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Scientific Abstract

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Lessons Learnt From Assessment Of Technical Adequacy Of Hysterosalpingography Exams In A Regional Hospital - Practical Tips To Improve HSG Technique, And Important Findings To Look For Other Than Fallopian Tube Patency

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Objectives: Hysterosalpingography (HSG) was first performed 100years ago, but remains a first line examination for female subfertility. We aim to assess the technical quality of our HSG studies and identify methods for improvement, as despite the clinical importance of HSG, there is very limited literature or textbook description of practical tips for obtaining good HSG images.

Methods&Materials: Technical quality of all 41 HSG examinations performed in 2017 for subfertility in a regional hospital in Hong Kong was reviewed. After implementation of changes, 31 HSG examinations performed in 2018 further reviewed.

Results:

Adequate technique performed in all studies to exclude tubal occlusion.

However, 44%(18/41) had no images of uterine filling phase, and 51%(21/41) had no image acquired after Foley balloon deflation and catheter removal. These images are necessary for adequate assessment of endometrial cavity according to international guidelines.

None of these suboptimal studies identified any uterine anomalies, in contrast to 15%(3/20) of studies with adequate imaging of endometrial cavity identifying treatable uterine anomalies (polyp, synechiae, fibroid).

Techniques for improvement of HSG image quality were also identified(such as smaller volume injected to foley balloon, head down position when deflating balloon, limiting contrast volume injected etc).

After improvement, reassessment of all 31 HSG examinations performed in 2018 show adequate imaging of endometrial cavity in all cases, and improved quality of HSG images.

Conclusion: Assessment of quality of HSG studies and implementation of simple techniques is easy yet helpful in improving HSG image quality for accurate diagnosis of tubal and uterine anomalies for prompt treatment of subfertility.