

CONSENT FORM FOR A HYSTEOSALPINGOGRAM

A hysterosalpingogram is an x-ray procedure that is performed to examine the uterine cavity and to determine whether the fallopian tubes are open. This procedure is commonly performed to identify potential causes of infertility.

PROCEDURE

First, a pelvic examination is performed and a speculum is inserted into the vagina to visualize the cervix. An instrument is attached to the cervix and then a small tube is placed in the outer opening of the cervix. Through this tube an iodine containing solution is injected into the uterine cavity. The progress of the injected solution into the uterine cavity and the fallopian tubes is followed by viewing a television monitor. Generally, the test is completed within 4-5 minutes. The test can be associated with lower abdominal cramping that subsides after the test is completed.

COMPLICATIONS

The complication rate from this procedure is less than 2%. Some of the complications include the following:

1. **Pelvic infection** - The performance of this test can result in an infection that could produce lower abdominal pain and fever that develop within a few days following completion of the procedure. A consequence of this infection may be scarred fallopian tubes and infertility. Infections are more likely to occur in women who have already had a previous pelvic infection and/or damaged tubes. If an infection develops, hospitalization with IV antibiotics and, potentially, surgery may be indicated.
2. **Allergic reaction** - The contrast media that is used during the procedure can cause an allergic reaction.

Please notify your physician if you have any of the following:

- i. A previous allergic reaction following the injection of contrast media used during a radiological procedure [i.e. Cat (CT) scan, MRI, intravenous pyelogram (IVP)]
 - ii. Severe or multiple food allergies
 - iii. Moderate-severe asthma.
3. **Exposure of potential pregnancy** - Despite your perception of a normal menstrual period, there is always the possibility of a potential pregnancy. If your last menstrual period was abnormal, either delayed or lighter, you should notify your physician.

INSTRUCTIONS FOLLOWING THE TEST

Following the completion of the test you can return to your normal routine. If you develop any fever, chills, severe abdominal pain or heavy vaginal bleeding, you should contact the physician immediately. If you should have any difficulty in contacting your physician you should proceed to the emergency department of your nearest hospital.

ACKNOWLEDGEMENT OF INFORMED CONSENT AND AUTHORIZATION

I acknowledge that I have read and understand this written material. I understand the purpose, risks and benefits of this procedure. I am aware that there may be other risks and complications not discussed that may occur. I also understand that during the course of the procedure, unforeseen conditions may be revealed requiring the performance of additional procedures. I also understand that technical problems with the instrumentation may prevent the completion of the procedure. I acknowledge that no guarantees or promises have been made to me concerning the results of this procedure or any treatment that may be required as a result of this procedure. This procedure has been explained to me in language that I understand. **I have been given the opportunity to ask questions which have been answered to my satisfaction.** I have also considered other options and alternatives. **I consent to the performance of the procedure described above.**

Signature of Patient

Signature of Physician

Printed Name

Date of Birth

Date