HSG Training for Schedulers

There are a lot of confusing issues that have been coming up when scheduling HSG’s. A lot of them are due to many changes that we have been seeing with the many new fertility devices and treatment regimens that have come on the scene in recent years. The ones we see most commonly are the ADIANA, ESSURE and the NOVASURE or ablation, Nuva Ring, and the Depo-Provera birth control injections.

Our aim is to assist you to sort through some of the most common scenarios and to help you know when it is appropriate to call for assistance.

We do want to assist you with information about the HSG exam and help you with some questions to ask the patients when scheduling them.

The main contraindications for performing the HSG are:

1) Pregnancy  2) Menstruation  3) Infection

1) To ensure non-pregnancy, we need some kind of proof. The 10 day rule is the best way to ensure this because there should be no ovulation before the 10th day. 2) This rule also should rule out menstruation because it states that they should be finished with their flow. This only gives the patient a small window to schedule the exam. Most people who are trying to get pregnant should be able to fit into this rule. Of course there are many different scenarios that will need to be addressed in order to schedule those who do not fit the 10 day rule. 3) If the patient has an active vaginal or pelvic infection, refer them to their doctor for treatment before scheduling the HSG exam.
There are many different scenarios and we cannot list them all, if you come across any others that do not fit into the following situations, please do not hesitate to call the Fluoro tech at the site that the exam will be performed. They may need ask the Radiologist at their site how to proceed.

**Please ask the patient to refrain from intercourse from day 1 of their cycle Until after their HSG exam.**

**If the patient has already had intercourse during the current cycle, tell her To refrain from this point until after the exam and go ahead and schedule The exam.

**Common scenarios when scheduling HSG’s**

1) Patient is trying to get scheduled on day 11 or 12 or 13 ECT...
   **Solution:** Schedule them for next cycle within the 10 day rule.

2) Patient is unsure of their last period date
   **Solution:** Have them wait until their next cycle and call us back on the first day that they start to be scheduled within the 10 day rule.

3) Patient has not had a period for many months.
   **Solution:** Have the patient get a SERUM pregnancy test, through their Referring doctor’s office, perform HSG the exam the next day after negative results are obtained.

4) Patient never really stops bleeding.
   **Solution:** Have them wait until a very light flow day and come on in for a urine pregnancy test. If it is negative, we will perform the HSG exam.

5) Patient routinely has a very long cycle which is over 10 days.
   **Solution:** Have them schedule for the first day that they are finished with their cycle, we will do a urine pregnancy test at the ARA clinic.

6) Patient is not on birth control after an ESSURE, ADIANA or Novasure procedure.
   **Solution:** Urine pregnancy test in the ARA clinic. Have them arrive 30 minutes early.

7) Patient has light spotting on day 9 or 10.
   **Solution:** Light spotting is ok, heavy bleeding is not. Refer to #5.
8) Patient cannot fit into the 10 day rule due to no cycle but is on birth control pills, up-to-date on the Depo-Provera shot (every 90 days) or has a same sex partner; but has not yet had an IVF procedure.
   **Solution:** Try to fit them into the 10 day rule first. These patients should be allowed to have the HSG. We will perform a urine pregnancy test at the clinic.

9) Patient is sent from Dr. Silverberg, Vaughn, Hansard’s office (fertility Dr’s) and they are outside the 10 day rule. The referring Dr’s insist on us doing them to fit their IVF schedule.
   **Solution:** Urine pregnancy test at the ARA clinic. Have the patient arrive 30 minutes early.

Reviewed April 1, 2019

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