



Fluoroscopy Protocols
Hysterosalpingogram
Fluoro Time Target Limit-1.5 minutes

Scheduling and Prep

** Patient must be within the 10-day rule. No more than 10 days into their menstrual cycle, including the first day of bleeding as day one. The patient must be finished with menstrual flow. For special circumstances, review the “special scenarios” list or consult the on-site Radiologist.

**The patient must not have an IUD in place.

Sterile Tray:

**Sterile field drape, 1- 4x4, 1- 20cc syringe, 1- blunt needle or spike
1-speculum (appropriate size for patient), sterile gloves
1-HSG catheter (5F = 1.67mm, or 7F = 2.30mm)
Speculum light, lubricant, Omnipaque 300, lead strip
Anatomical side marker

Room Prep:

*Position an anatomical side marker on the image intensifier
*13mm Tablet-if your machine does not have measuring capabilities built in
*Remove table pad
*Table must be set up with stirrups or equivalent.
*Spread a sheet on the table and supply a pillow for the patient’s head. Have another sheet Available for the patient’s lap.

Procedure:

1. Position the patient lying supine with her knees bent to place the buttocks close to the end of the table. Feet on stirrups
2. Draw up the contrast, using sterile technique. Flush all air from HSG catheter tubing.
3. Test inflate the balloon to prime, ensure filling and to ensure deflation
4. Position light into the handle of the speculum
5. Gently insert lubricated speculum into vagina
6. Insert catheter into cervix (just past the balloon)
7. Gently inflate the balloon and clamp tubing
* In most cases, the speculum can now be removed around the catheter.
8. From the head of table, slide the patient up, by gently pulling on the sheet. This will allow the patient to straighten out her legs.

9. Bring the Fluoro tower into position. Place lead strip between tabletop and syringe in the Technologist's hand. This will protect you from radiation exposure to your hand.

Spot Images

1. AP Scout- **SAVED IMAGE-NOT EXPOSURE**. Ensure that the anatomical side marker is visible and not superimposing any of the reproductive anatomy.
** Begin gently injecting contrast.
 2. AP image of contrast filled uterine cavity with fallopian tubes partially filled- this image should demonstrate the proximal end of both fallopian tubes. Using your trained judgement, the fallopian tubes may not fill at the same rate and more than one image may need to be taken to capture this anatomy.
 3. AP image showing contrast spill from tubes (this may take more than one image to avoid overlap of contrast across the midline)
 4. Right Oblique, while injecting to ensure fallopian tubes are full of contrast
 5. Left Oblique, while injecting to ensure fallopian tubes are full of contrast
- ** If catheter/ balloon obscures the cervix, deflate the balloon while still injecting and Simultaneously removing the catheter. Obtain an image of the cervix full of contrast with the catheter out of the way
***This image is usually best obtained in the oblique position. You can determine this while performing the oblique images.**
- Remove the catheter completely. Gently remove the speculum (if not already removed Earlier in the exam).
 - Label images with the appropriate markers. (Scout, Push-Up, Pull-Down etc.) Ensure Right or Left marker is on each image.
 - *After the exam is performed, QC your images. Ensure that an anatomical side marker is present on all images, that the images are flipped correctly, sufficient collimation is used.

See below if the patient has an **ESSURE devise.**

“Essure Permanent Birth Control Essure is a permanently implanted birth control device for women (female sterilization). On December 31, 2018, Bayer stopped selling and distributing the Essure device in the United States. Health care providers could implant Essure up to one year from the date the device was purchased. Starting in September 2019, Bayer informed their customers that all Essure units that had not been implanted should be returned to Bayer by the end of 2019. Health care providers and facilities that purchased Essure units from Bayer in the past were contacted by Bayer about how to return unused Essure units.”

Hysterosalpingogram for ESSURE Evaluation

Fluoro Time Limit Target – 1.5 minutes

- See ESSURE U.S. Physician Training Manual TR-0679 01. Dec.03-101
- *Place a 13mm barium tablet marker on the underside of the Fluoro tower so that it is visible on all images, without obscuring any anatomy.

Scheduling and Prep

** This exam is typically scheduled after a minimum of 3 months following the placement of the Essure device. This time frame should allow scarring of the inside of the fallopian tubes to effectively occlude them.

** Patient must be within the 10- day rule of her menstrual cycle. No more than 10 days into their menstrual cycle, including the first day of bleeding as day one, and must be finished with menstrual flow.

**For special circumstances, consult “Special Scenario” list or the on-site Radiologist.

Sterile Tray:

Sterile field drape, 1- 4x4, 1-20cc syringe, 1-safety medic pin, 1-speculum (Appropriate size for patient), 1-HSG catheter (5F = 1.67mm, or 7F = 2.30mm)

Other Supplies:

Lubricant, Omnipaque 300, sterile gloves, lead strip, speculum light, 13mm tablet marker on the Fluoro tower

Room Prep:

Table must be set up with stirrups or equivalent. Spread a sheet on the table and supply a pillow for the patient’s head. Have another sheet available for the patient’s lap.

Procedure:

1. Position the patient lying supine with her knees bent to place the patient’s buttocks close to the end of the table.

2. Draw up contrast, using sterile technique. Flush all air from HSG catheter tubing.

3. Position light into the handle of the speculum

4. Insert lubricated speculum into vagina

5. Insert catheter into cervix (just past the balloon)

6. Gently inflate the balloon and clamp

** In most cases, the speculum can now be removed around the catheter.

7. From the head of table, slide the patient up so they are able to straighten their legs.

8. Bring Fluoro tower across. Place lead strip between tabletop and syringe in the technologist's hand.

Spot Images

1. SCOUT - Capture a saved image of the pelvis, immediately prior to infusion of contrast into the uterine cavity. The ESSURE micro-inserts should be clearly seen. The lie and curvature of the micro-inserts should be visualized.

*No minimal fill image is necessary

2. Partial Fill of Uterine Cavity- Capture an image of the uterus when it is nearly full of contrast or opacified.

3. Total Fill of Uterine Cavity- Capture an image of the uterus when the cavity is completely filled to patient tolerance or maximal distension of cornua has been achieved whichever comes first.

4&5. Magnifications of the Uterine Cornua-Obliques- Once the

uterine cornua are filled to maximum distension, views of both right and left cornua should be obtained, highlighting the position of the micro-insert in reference to the uterine cornua.

** These are the minimum images needed to demonstrate the proper anatomy for this exam. When deemed necessary, more images may be taken to demonstrate pathology or for other reasons. Take great care to minimize exposure to the patient and the imaging team.



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