Hysterosalpingogram: Patient Preparation & Procedure

Purpose

This guideline outlines **hysterosalpingography (HSG)** patient preparation and procedural requirements.

Site Applicability

This guideline is applicable to all Fluoroscopy departments within Lower Mainland Medical Imaging (LMMI) across Fraser Health (FH), Providence Health Care (PHC), Provincial Health Services Authority (PHSA) and Vancouver Coastal Health (VCH) who perform HSG studies.

Practice Level

MI Staff: Radiologists, Medical Radiation Technologists (MRTs) and Clerical.

Exceptions

- Obstetricians and gynecologists (OB/GYN) performing HSG studies at an LMMI site may have alternate patient preparation and pregnancy screening protocols. A pre-procedure urinary lab test may not be applicable.
- LMMI sites who currently perform a blood test for pregnancy screening prior to HSG exams may continue this practice.

Requirements

- Confirmation of a negative lab urinary or blood pregnancy test within 24 hours prior to commencing an HSG is required and is the responsibility of the site to organize for the patient.
- If a lab urinary or blood pregnancy test is borderline positive or positive, the MRT will refer to Appendix E.

Need to Know

- **Hysterosalpingography (HSG)** is a radiographic evaluation of the cervical canal, uterine cavity, fallopian tubes and peritoneal cavity via injection of contrast media under fluoroscopy (Fluoro) and performed for a variety of reasons but primarily for infertility.
- **Risks** include allergic reaction to the contrast media, infection, perforation, ionizing radiation exposure and a possibility of a patient presenting for the exam with an unsuspected early pregnancy.
- **Lab urinary or blood pregnancy** tests are conducted prior to all HSG exams.
- This document meets the Diagnostic Accreditation Program Standards for patient preparation and pregnancy screening for females of childbearing age, 11-55years.
- This document aligns with LMMI's Pregnancy Screening and Radiation Safety

Indication Guidelines

Indications

1. Infertility
2. Pelvic pain
3. Irregular menstrual cycles or irregular vaginal bleeding
4. Congenital abnormalities and/or anatomic variants
5. Prior to or after tubal surgery, selective salpingography, tubal recanalization or other intervention

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6. Postoperative uterine cavity
7. Prior to treatment with assisted reproductive technologies
8. Uterine fibroids or polyps
9. Thickened or irregular endometrium
10. Sequelae of ectopic pregnancy
11. Follow-up of sterilization procedures
12. Evaluation of recurrent spontaneous abortions
13. Postoperative evaluation of women who have undergone tubal ligation or reversal of tubal ligation
14. Assessment of patients prior to myomectomy
15. Other uterine abnormalities: synechiae, adenomyosis, tubal abnormalities such as tubal occlusion, salpingitis isthmica nodosum, hydro-salpinx, peritubal adhesions

Contraindications

1. Pregnancy
2. Pelvic inflammatory disease (PID) or pelvic surgery within a month of this procedure
3. Unexplained vaginal bleeding, uterine bleeding, menstrual cycle
4. Sexual intercourse (protected or unprotected) within 7 to 10 days from the start of the menstrual cycle
5. History of allergy or idiosyncratic reaction to iodinated contrast media

HSG Patient Preparation

1. **Request criteria documentation and medical necessity [Appendix A]**
   Written or electronic requests **MUST** provide sufficient clinical patient history demonstrating the medical necessity to ensure proper examination performance and interpretation. Failure to indicate proper medical necessity requires follow up and subsequently delays the study when deemed appropriate by the radiologist.
2. **Booking Clerk Instructions [Appendix B]**
   Checklist of pre-booking patient questions and instructions to provide to the patient.
3. **Patient Instructions for Referring Center [Appendix C]**
   For those sites who fax patient instructions to physician's offices.
   Department workflow dependent, instructions may be given directly to the patient or to the patient's physician, depending on who provides the patient with appointment and exam preparation details.

