Taichung Armed Forces General Hospital

Hysterosalpingography Information

This information sheet shall be kept by patient (or patient's family)

子宮輸卵管攝影檢查說明書

This information provides details about the benefits, risks, and alternative options for the medical procedure you are about to undergo. It can serve as supplementary information for your discussion with your physician. It is important to us that you fully understand what is described in this file, so please read it carefully. If you still have questions after your doctor has explained the examination to you, please discuss your questions sufficiently with your physician before you sign the form. Your physician will be happy to answer your questions. Let's work together for your health.

Introduction to hysterosalpingography

Hysterosalpingography (HSG) is an examination in which a contrast agent is injected into the uterus, and X-ray imaging is performed to observe the patency of the uterine cavity and fallopian tubes. The most suitable time for this examination is about 5 days after menstruation ends (or 8-10 days after menstruation begins).

Method of hysterosalpingography

1. The examination is typically performed about 5 days after menstruation ends. Before the procedure, please empty your bladder, change into an examination gown, and lie on the examination table. The position will be similar to that used during a gynecological checkup. The gynecologist will use a vaginal speculum to open the vagina, measure the direction and size of the uterus with a uterine probe, then insert a syringe for injection and remove the speculum.
2. Under fluoroscopic guidance, the gynecologist will inject the contrast agent at a proper rate, and the radiographer will take the X-ray images.
3. During the examination, you may feel a sensation of fullness in your lower abdomen. This is normal, so do not panic. If you experience any other discomfort, please inform the doctor immediately.
4. This procedure involves injecting the contrast agent into the uterus and fallopian tubes to assess their patency and diagnose any abnormalities in the uterus and fallopian tubes.

Benefits of the examination:

This examination helps identify congenital or acquired abnormalities in the uterus and fallopian tubes. Common congenital abnormalities include: Double uterus, bicornuate uterus, septate uterus, or absent uterus. Acquired abnormalities include: Uterine polyps, adhesions, fallopian tube obstruction, or hydrosalpinx, and so on.

Contraindications:

Pregnancy, ectopic pregnancy, pelvic inflammation, menstruation just ending or about to begin, and individuals allergic to contrast agents should avoid undergoing this examination.

Examination complications and possible management methods

Hysterosalpingography is considered a very safe examination, but there are some confirmed complications, with less than 1% of severe cases.

1. Infection: The most common issue with hysterosalpingography is pelvic infection. However, this typically occurs when there is already pre-existing disease in the fallopian tubes. Only a very small number of patients experience damage to the fallopian tubes or require removal due to infection. If there is persistent pain or fever, please inform your doctor within 1-2 days after the examination.
2. Immediately after or during the examination, you may experience general weakness, dizziness, fainting, or lightheadedness. However, these are rare.
3. Iodine allergic reaction: Rarely, patients may be allergic to iodine-based contrast agents. If you are allergic to iodine or seafood, please inform the doctor so a non-ionic contrast agent can be used instead. If you notice any rash, skin itching, or swelling, contact your doctor for appropriate management.
4. Spotting: Spotting usually happens within 1-2 days after hysterosalpingography. If you experience heavy bleeding, please notify your doctor.

Alternative options (Below are the alternative options to this procedure. If you decide not to undergo this procedure, please talk to your doctor about your decision)

This examination remains the most important method for checking the patency of the uterus and fallopian tubes. Other gynecological conditions may be examined using ultrasound, CT, or MRI as alternatives.

Note: If you wish to cancel the examination, please call the registration desk of the Radiology Department promptly at 04-23934191, extension 525415, to pass the opportunity of undergoing this examination to someone who needs it.

Taichung Armed Forces General Hospital
Hysterosalpingography Consent Form

(Please review the examination instructions carefully and wait for the physician to explain the examination to you before signing the consent form)

* Basic Information

Patient Name_____

Patient Date of Birth_____YYYY_____MM_____DD

Patient Medical Record No._____

Name of Attending Physician_____

I. Examination (procedure or treatment) planned (provide brief explanation if not familiar with the medical terms)

1. Disease name:

2. Name of examination (procedure or therapy) recommended:
Hysterosalpingography (HSG）
3. Reason for the recommended examination (procedure or therapy):

II. Physician statement

1. I have explained the examination (procedure or treatment) to the patient in ways as comprehensible as possible to provide the patient with the relevant information, particularly the following:

□ Reason why the examination (procedure or treatment) must be performed, method and site of the examination (procedure or treatment), and risks of the examination (procedure or treatment).

□ Examination (procedure or treatment) complications and possible management methods.

□ I have given the patient any other information available related to the treatment. 2. I have provided the patient with adequate time to ask the following questions about the examination (procedure or treatment) and I have answered the questions:

(1) .....

(2) .....

(3) .....

