



Clinical Support for the Use of Saline and Air For Tubal Patency (HyCoSy/Sono HSG)

Tubal Patency Criteria of Sono HSG

Marvin A. Yussman, MD, Professor and Vice-Chairman, Department of Obstetrics and Gynecology, University of Louisville School of Medicine, Louisville, Kentucky, USA: **Tests of Tubal Patency** Yussman, M, Glob. libr. women's med., (ISSN: 1756-2228) 2011; DOI 10.3843/GLOWM.10323

"To diagnose the patency of each tube, the contrast is observed to emerge into the cul-de-sac at the end of the fimbria. As an alternative, one may observe a steady intraluminal flow of scintillations lasting at least 120 seconds in at least one imaged tubal section. The scintillations can be observed to flow over the ovaries."

"Because of its (HyCoSy) ability to evaluate the uterine contour as well as tubal anatomy, it may be considered the imaging method of choice prior to in vitro fertilization."

Monia Malek-Mellouli, H. Gharbi, H. Reziga: **The value of sonohysterography in the diagnosis of tubal patency among infertile patients** *La Tunisie Medicale* - 2013 ; Vol 91 (n°06) : 387-390

"The duration of visibility of the passage along the tube must be greater than 5 seconds to confirm tubal patency. An important sign is the appearance in peritoneal fluid in the pouch of Douglas, proving at least unilateral tubal patency. The visibility of the passage of contrast ultrasound is much more selective on the side of tubal patency."

Saunders R D, Shwayder J M, J.D., Nakajima S T, et al: **Current methods of tubal patency assessment.** *Fertility and Sterility* Vol. 95, No. 7, June 2011, 2171-2179

"Tubal patency is then distinguished by visual intratubal flow of echogenic contrast using b-mode (real-time) ultrasound scanning for at least 5–10 seconds duration or flow extending from the distal end of a tube and over the adjacent ovary."

Sandra J. Allison, MD, Mindy M. Horrow, MD, Anna S. Lev-Toaff, MD: **Pearls and Pitfalls in Sonohysterography** *Ultrasound Clin* 5 (2010) 195–207

"Tubal patency can be confirmed if there is free flow of agitated saline distally for at least 10 seconds without hydrosalpinx formation. Lack of interstitial flow or peritoneal fluid accumulation implies proximal obstruction, whereas hydrosalpinx formation without spill implies distal segment tubal obstruction."