HSG Procedure

1. **Room Set Up [Department protocol manual]**
   - Imaging equipment room set up
   - Required procedural supplies
2. **Patient Documents**
   - Patient Screening Checklist **[Appendix D]**
   - Questionable Pregnancy test results. **[Appendix E]**
   - Pre Procedure Explanation and Post Procedure Care **[Appendix F-Patient Pamphlet]**
3. **Radiologist or OB/GYN and Procedural Time out**
   - Review risks and benefits and allow the patient opportunity to ask questions
   - Performs a procedural time out

4. Post Procedure

- Review and provide patient with post-procedure care instructions **[Appendix F]**
- Escort patient to change room, clean room and reprocess instruments as per the VCH reprocessing program
- Perform post processing imaging and exam documentation as per departmental procedure manual

Related Documents

Related DSTs

- Pregnancy Screening and Radiation Safety
- Safe Installation and Use of Medical X-Ray Equipment
- Understanding Fetal Risk from Medical Imaging Examinations

Related Forms

- Hysterosalpingogram Patient Pamphlet – information on one.vch.ca
- Hysterosalpingogram Patient Screening Checklist - information on one.vch.ca

References

1. American College of Radiologists (ACR) Practice Parameter of the Performance of Hysterosalpingography. Resolution 39, Amended 2014.
2. BC College of Physicians and Surgeons. Diagnostic Accreditation Program Standards (2020). Retrieved from: https://www.cpsbc.ca/accredited-facilities/dap/accreditation-standards-DI
   ***GM1.2 The** appropriateness of requested diagnostic services is assessed.* ***GM1.3** Examination requests include accurate information that is received prior to an examination being undertaken.* ***GM2.2.1** M There are processes in place to ensure that patients have followed the preparation instructions and to address situations where patients are inappropriately prepared.* ***RS2.2.1** M Before performing X-ray examinations on females of child bearing age (11 to 55 years), the patient is asked whether there is any chance that they may be pregnant. Guidance: If a patient's pregnancy status is uncertain, additional precautionary measures must be taken prior to imaging. These precautions may include obtaining and documenting last menstrual period or conducting and recording the results of a pregnancy test.* ***RS2.2.2 M If** an examination is requested on a pregnant or potentially pregnant patient, there are documented procedures on how to proceed with the examination request.*
3. Canadian Association of Medical Radiation Technologists. Best Practice Guidelines (2020). Retrieved from: https://camrt-bpg.ca/
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5. Herr, K., Coursey Moreno, D., Fantz, C., Mittal, P.K., Small, W.C., Murphy, R., Applegate, K.E., July 2013. Rate of Detection of Unsuspected Pregnancies After Implementation of Mandatory Point-of-Care Urine Pregnancy Testing Prior to Hysterosalpingiography. Journal of the American College of Radiography, ACR. Volume 10, No. 7 July 2013. http://dx.doi.org/10.1016/j.jacr.2013.01.011
6. National Library of Medicine. 2020 Jan 30. http://www.nlm.nih.gov/medlineplus/ency/article/003404.htm Updated by: LaQuita Martinez, MD, Department of Obstetrics and Gynecology, Emory Johns Creek Hospital, Alpharetta, GA. Also reviewed by David Zieve, MD, MHA, Medical Director, Brenda Conaway, Editorial Director, and the A.D.A.M. Editorial team
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8. Health Canada. 2008. *Safety Code 35: Safety Procedures for the Installation, Use and Control of X-ray Equipment in Large Medical Radiological Facilities.* Retrieved from: http://www.hc-sc.gc.ca/ewh-semt/pubs/radiation/safety-code_35-securite/index-eng.php

