

## What is a sonosalpingography?

It is an ultrasound exam to test if the tubes are blocked, which is an important cause of infertility, affecting nearly 30% of infertile couples. The fallopian tubes are next to the ovaries (left and right) and connected to the uterus. Patent (open) tubes will allow the meeting of female (egg) and male (sperm) gametes, fertilisation, and the formation of an embryo that will be transported into the uterine cavity. When tubes are blocked, the meeting of the gametes are compromised, affecting the possibility of conceiving a baby without medical assisted reproduction.

## Why should I undergo this exam?

Evaluation of tubal patency is indicated in infertile patients as part of routine evaluation workup, allowing for the diagnosis of tubal occlusion.

## How is sonosalpingography performed?

This exam is performed with an ultrasound vaginal probe and lasts a few minutes. A liquid (normal saline) is slowly instilled into the uterus to visualize the tubes and evaluate their patency. Before ultrasound exploration, a gynecological examination with speculum is performed to insert a very thin tube (catheter) into the uterus. This catheter is removed right after the exam.

## When should I undergo this exam?

This exam is usually performed in the first phase of the menstrual cycle before ovulation occurs.

## Is the exam painful?

It is usually a painless exam, although it can cause some discomfort during the instillation of saline into the uterus.

## What should I expect from the results of the exam?

There are three possible results from this exam:

- 1) bilateral patent tubes, which means both tubes are normal.
- 2) unilateral tubal occlusion, which means one of the tubes is blocked and the other is normal.
- 3) bilateral tubal occlusion, which means both tubes are blocked.

Note that the exam may be deferred if one of the following conditions are identified: hydrosalpinx, acute pelvic inflammatory disease (PID), ovarian tumor. Hydrosalpinx and PID are tubal pathologies.

## **What causes tubal occlusion?**

Tubal pathology may be a consequence of previous infections, endometriosis, and abdominal inflammatory processes (e.g., previous abdominal surgery).

## **Is it possible to achieve a pregnancy when tubes are blocked?**

If both tubes are blocked, it is unlikely to achieve a spontaneous pregnancy (i.e., without medical assisted reproduction). However, tubal occlusion has a good prognosis when in vitro fertilisation (IVF) is offered to the patients. During IVF treatments, female (egg) and male (sperm) gametes are collected and fertilised in the laboratory (not in the tubes) and then the embryo is transferred into the uterine cavity.

## **What other questions should I ask?**

- Are other malformations present?
- What genetic testing is available?
- How often will I have ultrasound examinations done?
- Is surgery during pregnancy an option?
- Where is surgery after pregnancy available for the baby?
- What is the recommended method of delivery for my case?
- Where should I deliver?
- Where will the baby receive the best care after delivery?
- Can I meet in advance the team of doctors that will be looking after my baby following delivery?

*Last updated July 2023*