Reproductive Facts

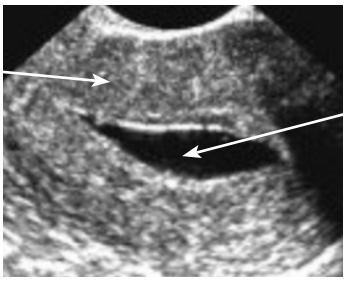
Patient fact sheet developed by the
American Society for Reproductive Medicine

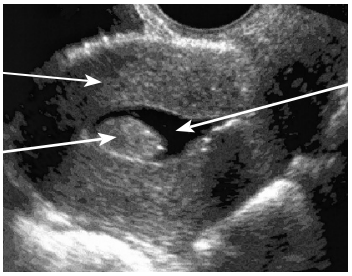
Saline infusion sonohysterogram (SHG)

What is saline infusion sonohysterogram (SHG)?

Saline infusion sonohysterography (SIS or SHG) is a well-tolerated procedure to evaluate the uterus, especially the shape of the cavity. SHG uses ultrasound and sterile fluid to show the uterus, endometrial (uterine lining) cavity, and ovaries. The purpose of this procedure is to detect any abnormalities such as fibroids in the cavity, a uterine septum, or adhesions.

Why is SHG performed?





SHG can be done to investigate a variety of conditions such as abnormal uterine bleeding, infertility, and recurrent miscarriages. SHG can also be performed to see the structure of the uterus. This may be done in women with congenital abnormalities (birth defects) of the uterus, before and after surgery on the uterus, or to detect problems that appear later in life such as polyps or suspected scar tissue inside the uterus. SHG may also help check uterine abnormalities found during a routine ultrasound. SHG may also cause mild cramping, spotting, and vaginal discharge. Some women have cramping for several hours after the procedure. It is often recommended to take a medication such as ibuprofen before this test. Some doctors may also prescribe stronger pain medication and/or antibiotics before the procedure. You should call your doctor if you experience pain or fever in the 1–2 days after the SHG.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.

What are the risk and complications?

SHG is a very safe procedure and usually is performed without incident. Serious complications are rare. 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 block or infection of the fallopian tubes.

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