Definitions

1. **E Health:** web based online lab results
2. **EMR:** Electronic Medical Record. Where patient's pertinent files related to the exam are kep.
3. **Fluoro:** Fluoroscopy (flouro) is a term to describe moving images created by using radiation
4. **Hysterosalpingography (HSG)** is a radiographic evaluation of the cervical canal, uterine cavity, fallopian tubes and peritoneal cavity via injection of contrast media under fluoroscopy (Fluoro). HSG exams are performed for a variety of reasons however currently the predominant reason is infertility due to the increasing rate of delayed child bearing. There are many infertility treatment options and HSG is one of the first tests required by fertility clinics to evaluate tubal patency. **The inherent risks** of HSG studies include allergic reaction to the contrast, infection, perforation, and exposure to ionizing radiation. With HSG requests increasing specifically for infertility, there is a possibility of patients presenting for the exam with an unsuspected early pregnancy. If the patient was pregnant at the time of the exam there is potential risk of ionizing radiation and mechanical trauma to the embryo. Spontaneous abortions have been reported, though it is uncertain if they were caused by the HSG exam or were coincidental [2]. **Early pregnancy bleeding** may be mistaken for a menstrual cycle and menstrual cycle dates are not reliable to exclude pregnancy. Other limitations to using the menstrual cycle dates to exclude pregnancy are the, variability of cycle lengths, irregular cycles and mid cycle bleeding. As such, pregnancy tests will be implemented prior to all HSG exams.
5. **LMMI**- Lower Mainland Medical Imaging is a consolidated program for all of medical imaging and includes 4 health authorities, Fraser Health (FH), Providence Health Care (PHC), Provincial Health Services Authority (PHSA), and Vancouver Coastal Health (VCH)
6. **OB/GYN**: Obstetricians and gynecologists

Appendices

- Appendix A: Request Criteria Documentation and Medical Necessity
- Appendix B: Medical Imaging Booking Clerk Instructions and Patient Instructions
- Appendix C: Referring Center Screening Questions and Patient Instructions
- Appendix D: Pre Procedure Checklist (FHA)
- Appendix E: Questionable Test Results
- Appendix F: Hysterosalpingogram Pamphlet (Fact sheet)

Appendix A: Request Criteria Documentation and Medical Necessity

Includes:

- ❑ A verbal request is immediately followed by an authorized electronic or written request.
- ❑ Authorized individuals requesting examinations notify Medical Imaging of any cancellations.
- ❑ Patient's first and last name, unique identifier (PHN), date of birth, gender, date, date received
- ❑ Name and contact information of authorized individual
- ❑ Names of other individuals who are to receive report copy
- ❑ Examination type
- ❑ Pertinent clinical information to indicate medical necessity MUST include:
  - **Specific reason for the examination,** [refer to Indication Guidelines]
    - Fertility reasons must include conception attempts unsuccessful
  - Any relevant symptoms
  - Relevant history (including provisional diagnosis may be required for proper performance and interpretation of examination.

Appendix B: Medical Imaging Booking Clerk Instructions and Patient Instructions

Pre Booking Questions		
YES NO	Request Criteria Documentation and Medical Necessity met?	Radiologist Approved
YES NO	Any chance of pregnancy?	
YES NO	Do you have any history of an allergic reaction to iodinated contrast media?	
YES NO	Do you have an ongoing pelvic infection?	
YES NO	Have you had surgery within the last month of this procedure?	
YES NO	Do you have active bleeding?	
	When was FIRST DAY of your Last Menstrual Period (LMP)? **LMP Date**	
YES NO	Are cycles longer than 10 days? If NO, clerk to schedule exam within the 7-10 days of the menstrual cycle. **NOTE: If patient experiences unusually long cycles, attain site radiologist approval to book the exam past the 10 day rule up to day 12**	

Instructions for the Patient	
☐	Date and time of exam
☐	Abstain from sexual intercourse from the start of menstrual bleeding until 2 days post HSG exam. **NOTE:** For patients who DO NOT have regular menstrual cycles, they should abstain from intercourse (protected or unprotected) for a minimum of 7 days prior to the scheduled HSG exam. And abstain from sexual intercourse until 2 days post the HSG exam to prevent any chance of infection.
☐	Attain lab requisition from ordering physician for a lab urinary pregnancy test.
☐	Go to lab for a lab urinary test 24 to 3 hours prior to HSG exam date. Preferably have test done at HSG exam site. **NOTE:** LMMI sites who current perform blood tests may continue to do so. The 24hrs to 3 hours ensures test results will be on line and available for LMMI staff to view. Some LMMI HSG sites have agreements with the on site lab that 1-2 hours is sufficient. Please edit patient instructions accordingly to sites workflow.
☐	Advise patients they will be asked if the lab test was performed. **NOTE: For OB/GYN offices with alternative patient preparation, urine test may be modified or omitted.**
☐	Call _____and cancel appointment if there is menstrual flow day of exam or positive pregnancy.
☐	Arrive _____ hours/minutes before appointment time to register in Medical Imaging.
☐	Bring original requisition, photo ID, care card and lab results if lab test has been performed off site.
☐	Eat and drink normally prior to the examination. Bring a list of ALL current medications.
☐	Arrange childcare prior to appointment. **Childcare is not, provided**. If bringing children to the appointment, you must bring another adult to watch them during the exam.
☐	Leave valuables at home. Medical Imaging is NOT responsible for any lost or stolen items.
☐	Do not use perfume, scented lotions or oils of any kind on day of exam.
☐	Bring an interpreter if required. English speaking family member or friend will suffice.
☐	Advise if limited mobility or may require additional assistance.
☐	Allow approximately _____ hours to complete this exam. Parking is metered so adequate coinage or credit card is necessary. While every attempt is made to remain on schedule, please be aware that emergencies do arise and you may be required to wait.
☐	Abstain from sexual intercourse (protected or unprotected) 2 days following procedure to prevent infection. Post procedural care will be provided at the end of the exam.

