

FAQs

Hysterosalpingography (HSG)

Frequently Asked Questions

What is hysterosalpingography (HSG)?

Hysterosalpingography (HSG) is an X-ray procedure that is used to view the inside of the [uterus](#) and [fallopian tubes](#). It often is used to see if the fallopian tubes are partly or fully blocked. It also can show if the inside of the uterus is a normal size and shape.

Why is HSG done?

Scarring or abnormalities in the uterus or fallopian tubes can lead to [infertility](#) and pregnancy problems.

HSG also is used a few months after some tubal [sterilization](#) procedures to make sure that the fallopian tubes have been completely blocked.

When is HSG not done?

HSG is not done if you

- are pregnant
- have a pelvic infection
- have uterine bleeding at the time of the procedure

What should I do to prepare for HSG?

Your [obstetrician–gynecologist \(ob-gyn\)](#) may recommend that you take an over-the-counter pain reliever an hour before the procedure. Discuss this decision with your ob-gyn. In some cases, you also may receive an antibiotic for you to take before HSG.

Most people can drive themselves home after having HSG. But you may not feel well after the procedure, so you may want to make arrangements for someone to drive you home.

How is HSG done?

HSG is done in a hospital, clinic, or the office of your ob-gyn. It is best to have HSG done in the first half of the [menstrual cycle](#) (days 1 to 14). This timing reduces the chance that you may be pregnant.

During HSG, a [contrast agent](#) is placed in the uterus and fallopian tubes. This is a fluid that contains a dye. The dye shows up in contrast to the body structures on an X-ray screen. The dye outlines the inner size and shape of the uterus and fallopian tubes. It also is possible to see how the dye moves through the body structures.

The procedure is done in the following way:

1. You lie on your back with your feet placed as for a [pelvic exam](#) . A device called a speculum is inserted into the [vagina](#) . It holds the walls of the vagina apart to allow the [cervix](#) to be viewed. The cervix is cleaned.
2. The end of the cervix may be injected with [local anesthesia](#) (pain relief). You may feel a slight pinch or tug as this is done.
3. One of two methods may be used to insert the dye. In one method, the cervix is grasped with a device to hold it steady. An instrument called a cannula is then inserted into the cervix. In the other method, a thin plastic tube is passed into the cervical opening. The tube has a small balloon at the end that is inflated. The balloon keeps the tube in place in the uterus.
4. The speculum is removed, and you are placed beneath an X-ray machine. The fluid is placed through the cannula or tube into the uterus and fallopian tubes. The fluid may cause cramping. If the tubes are blocked, the fluid will cause them to stretch.
5. X-ray images are taken as the fluid fills the uterus and tubes. You may be asked to change position. If there is no blockage, the fluid will spill slowly out the far ends of the tubes. After it spills out, the fluid is absorbed by the body.

6. After the images are taken, the speculum and cannula or tube is removed.

What should I expect after the procedure?

After HSG, you can expect to have sticky vaginal discharge as some of the fluid drains out of the uterus. The fluid may be tinged with blood. A pad can be used for the vaginal discharge. Do not use a tampon. You also may have the following symptoms:

- Slight vaginal bleeding
- Cramps
- Feeling dizzy, faint, or sick to your stomach

What are the risks associated with HSG?

Severe problems after an HSG are rare. They include an allergic reaction to the dye, injury to the uterus, or pelvic infection. Call your ob-gyn if you have any of these symptoms:

- Foul-smelling vaginal discharge
- Vomiting
- Fainting
- Severe abdominal pain or cramping
- Heavy vaginal bleeding
- Fever or chills

What are alternatives to HSG?

There are other procedures that can provide some of the same information as HSG:

- **Laparoscopy** –This surgical procedure requires [general anesthesia](#) (read [Laparoscopy](#)).
- **Hysteroscopy** –This procedure can give a detailed view of the inside of the uterus. But, it cannot show whether the fallopian tubes are blocked (read [Hysteroscopy](#)).

- **Sonohysterography** –This technique uses an [ultrasound exam](#) to show the inside of the uterus. Like hysteroscopy, it does not give information about the fallopian tubes (read [Sonohysterography](#)).
- **Sonohysterosalpingography**—This procedure uses a saline solution and ultrasound. The saline passes through the cervix and into the uterus. Ultrasound then is used to view the uterine lining and track how the saline flows into the fallopian tubes.

Glossary

Cervix: The lower, narrow end of the uterus at the top of the vagina.

Contrast Agent: A substance that is injected into a vein or artery during certain X-ray procedures. Contrast agent makes it easier to see structures or tissues.

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

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

Hysteroscopy: A procedure in which a lighted telescope is inserted into the uterus through the cervix to view the inside of the uterus or perform surgery.

Infertility: The inability to get pregnant after 1 year of having regular sexual intercourse without the use of birth control.

Laparoscopy: A surgical procedure in which a thin, lighted telescope called a laparoscope is inserted through a small incision (cut) in the abdomen. The laparoscope is used to view the pelvic organs. Other instruments can be used with it to perform surgery.

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

Menstrual Cycle: The monthly process of changes that occur to prepare a woman's body for possible pregnancy. A menstrual cycle is defined as the first day of menstrual bleeding of one cycle to the first day of menstrual bleeding of the next cycle.

Obstetrician–Gynecologist (Ob-Gyn): A physician with special training and education in women's health.

Pelvic Exam: A physical examination of a woman's pelvic organs.

Sonohysterography: A procedure in which sterile fluid is injected into the uterus through the cervix while ultrasound images are taken of the inside of the uterus.

Sterilization: A permanent method of birth control.

Ultrasound Exam: A test in which sound waves are used to examine inner parts of the body. During pregnancy, ultrasound can be used to check the fetus.

Uterus: A muscular organ in the female pelvis. During pregnancy, this organ holds and nourishes the fetus. Also called the womb.

Vagina: A tube-like structure surrounded by muscles. The vagina leads from the uterus to the outside of the body.

If you have further questions, contact your ob-gyn.

Don't have an ob-gyn? [Learn how to find a doctor near you.](#)

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