



Sonohysterography

- **What is sonohysterography?**
- **For what reasons is a sonohysterography performed?**
- **What is done to prepare for a sonohysterography?**
- **What are the main steps of a sonohysterography?**
- **What is a transvaginal ultrasound exam?**
- **How is the fluid put inside the uterus for a sonohysterography?**
- **What happens after the fluid is put inside the uterus for a sonohysterography?**
- **What can I expect after a sonohysterography?**
- **What are the risks of a sonohysterography?**
- **Glossary**

What is sonohysterography?

Sonohysterography is a special kind of **ultrasound exam**. Fluid is put into the **uterus** through the **cervix** using a thin plastic tube. Sound waves are then used to create images of the lining of the uterus. The fluid helps show more detail than when ultrasound is used alone. This test can be done in your **obstetrician–gynecologist's (ob-gyn)** office, a hospital, or a clinic. It usually takes less than 30 minutes.

For what reasons is a sonohysterography performed?

Sonohysterography can find the underlying cause of many problems, including **abnormal uterine bleeding**, infertility, and repeated miscarriage. It is able to detect the following:

- Abnormal growths inside the uterus, such as **fibroids** or **polyps**, and information about their size and depth
- Scar tissue inside the uterus
- Abnormal uterine shape
- Problems with the lining of the uterus
- Whether the **fallopian tubes** are open or blocked

What is done to prepare for a sonohysterography?

Sonohysterography is not done if you are or could be pregnant or if you have a pelvic infection. You may be given a urine test to rule out pregnancy before the procedure. You will be asked if you are allergic to latex.

The test usually is scheduled at a time in your **menstrual cycle** after your period has stopped but before **ovulation**. If you are bleeding at the time of the test, the results may not be as clear. If you have off-and-on abnormal bleeding or bleeding that will not go away, you may be given a medication to stop the bleeding before the test.

Sonohysterography is done when your bladder is empty. You will be asked to undress from the waist down and lie on an exam table. Your ob-gyn may do a **pelvic exam** to see if you have any tenderness or pain. If your ob-gyn thinks you have an infection, you may need to take **antibiotics** to clear up the infection before you have the procedure.

The procedure can cause some cramping. You may want to take an over-the-counter pain reliever, such as ibuprofen or acetaminophen, beforehand. Ask your ob-gyn what he or she recommends.

What are the main steps of a sonohysterography?

Sonohysterography has three main steps: 1) performing an initial **transvaginal ultrasound exam**, 2) putting fluid inside the uterus, and 3) repeating an ultrasound exam.

What is a transvaginal ultrasound exam?

For a transvaginal ultrasound exam, an ultrasound **transducer**—a slender, handheld device—is placed in the vagina. It is covered by a disposable sheath (like a condom). It sends out sound waves that are used to make images of the internal organs. These images are shown on a screen.

How is the fluid put inside the uterus for a sonohysterography?

After the first transvaginal ultrasound exam, the transducer is removed. A **speculum** is placed in the vagina. It holds the vagina open. A swab is passed through the speculum to clean the cervix.

Next, a thin tube is inserted into the vagina and placed in the opening of the cervix or inside the uterus. The speculum then is removed.

The transducer is placed in the vagina again. A sterile fluid is slowly passed through the tube. Cramping may occur as the fluid goes into the uterus.

What happens after the fluid is put inside the uterus for a sonohysterography?

When the uterus is filled with fluid, ultrasound images are made of the inside of the uterus and the uterine lining. If the test is being done to assess your fallopian tubes, fluid containing bubbles is placed inside the uterus through the tube. The bubbles make the fluid easier to see. The pathway of the fluid through the fallopian tubes is noted on ultrasound.

What can I expect after a sonohysterography?

Most women are able to go home right away and are back to their normal activities that day. Some of the following symptoms may occur after the test:

- Cramping
- Spotting or light bleeding
- Watery discharge

What are the risks of a sonohysterography?

This test is very safe, but there is a rare risk of pelvic infection. Call your ob-gyn if you have any of the following symptoms:

- Pain or fever in the day or two after you go home
- A change in the type or amount of discharge

Glossary

Abnormal Uterine Bleeding: Bleeding from the uterus that differs in frequency, regularity, duration, or amount from normal uterine bleeding, in the absence of pregnancy.

Antibiotics: Drugs that treat certain types of infections.

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

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

Fibroids: Growths, usually benign, that form in the muscle of the uterus.

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 skills, training, and education in women's health.

Ovulation: The release of an egg from one of the ovaries.

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

Polyps: Benign (noncancerous) growths that develop from tissue lining an organ, such as that lining the inside of the uterus.

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.

Speculum: An instrument used to hold open the walls of the vagina.

Transducer: A device that emits sound waves and translates the echoes into electrical signals.

Transvaginal Ultrasound: A type of ultrasound in which a device specially designed to be placed in the vagina is used.

Ultrasound Exam: A test in which sound waves are used to examine internal structures.

Uterus: A muscular organ located in the female pelvis that contains and nourishes the developing fetus during pregnancy.

If you have further questions, contact your obstetrician–gynecologist.

FAQ175: Designed as an aid to patients, this document sets forth current information and opinions related to women's health. The information does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to the institution or type of practice, may be appropriate.

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