrasound images from being obtained. This can occur especially with uterine adhesions (scarring) or large benign tumours called fibroids, which may partially obliterate the uterine cavity.

In 5 out of every 100 HyCoSy procedures, the pictures produced are unclear and if this is the case you may need further tests. No tubal check test is 100% accurate at showing patent tubes, HyCoSy will wrongly suggest that the tubes are blocked in 5 out of every 100 women with patent tubes.

### **When is the best time to have the HyCoSy?**

It is very important that we do not do the procedure if there is the slightest chance that you may be pregnant. HyCoSy puts any pregnancy at risk of complications so we advise you not to have sexual intercourse (or must use barrier methods of contraception) from the start of the period until the HyCoSy appointment. We will ask you to sign a disclaimer that you are not pregnant.

The best time to perform the test is as soon as possible after your period has finished. This is usually between days 6-14 of your cycle however it may be undertaken anytime throughout your cycle if there is no chance that you are pregnant.

If you have a period on the day of the test, it will not be possible to do it. An alternative date will be offered.

## What do you need to do to prepare for a HyCoSy?

- You may eat and drink normally before and after your appointment.
- You should take two Ibuprofen 200mg tablets and/or two 500mg tablets of Paracetamol (if you have no allergies or intolerances) one hour before the procedure.
- You should take the antibiotics (as directed by the Fertility Specialist).
- You should avoid sexual intercourse (or must use barrier methods of contraception) during the cycle of the HyCoSy appointment, and we will ask you to sign a disclaimer that you are not pregnant.
- You should attend with a full bladder ready to give a fresh urine sample for pregnancy testing on the day of your HyCoSy.
- You should bring your signed consent form which will be confirmed by the Fertility Specialist.

## What happens during the HyCoSy?

- You will be asked to empty your bladder keeping a sample for the nurse to perform a pregnancy test.
- HyCoSy will take place in a procedure room on an outpatient basis. Every effort will be made to ensure we respect your dignity throughout your stay.
- Your legs are placed into stirrups and a cover will be draped over your lower body and a screening transvaginal (internal) ultrasound is done first. This involves insertion of a probe inside the vagina to get a clear image of the uterus and ovaries prior to the HyCoSy. The probe is covered with a latex sheath. **(Please inform the clinician if you have a latex allergy).**
- A speculum is placed in the vagina (like having a smear test).
- A thin plastic catheter attached to a syringe is then passed through the neck of the womb (cervix).
- Water and dye is injected through the catheter. The flow of the water and dye is observed into the uterus and fallopian tubes with internal ultrasound. Any images taken will be recorded in your medical notes. Not seeing dye in the tubes does not always mean the tubes are blocked.
- The procedure lasts about 30 minutes.

## **What to expect after a HyCoSy?**

- You may experience some fluid draining from your vagina or spotting after the procedure for one or two days so you are advised to bring some sanitary protection to use following the procedure- use pads, not tampons for this (to minimise the risk of infection).
- At the end of the test we can usually let you know the findings. If any further tests need to be done, we will organise these on the same day and will give you information on any further tests, treatment or appointments that you may need. If your fallopian tubes are blocked, or there are problems with your uterus, your doctor will explain the options for treatment.
- You can go home immediately after the test as most women feel completely well after the procedure. You can carry out normal daily activities and continue having sexual intercourse as normal if you choose.
- You do not need to use contraception or abstain from sexual intercourse after the procedure.
- You will need to complete the course of antibiotics prescribed by your hospital doctor

**If you have any more questions regarding the HyCoSy procedure, please contact us on the following numbers: -**

**HyCoSy Booking Office- 08:30am- 16:30pm Tel: 01633 238583**

**If you have a clinical emergency following your appointment, please contact us on the following numbers: -**

**Nevill Hall Hospital Ambulatory Unit - 8.00am – 4.00pm  
Tel: 01873 733239**

**Emergency Gynaecology Assessment Unit, The Grange University  
Hospital Out of Hours Tel: 01633 493557/ 01633 493556**

## **General points to remember:**

- If you are unable to keep your appointment, please notify the HyCoSy booking office as soon as possible.
- It is our aim for you to be seen and investigated as soon as possible after your arrival. However, the department is very busy and your investigation may be delayed. If emergencies occur, these patients will obviously be given priority over the less urgent cases.
- The hospital cannot accept any responsibility for the loss or damage to personal property during your time on these premises.

**PLEASE REMEMBER TO SIGN YOUR CONSENT FORM AT THE BACK OF THE BOOKLET AND BRING IT WITH YOU.**

**YOU WILL NEED TO BRING SOMEONE WITH YOU TO TAKE YOU HOME FOLLOWING THE PROCEDURE.**

**“This document is available in Welsh /  
Mae’r ddogfen hon ar gael yn Gymraeg”.**

**Patient agreement to Gynaecology  
Investigation or treatment:**

**Name of procedure:  
Hysterocontrastsonography (HyCoSy) /Saline Hysterosonography (Cavity Check)**

**1. Statement of patient**

You have the right to change your mind at any time, even after you have signed this form  
I have read and understand the information in the attached booklet, including the benefits and any risks **and I confirm that I have abstained from sexual intercourse or have used barrier contraction from the start of my period and confirm that there is no chance that I can be pregnant.**

**I agree** to the procedure described in this booklet and on the form. **I understand** that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience. When a trainee performs the examination it will be undertaken under the supervision of a fully qualified practitioner.

Signature ..... Name (print) ..... Date .....

If you would like to ask any further questions please do not sign the form now. Bring it with you and you can sign it after you have talked with a healthcare professional

**2. Confirmation of consent** (to be completed by a health professional when the patient is admitted for the procedure, if the patient/parent has signed the form in advance)

I have confirmed that the patient/parent understands what the procedure involves, including the benefits and any risks. The patient has no further questions and wishes the procedure to go ahead.

Signed ..... Date .....

Name (PRINT) ..... Job title .....

**3. Statement of health professional** (to be filled in by the health professional with appropriate knowledge of proposed procedure, as specified in consent policy) In response to a request for further information have explained the procedure to the patient/parent. In particular I have explained:

**The intended benefits:**

- To assess the womb cavity\*
- To see if fallopian tubes are open\*

**I have also explained:**

- The need to abstain from unprotected intercourse from the start of menstruation until after the procedure
- The need for a painkiller

**Significant, unavoidable or frequently occurring risks:**

- Infection including pelvic inflammatory disease (1 in 100),
- Bleeding
- Pain
- The procedure may be abandoned if not technically possible (due to pain or a tight, closed cervix)
- Harm to developing pregnancy

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of those involved.

Signed..... Date .....

Name (PRINT)..... Job title .....

**4. Statement of interpreter** (where appropriate) I have interpreted the information above on the patient/parent to the best of my ability and in a way in which I believe she can understand.

Signed ..... Date .....

Name (PRINT) ..... Job title .....