

Sonosalpingography

Patient Information Series – What you should know, what you should ask.

This leaflet is to help you understand what the sonosalpingography test is and why you may need it, and what you should expect from the results of the exam.

What is a sonosalpingography?

Sonosalpingography is an ultrasound exam to test if the fallopian 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, fertilization, and the formation of an embryo that will be transported into the uterine cavity. When tubes are blocked, the meeting of the gametes is compromised, affecting the possibility of conceiving a baby without medically 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 (blockage).

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 (a condition where there is fluid in your fallopian tubes), acute pelvic inflammatory disease (PID), ovarian tumor. Hydrosalpinx and PID are tubal pathologies.

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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 medically assisted reproduction). However, tubal occlusion has a good prognosis when in vitro fertilization (IVF) is offered to the patients. During IVF treatments, female (egg) and male (sperm) gametes are collected and fertilized in the laboratory (not in the tubes) and then the embryo is transferred into the uterine cavity.

What other questions should I ask?

- Is any special preparation necessary prior to the examination?
- Do I need to bring an accompanying person with me?
- What can I expect to feel following the examination?
- Can I return to regular activities immediately following the examination?
- When will I receive the examination results?
- Are other tests available to check for tubal patency?

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