What is saline infusion sonohysterography (SHG)?
Saline infusion sonohysterography (SHG or SIS) consists of imaging the uterus and uterine cavity using ultrasonography while sterile saline is instilled into the uterine cavity. The purpose of sonohysterography is to detect abnormalities of the uterus and endometrial (uterine lining) cavity.

Why is SHG performed?
The usual reasons for doing an SHG are abnormal uterine bleeding, infertility, recurrent spontaneous miscarriage, congenital abnormalities of the uterus, preoperative and postoperative evaluation of the uterine cavity, suspected intrauterine adhesions (synechiae or scar tissue), and further evaluation of uterine abnormalities found during routine ultrasonography. SHG should not be performed in women who are pregnant or who are suspected to be pregnant. SHG should also not be performed in women with an active pelvic infection.

How is SHG performed?
SHG is usually performed in the first part of the menstrual cycle after menstruation. The procedure begins with a transvaginal ultrasound examination.

After this is completed, a narrow catheter is placed vaginally through the cervix into the uterine cavity, and the ultrasound examination is continued while sterile saline is instilled into the uterine cavity. The saline solution helps outline the uterine cavity to show abnormalities such as endometrial polyps and intracavitary fibroids.

What are the risks and complications?
An SHG is a very safe procedure. It may cause cramping, spotting and vaginal discharge. Some women experience cramping for several hours. The most common serious complication with SHG is pelvic infection; however, this occurs less than 1% of the time and usually occurs when a woman also has a disease of the fallopian tubes. You should call your doctor if you experience pain or fever one or two days after the SHG. Some doctors prescribe pain medication and/or antibiotics before the procedure.

Revised 2012

For more information on this and other reproductive health topics visit www.ReproductiveFacts.org

Images of sonohysterography. The uterine wall and saline in the uterine cavity are seen as black or “empty” space. A fibroid (benign tumor) is seen in the uterine cavity in the image on the right.
SONOHYSTEROGRAM (SHG)

A sonohysterogram is a special “water ultrasound” done here at our office to specifically evaluate the inner cavity of the uterus.

The procedure is performed on Cycle Days 4-10, or anytime during your cycle if you are on birth control pills or Depo-Lupron.

If possible, please start the antibiotic (Doxycycline) at the beginning of the cycle in which the SHG is being done; otherwise begin on the day of the SHG (if you are on birth control pills or Depo-Lupron, you can begin the medication one week before your scheduled appointment or as instructed). Remember to complete the full course of medication.

Why is this test done? This test is performed to further assess the inner cavity of your uterus to look specifically for any intrauterine filling defects.

Please advise us if you would like additional pain medication or an anesthetic. This procedure can range from no pain to mildly uncomfortable (like a cramping sensation) to being very uncomfortable for some patients. We advise patients to take 2 Advil or up to 800 mg of Ibuprofen 1 hour before the procedure.

Upon request, additional narcotic medication is available to you by prescription (Vicodin 1-2 tablets, which you may fill if desired). This medication should be taken one hour before your scheduled appointment.

SOMEONE WILL HAVE TO DRIVE YOU IF YOU DECIDE TO TAKE VICODIN.

Also available is a paracervical block. This is an anesthetic placed at your cervix to numb the area. There is an additional charge for this and you should let us know in advance if possible that you wish to receive a paracervical block.