



FERTILITY CENTER

*Pathway to Parenthood*

*Brian Acacio, M.D. & Joel Batzofin, M.D.*

**Laguna Niguel Office**

27882 Forbes Road Suite #200 Laguna Niguel, CA 92677

Tel (949) 249-9200 Fax (949) 249-9203

## **FLUID ULTRASOUND or HYDROSONOGRAPHY**

**Hydrosonography** involves saline injection into the endometrial (uterine) cavity and simultaneous transvaginal sonography to visualize the endometrial cavity. Hydrosonography is a useful screening test and provides information about the presence of pathological lesions in endometrial cavity (i.e. fibroids, polyps, adhesions, and congenital anomalies). It can also provide limited information about tubal patency. Fluid in the cul-de-sac during the procedure suggests tubal patency, but whether one or both tubes are patent cannot be determined. For lesions inside the uterine cavity, it should be regarded as a screening procedure. This means that if the test shows the cavity is normal, it is reliable, and the patient may proceed with her planned fertility treatment (i.e. IUI or IVF). On the other hand, if the test shows the presence of a lesion, it will likely be necessary to follow up this screening test with a hysteroscopy (telescope placed into the uterus) to both accurately define the lesion and also to remove/treat the lesion prior to the planned treatment.

The biggest advantage of a fluid ultrasound is that it allows the operator to accurately determine the position of the uterus and the ease of passage of the catheter. It would be inappropriate to encounter difficulties in passage of the cervical canal for the first time during the actual embryo transfer procedure. For this reason above all others, it is preferable that the person who will actually do the embryo transfer, should be the one to do the fluid ultrasound. Other advantages of hydrosonography include low infection risk, easy tolerability, immediate results and the lack of need for anesthesia. Patients are able to return to work the same day and may experience mild cramping and or spotting on that day. Any more significant problems – e.g. fever, pain, heavy bleeding, should be immediately reported.

The best time to perform the test is in the week after the period ends. In this way, we are assured that the person is not pregnant and also the endometrial lining is relatively thin and therefore less likely to obscure lesions if they are present. A disadvantage is the lack of comprehensive evaluation of fallopian tubes. A relatively new instrument, however, allows a tubal evaluation as part of the procedure. The instrument is called FemVue, and it works by tracking the presence of air bubbles as they course through the fallopian tubes. Another disadvantage is the need for a second procedure such as hysteroscopy if an intracavitary lesion is suspected. Some doctors prefer to go straight to a hysteroscopy procedure on the basis that it is more accurate and if a lesion is present, it can be immediately treated and removed. The average cost of a hydrosonography ranges from \$750-1000, including the office visit.

*\*This handout is intended as an aid to provide patients with general information. As science is rapidly evolving, some new information may not be presented here. It is not intended to replace or define evaluation and treatment by a physician.*