

Reproductive Facts

Patient fact sheet developed by the American Society for Reproductive Medicine



Evaluation of the Uterus

If you haven't been able to get pregnant **after trying for 6 months**, some tests can be done to help find the reason.

Your doctor may test:

- your hormone levels,
- your partner's sperm,
- and your reproductive organs (ovaries, fallopian tubes, and uterus [womb]).

During an exam of your uterus, your doctor will look for anything that could prevent the fertilized egg (embryo) from implanting (attaching to the uterine lining) and growing.

There are many ways for your doctor to look at your uterus.

How will the doctor examine my uterus?

Vaginal Ultrasound.

A vaginal ultrasound uses a probe that is placed in the vagina. The probe uses sound waves and a computer to generate very accurate images of the uterus and ovaries to help with the detection of abnormalities or problems that can make it more difficult to get pregnant.

Sonohysterogram (Saline Infusion Sonogram).

This test is a special type of vaginal ultrasound. During this test, a small amount of sterile water is placed in your uterus through the cervix through a tiny plastic tube. It allows your doctor to see how the space inside of the uterus (cavity) is shaped. Abnormalities such as polyps, fibroids, intrauterine adhesions, and a uterine septum are easily seen. This is a quick procedure that is usually done in the doctor's office.

Hysterosalpingogram (HSG).

This test can give information about the fallopian tubes and the inside of the uterus. A small amount of a special dye (that appears white on an X-ray) is placed into your uterus through the cervix. While the dye is being injected, an X-ray is taken to show the path of the dye through the uterus and fallopian tubes. This test allows the doctor to see the shape of the cavity and see if your fallopian tubes are open. One may

experience mild cramping during this procedure. Antibiotics may be given to lower the risk of infection from this test.

Hysteroscopy.

Your doctor uses a small telescope attached to a camera (called a hysteroscope) to look inside the uterus. The hysteroscope is passed through the cervix into the uterus. The doctor has a direct view inside the uterus which gives the most accurate information about the cavity. Hysteroscopy is commonly used to diagnose and treat polyps or fibroids, intrauterine adhesions and uterine septum. Diagnostic hysteroscopy is often performed in the office with mild pain medication whereas operative hysteroscopy is more commonly performed in a surgery center under anesthesia.

How is hysteroscopy performed?

If your procedure is done in the office, your doctor may give you ibuprofen and medication to numb your cervix. The doctor will place the hysteroscope through the cervix into the uterine cavity. Because the hysteroscope is attached to a camera, both you and your doctor can watch the procedure on a monitor screen. When the procedure is over, you can usually return to your normal activity just like you would after a regular gynecologic exam. You may have a little spotting or watery fluid from your vagina afterwards.

Operative Hysteroscopy

Hysteroscopy can also be used to remove abnormal tissue that can cause problems with fertility or bleeding problems. Because the hysteroscope that is used during an operation is slightly larger than the one used for diagnosis, operative hysteroscopy is usually done under anesthesia in an operating room of a hospital or surgery center. It typically takes less than one hour. Usually, there is very little discomfort afterwards since no incisions are made. Because the cervix is stretched (dilated) to pass the hysteroscope into the uterus, your doctor may advise you not to go swimming, take a tub bath, or place anything in your vagina for 1 to 2 weeks (this includes avoiding

Reproductive Facts

Patient fact sheet developed by the
American Society for Reproductive Medicine



sexual intercourse, using tampons, and douching). This precaution allows the dilated cervix to return to its normal closed position and will lower the chance of infection.

What can a doctor diagnose and treat with hysteroscopy?

Endometrial polyps are small growths of the tissue that lines the uterus. Polyps are commonly found and may affect fertility and can cause abnormal bleeding. Depending on the size and location, polyps can be taken out in the physician's office or in an operating room.

Uterine fibroids are noncancerous growths in the wall of the uterus. If they disrupt the uterine lining, they can cause heavy bleeding and/or problems with getting and staying pregnant. These fibroids can sometimes be removed using a hysteroscope.

Scar tissue inside the uterus (adhesions) can be removed either in a doctor's office or in the operating room. To prevent adhesions from returning, your doctor may give you hormone medicine and/or place a small balloon in your uterus for up to one week after surgery. A follow-up hysteroscopy or other type of uterine test may also be needed to see if scar tissue has returned.

Revised 2023