



Appointment Details:

NAME: _____

DATE: _____ DAY: _____

TIME: _____ COST: _____

DOCTOR: _____

COMMENTS: _____

ADDRESS: Insight+Ascot Radiology, Ascot Hospital, 90 Green Lane Road East, Remuera, Auckland

TEL: (09) 520 9550 ext 7090 (Nurse: Daniela or Allison)

EMAIL: nurse@ascotrad.co.nz

***Please note: Due to the significant time allowed for this procedure, and the number of staff involved, you will be charged 50% of the total examination fee if you cancel your appointment with less than 48 hours notice.**

Hysterosalpingogram (HSG):

Your doctor has referred you for a hysterosalpingogram (HSG) to evaluate the patency of your fallopian tubes.

HOW IS AN HSG PERFORMED?

At Insight+Ascot Radiology, HSGs are usually done under ultrasound guidance. A small catheter is introduced into the uterus and is held in place by inflating a small balloon. An ultrasound agent called EXEM foam is then introduced into the fallopian tubes via the catheter and is observed under ultrasound. The test shows if the uterine cavity is normal and if the fallopian tubes are open. Fibroids, scar tissue, or polyps in the uterus can also be identified.

When the small balloon is inflated, you may experience some mild cramping, similar to period pain. Please take some oral pain relief, such as Nurofen Plus, before the examination to help with this.

An HSG takes approximately 1 hour.

BEFORE AN HSG:

- Please have a light breakfast the morning of your examination. Eating lightly helps prevent the uterus and fallopian tubes being obscured by bowel gas.
- Take oral pain relief approximately 1 hour before the examination.
- Please empty your bladder just before the examination.

AFTER AN HSG:

- The radiologist will discuss your images with you before you leave the department, and a written report will be sent to your referring doctor.
- You could possibly experience some period-like cramps and some bleeding over the next few hours. This is not abnormal, so please treat it as you would period discomfort.
- **However, if the discomfort and bleeding persists beyond 24 hours, or you experience fevers and flu-like symptoms, please contact your GP, local A&E clinic or your specialist.**



Questionnaire & Consent

Patient details:

Questionnaire:

Menstrual Cycle:

- Are you within 10 -14 days of the beginning of your menstrual cycle? Yes ☐ No ☐
- If NO, what stage of your cycle are you? _____
- What is the normal length of your cycle? _____
- Are you still bleeding or spotting? Yes ☐ No ☐
- Pregnancy test required? Yes ☐ No ☐
- Is your cycle regular? Yes ☐ No ☐

Gynaecological History:

- Do you have a history of: Endometriosis? ☐ Adhesions? ☐ Pelvic infections? ☐

Obstetric History:

- If you are trying to get pregnant, how long have you been trying? _____
- Are you about to start IVF? Yes ☐ No ☐
- Have you had any ectopic pregnancies? Yes ☐ No ☐
- Gravida (number of pregnancies)? _____
- Parity (number of deliveries)? _____
- Types of deliveries (vaginal/caesarian)? _____
- Age of children? _____

Contraception:

- Type of contraception? _____
- When started? _____
- Tubal ligation check? (date): _____
- Tubal reanastomosis? (date): _____

General medical history:

- Do you have any allergies? Yes ☐ No ☐
- Do you have any other medical problems? Yes ☐ No ☐
- List all your current medications: _____

Consent:

I, _____ (PLEASE PRINT FULL NAME) consent to the above procedure and have had the risks associated explained to me.

Signed: _____ (PATIENT) Date: / /

Information confirmed by: _____ (RADIOLOGIST NAME)

_____ (RADIOLOGIST SIGNATURE)