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, and the patient must be finished with menstrual flow. For special circumstances, review the “special scenarios” list or consult the on-site Radiologist.**

**Sterile Tray:**

**Sterile field drape, 1- 4x4, 1- 20cc syringe, 1- blunt needle, 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 patient’s 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 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, with sheet, so they are able to straighten their legs.
9. Bring the Fluoro tower across. Place lead strip between table top and syringe in the Technologist’s Hand.

**Spot Images**

1. AP Scout - 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.

   • 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. A 13mm tablet should be in view on all images if your equipment does not have built-in measuring capabilities.

*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.

** 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. Care should be taken to minimize exposure to the patient and the imaging team.

Reviewed and Revised April 1, 2019