Fluoroscopy Protocols

**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 devise. 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 or blunt needle, 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 feet supported and 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. Inflate the balloon to test and to prime.
3. Position light into the handle of the speculum
4. Insert lubricated speculum into vagina
5. Insert catheter into cervix (just past the deflated 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 that they are able to straighten their legs.
8. Bring Fluoro tower across. Place lead strip between table top and syringe in the technologist’s hand.

**Spot Images**

1. SCOUT - Capture an 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.

   **Care should be taken to use a “low pressure injection” when filling the uterus to prevent disturbing the Essure devises.
6. Deflate the balloon and gently remove the catheter and speculum.
7. Supply the patient with a sanitary napkin and discuss possible bleeding and Discharge.

**Since the radiologist may obtain measurements in their dictation, the size of catheter must be noted. (5F = 1.67mm, 7F = 2.3mm) or 13mm tablet- in view

** 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 diagnosing reasons. Care should be taken to minimize patient and technologist exposure.

** Following the procedure, the patient should be instructed to continue using birth control methods approved by their referring physician until they are instructed otherwise.

Reviewed and Revised February 13, 2018