Patient Information Sheet - Tests for Tubal Patency

Tubal patency testing is an important investigation for subfertility as open fallopian tubes are essential for natural conception and for some forms of assisted conception such as intrauterine insemination.

The first line investigation to see if the fallopian tubes are open is either

- HyCoSy (Hysteros-Contrast-Salpingography)
- HSG (Hysterosalpingogram)

A HyCoSy is performed with the aid of ultrasound and can be performed in an ‘office’ type setting whereas the HSG is performed as a type of X-Ray and must be done in a radiology department. Both tests need to be performed between days 5 and 14 of the cycle (if the cycle is regular every 28 days) and women can still try and conceive during the month of the test.

*The test can be done later in the cycle as long as the couple have refrained from intercourse following the first day of the woman’s menstrual cycle.

All women are advised to take some analgesia in the form of either 1g Paracetamol or 400mg Brufen/Nurofen 30mins prior to the procedure.

HyCoSy

A HyCoSy will also provide information about the uterus and ovaries as well as the patency of the fallopian tubes.

A trans-vaginal ultrasound is performed initially to assess the pelvis. The cervix is then visualised and a catheter is passed through the cervical canal into the uterine cavity. An echogenic substance (ExFoam), specifically designed for the procedure, is reconstituted and injected into the uterine cavity through the catheter. A trans-vaginal ultrasound is performed to observe the flow of the ExFoam along both tubes and spill into the pelvic cavity.

If flow and spill of ExFoam is seen then the tubes are definitely open. However, if fill is not seen, this can be secondary to tubal spasm and further investigations would include an operative procedure in the form of a laparoscopy.
HSG

A HSG is performed in the radiology department. The cervix is visualised and a catheter is inserted through the cervical canal in order to inject radio opaque fluid into the cavity. Pictures are taken at different stages: filling of the cavity, filling of the tubes, spill of fluid from the tubes and spill into the pelvic cavity.
Images are obtained that provide information about the tubes and the shape of the uterine cavity.

If fill of the tubes is not seen, this can be secondary to tubal spasm and further investigations would include an operative procedure in the form of a laparoscopy. If there is only partial fill or no spill or ballooning of the tubes then a laparoscopy would also be recommended. If there appears to be a problem in the uterine cavity then a hysteroscopy may be recommended with or without a laparoscopy.

Both procedures are associated with a low risk of infection (<1%) and antibiotic cover is usually provided for 3 days. Women can experience some cramping whilst the procedure is being performed which settles within a few hours after. Women may also experience some spotting after the procedure.