Signature of attending physician: Date: YYYY MMDD
Time: hh mm

III. Patient statement

1. The physician has explained to me and I have understood the information related to the necessity, steps, and risks of the examination.
2. The physician has explained to me and I have understood the possible prognosis of the examination and risks if the examination is not performed.
3. The doctor has explained to me that situations that are immediately life-threatening, if any, during the examination will be treated according to appropriate steps.
4. I understand that this examination may be the best option now.

Based on the above statement, I hereby give my consent to this examination.

Statement by woman of childbearing potential: The doctor has clearly informed me of the risks this examination may pose to a pregnant woman and the fetus.

Signature:_____

Consenter Signature: Relationship to patient

Address: Telephone:

Date: YYYY MM DD Time: hh mm

Witness: Signature:

Date: YYYY MM DD Time: hh mm

Notes:

I. If the consenter is not the patient, the relationship to the patient should be indicated in the "Relationship to patient" field.

II. The fields for the witness may be left blank if no witness is available.

III. If the patient is a minor, a legal representative should sign the consent form.

IV. Possible side effects or complications:

Hysterosalpingography is considered a very safe examination, but there are some confirmed complications, with less than 1% of severe cases.

1. Infection: The most common issue with hysterosalpingography is pelvic infection. However, this typically occurs when there is already pre-existing disease in the fallopian tubes. Only a very small number of patients experience damage to the fallopian tubes or require removal due to infection. If there is persistent pain or fever, please inform your doctor within 1-2 days after the examination.
2. Immediately after or during the examination, you may experience general weakness, dizziness, fainting, or lightheadedness. However, these are rare.
3. Iodine allergic reaction: Rarely, patients may be allergic to iodine-based contrast agents. If you are allergic to iodine or seafood, please inform the doctor so a non-ionic contrast agent can be used instead. If you notice any rash, skin itching, or swelling, contact your doctor for appropriate management.
4. Spotting: Spotting usually happens within 1-2 days after the examination. If you experience heavy bleeding, please notify your doctor.

V. Alternative options:

This examination remains the most important method for checking the patency of the uterus and fallopian tubes. Other gynecological conditions may be examined using ultrasound, CT, or MRI as alternatives.

Radiology Department of Taichung Armed Forces General Hospital Contrast Agent Injection Consent Form

Examinations involving the intravenous injection of a contrast agent utilize the contrast's effect on the area to be examined to enhance and improve the visibility of the organs or lesions under examination to reach a diagnosis. Conventional ionic iodine-based contrast agents may cause allergic reactions in a small number of patients (the incidence of allergic reactions is 10%). Symptoms include nausea, vomiting, skin rashes, itching, and in a few severe cases, shock or even sudden death (the reported mortality rate is approximately 1 in 100,000, according to international statistics). However, if you have any of the following conditions, you will have a significantly increased risk of allergy.

☐ 1. Heart, lung, and vascular diseases (impaired cardiac function, hypertension, arteriosclerosis and emphysema).

☐ 2. Cirrhosis, liver dysfunction.

☐ 3. Kidney dysfunction, uremia.

☐ 4. Asthma.

☐ 5. Diabetes mellitus for five years or longer.

☐ 6. History of allergies (including reactions caused by the injection of iodine-based contrast agents, and allergies to food, other medications, pollen, or other allergens).

☐ 7. A senior age with poor physical condition (72 years or above).

☐ 8. A young age (infants or small children of 2 years or younger).

☐ 9. Critical illness. If you have any of the above conditions, please indicate a ˇ in the corresponding ☐

Signature of patient or family:_____

If the patient is a minor, a legal representative should sign the consent form.

※Please read these instructions before deciding to sign the examination consent form※

Date: YYYY MM DD Time: hh mm

Radiology Department of Taichung Armed Forces General Hospital

Pre-Contrast Injection Risk Assessment Form

Name:_____

ID No.:_____

Date of birth:____YYYY_MM__DD

※ **Please read the following questions first and complete the known ones. The remaining questions will be completed by the physician in the examination room.**

Have you ever had a history of allergies in the past? Allergy

☐ None
☐ Previous allergy to a contrast agent injected, and the type of allergy is:_____
☐ Allergy to food, drug or others, and the type is:_____
☐ Unknown

Contraindication

☐ None
☐ Severe hyperthyroidism
☐ Severe de-compensated heart failure
☐ Severe hepato-renal dysfunction
☐ Oliguria or anuria

Assessment of high risk conditions

☐ None
☐ Asthma, allergy constitution
☐ Renal dysfunction
☐ Cardiovascular disease
☐ Pulmonary hypertension
☐ Cerebral disease
☐ Thyroid disease
☐ Pheochromocytoma
☐ On metformin for diabetes mellitus

Cre values in last three months:_____(mg/dL)___

Evaluation physician:_____ Date: YYYY MM hh mm