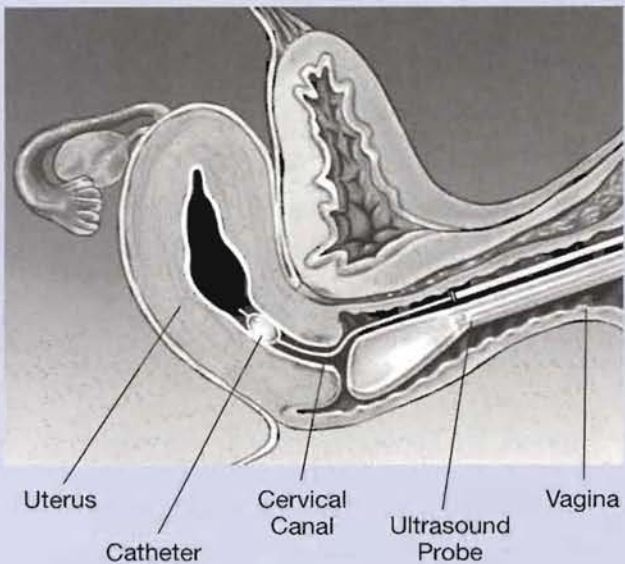


**A Patient's Guide to:**

# **Diagnostic Gynecologic Ultrasound**

**A Clearer Picture for You  
and Your Physician**



## **Introduction**

When women in their 20's and early 30's have abnormal uterine bleeding the cause is almost always "hormone imbalance". Such women in the past were often offered hormonal therapies most commonly in the form of low-dose birth control pills. But as women get into their later 30's and 40's concerns about endometrial abnormalities such as polyps, fibroids, precancerous and cancerous lesions increase. Therefore, for the last 50 years, women of such age with abnormal bleeding have been diagnosed with D&C's, hysteroscopies, endometrial biopsies, and other invasive procedures to exclude serious abnormalities. They have been left with a diagnosis of "hormone imbalance". During the past few years sonohysterography (SIS) has often been used as a less traumatic yet equally accurate office-based alternative.

## **What is Sonohysterography?**

Sonohysterography is a valuable new technique for examining the endometrial cavity. It involves instilling a small amount of normal saline into the endometrial cavity with a flexible catheter while simultaneously visualizing the endometrial surface and its

thickness with transvaginal ultrasound. It is being used routinely worldwide at low risk to the patient. The procedure takes only minutes to perform and is done as part of a regularly scheduled office visit.

### **Indications : When is it used?**

- Abnormal vaginal bleeding
- Unexplained infertility
- Recurrent pregnancy loss
- Pre and post-operative assessment of uterine pathology

### **Precautions: Who should not get a sonohysterogram?**

- Sonohysterography should not be performed if you are pregnant or suspect that you might be pregnant.
- Any pelvic infection should also be properly treated and eliminated prior to this procedure.

### **Procedure**

A speculum is introduced into the vagina while sterile technique is utilized. The cervical/vaginal area is then cleaned with an antiseptic solution (betadine). The small (straw-sized) catheter is then gently

introduced into the cervical canal. The saline solution is then slowly introduced into the uterine cavity with simultaneous visualization using an ultrasound probe. The endometrium and uterus are evaluated. When the procedure is finished, the catheter is gently removed. You may experience slight pressure and/or cramping as the catheter is inserted and during its removal. Occasionally, patients will experience cramping during the infusion of the saline solution. You then may be asked to wait in the waiting room until your report is written up. After the report is completed you will discuss the findings as well as the appropriate follow-up treatment with the physician.

## **Benefits**

In summary, saline infusion sonohysterography enhances the endovaginal ultrasound examination of the uterine cavity. It is easily and rapidly performed at minimal cost. It is extremely well tolerated by patients and virtually devoid of complications. It can prevent further invasive diagnostic procedures in many patients as well as optimize the preoperative triage process for those patients who may require therapeutic intervention.

## **Patient Preparation**

Your physician and/or certified nurse midwife has ordered a sonohysterogram for you. The procedure is extremely well tolerated, with no pain in the overwhelming majority of patients, and minimal cramping in a very few. Nonetheless, we recommend that 20 minutes prior to your exam time you take 2 tablets (400mg total) of Ibuprofen (Advil or Motrin). If you are allergic to these medications you may use Extra Strength Tylenol (acetaminophen). There is no need for you to fill your bladder prior to this exam.

## **Insurance Coverage**

This procedure is fully recognized and reimbursed by most insurance providers including Medicare. Actual reimbursement amount will vary by insurance providers.

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Referring Physician

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Patient Name

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Appointment Date & Time

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