WHAT IS A HY-CO-SY PROCEDURE?

Hysterosalpingo-contrast-sonography (usually shortened to Hy-Co-Sy) is a simple and well-tolerated outpatient Transvaginal ultrasound procedure used to assess the patency of the fallopian tubes, as well as detect abnormalities of the uterus and ovaries.

The test requires the use of a contrast agent to visualise the patency of the fallopian tubes. The doctor will be looking for problems such as endometrial polyps, sub mucous fibroids, congenital uterine abnormalities (such as uterine septum). The Hy-Co-Sy procedure also allows concurrent ultrasound review of the remaining pelvis, such as ovaries.

WHY WOULD I NEED A HY-CO-SY ?

- A woman to be referred for a Hy-Co-Sy procedure to confirm the status of the fallopian tubes which is the site for natural fertilization.
- Occluded (blocked) fallopian is seen in 30% of female infertility cases
- Tubal occlusion can occur due to a number of conditions like previous pelvic infection (most commonly caused by Tuberculosis), severe endometriosis, previous appendicitis and pelvic adhesions.
- A normal fallopian tube is not seen with regular ultrasound. Even if the fallopian tube is blocked, it may still be difficult to see on regular ultrasound unless it is also filled with fluid (forming what is known as a hydrosalpinx). This is why a special test using a contrast agent is needed, as it helps the doctor to visualise the fallopian tubes and assess whether they are patent (working).

WHAT ARE THE RISKS OF HY-CO-SY?

• Hy-Co-Sy is a safe and well-tolerated procedure for the assessment of tubal patency has no greater risk than other procedure for tubal assessment.

• Mild pelvic discomfort or infection (in rare cases) may occur requiring antibiotics and further treatment. You should contact either your referring doctor or our clinic immediately if you have the following symptoms:

- o Persistent or foul-smelling vaginal discharge
- o Increasing lower abdominal pain
- o Unexplained fever
- o Generally unwell

HOW IS HY-CO-SY PERFORMED?

• A base line transvaginal ultrasound will be performed prior to the Hy-Co-Sy examination.

• A Vaginal speculum is gently inserted into the vagina to visualise the cervix.

• The cervix cleaned with an antiseptic solution to decrease the risk of infection.

• A Hy-Co-Sy injector connected to syringe filled with contrast material is passed through the cervix into your uterus. Inserting this intrauterine catheter does not usually cause discomfort.

• A tiny balloon at the tip of the catheter is slowly inflated with saline – this is necessary to stop fluid leaking back out through the cervix during the test. The speculum is then removed with the catheter remaining inside the uterus.

• A Transvaginal ultrasound scan is performed as a small amount of contrast material (combination of ExEm gel, purified water, and lignocaine) is injected into the uterus through the tube and observed as it flows through the open Fallopian tubes.

• The fluid injected distends the endometrial cavity, allowing assessment of the contour and shape of the cavity.

• The doctor will be looking at both fallopian tubes, to see if the tubes are patent. If the contrast can be seen flowing through each tube, and spilling out the end of the tube into the area around the ovaries, the tubes are patent.





HOW DOES A HY-CO-SY COMPARE TO THE TRADITIONAL HYSTEROSALPINGOGRAM (HSG)?

• A hysterosalpingogram (HSG) is performed using radio contrast dye and X-ray. Hy-Co-Sy does not use radiation or ionising contrast material and

• Hy-co-Sy is less time consuming and patient friendly first line tubal patency test that can be performed in outpatient clinic setting.

• Many women find Hy-Co-Sy less painful than HSG

• At a single seating we may look at the details of pelvic anatomy, endometrial cavity (saline infusion sonohysterography) and patency of the fallopian tube hence considered as "One Stop Shop" approach(SIS + HyCoSy/HyFoSy).

• Small lesions in the endometrial cavity such as polyps may be better demonstrated with Hy-Co-Sy.

• Hy-Co-Sy can assess sub mucous fibroids protruding into the endometrial cavity for intramural components thus assisting plans for surgical removal.

• Congenital uterine abnormalities may be better assessed with Hy-Co-Sy as the external contour of the uterus is viewed on ultrasound but not on X-ray. This can help define the exact type of congenital uterine abnormality.

• HSG may misinterpret normal physiological transient tubal spam as block where as HyCoSy being a real time procedure may solve this issue.

• No risk of contrast reaction, like anaphylaxis, contrast induced nephropathy etc., which is associated with Hystero salpingo sonography (HSG).

HOW DO I PREPARE FOR A HYCOSY?

• The best time to perform a Hy-Co-Sy is just after your period has finished, approximately day 7 to day 10 of a regular 28-day (monthly) menstrual cycle (the first day of your period is counted as day 1).

• You need to take the scan appointment on day1 of you period.

• You need to take 2 tablets Ducolux and Festal N on the night prior to the procedure after dinner to prevent any gas shadows. Full bladder is not required for scan.

• On the day of scan you need to report to the Ultrasound department one hour before procedure.

• To minimise crampy discomfort or pain we administer anti-inflammatory agents like Injection Drotaverine 40mg /2ml + Inj Diclofenac Sodium 75mg intramuscular 45 min before the procedure by an appointed nurse. You will be required to purchase these injections from the Care pharmacy

• To reduce chance of infection you will be given a post procedure prescription that includes antibiotics, lactobacillus and pain killer medication.

• Please arrange for a family member to accompany you home post procedure. • You will be fit and fine the very next

COMPLEXITIES TO BE PREPARED FOR:

Sometimes there may be situation where it is technically difficult to demonstrate the entire tube or spillage on one or both sides, hence we may recall the patients. This may be due to:

 \boxtimes The procedure may be difficult or inconclusive in case of pelvic adhesions or tortuous course of the tubes.

 \boxtimes The procedure may be abandoned if there is active bleed, signs of infection or where we see blocked tube filled with fluid (hydrosalpinx).

 \boxtimes Spasm of the uterus at the opening of the fallopian tubes, which temporarily prevents the flow of contrast from the uterus into the tube

☑ Permanent tubal occlusion, secondary to an underlying problem such as pelvic adhesions

☑ Technical factors may hinder visibility during the ultrasound, such as uterine fibroids, smorbid obesity, and bowel gas shadows in the pelvis.

Services

- Pre Conception Counseling
- Infertility Workup
- IUI Or Intra Uterine Insemination
- IVF Or In Vitro Fertilization
- ICSI Or Intra Cytoplasmic Sperm Injection
- Oocyte Donation And Egg Sharing Programs
- Surrogacy
- Embryo Freezing And Oocyte Freezing
- Cryo-Preserved Semen Bank
- Andrology Clinic
- TESA And PESA
- Basic And Advanced Endoscopic Surgery
- Hormone Analysis
- Genetic Counseling
- Pre Implantation Genetic Diagnosis (PGD)
- Pre Implantation Genetic Diagnosis (PGS)
- Recurrent Miscarriage Clinic
- Nutrition Clinic
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- Care Ultrasound and Fetal Medicine

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Hy-Co-Sy



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