Appendix C: Referring Center Screening Questions and Patient Instructions

Referring Center Screening Questions	
YES NO	Any chance of pregnancy?
YES NO	Do you have any history of an allergic reaction to iodinated contrast media?
YES NO	Do you have an ongoing pelvic infection?
YES NO	Have you had surgery within the last month of this procedure?
YES NO	Do you have active bleeding?
YES NO	When was FIRST DAY of your Last Menstrual Period (LMP)? **LMP Date**
YES NO	Does your cycles last longer than 10 days?
YES NO	If your cycle stops before day 10, your appointment will be in the 7-10 days of your cycle. If your cycle lasts longer, your appointment may be booked in 10-12th day of your cycle.
	Provide Patient with appointment time_____ After medical imaging provides physician's office with an appointment time.

Patient Instructions	
☐	Give patient date and time of exam_____
☐	Advise patient to abstain from sexual intercourse from the start of menstrual bleeding until 2 days post HSG exam. ▪ For patients who DO NOT have regular menstrual cycles, they should abstain from intercourse (protected or unprotected) for a minimum of 7 days prior to the scheduled HSG exam and until 2 days post the HSG exam to prevent any chance of infection.
☐	Attain lab requisition from ordering physician for a lab urinary pregnancy test.
☐	Go to lab for a lab urinary test 24 to 3 hours prior to HSG exam date. Preferably, have test done at HSG exam site. Some LMMI HSG sites may accommodate lab test on site 1-2 hours prior to the exam. LMMI will advise. **NOTE: Some LMMI sites who perform HSGS may require a blood test in place of a urinary test.**
☐	Advise patients they will be asked if a lab test was performed. **NOTE: For sites requiring a paper copy, edit step #4 to "patient to provide paper results on day of exam"** **NOTE: For OB/GYN offices with alternative patient preparation, prior steps may be modified or omitted.**
☐	Patient is to call _____and cancel appointment if menstrual flow on the day of exam or positive pregnancy is identified.
☐	Arrive _____ hours/minutes before appointment time to register in Medical Imaging.
☐	Bring original requisition, photo ID, care card and lab results if lab test has been performed off site.
☐	Eat and drink normally prior to the examination. Bring a list of ALL current medications.
☐	Arrange childcare prior to appointment. **Childcare is not provided**. If bringing children to the appointment, they must bring another adult to watch them during exam.
☐	Leave valuables at home. Medical Imaging is NOT responsible for any lost or stolen items.
☐	Do not use perfume, scented lotions or oils of any kind on day of exam.
☐	Bring an interpreter if required. English speaking family member or friend will suffice.
☐	Advise if limited mobility or may require additional assistance.
☐	Allow approximately _____ hours to complete this exam. Parking is metered so adequate coinage or credit card is necessary. While every attempt is made to remain on schedule, please be aware that emergencies do arise and you may be required to wait.
☐	Abstain from sexual intercourse (protected or unprotected) for 2 days following procedure to prevent infection. Post procedural care will be provided at the end of the exam.

Appendix D: Pre Procedure Checklist (FHA)

Hysterosalpingogram – Patient Questionnaire
Lower Mainland Medical Imaging

Form ID: New: November 18, 2022 Page 1 of 1

To do this procedure safely, we need you to answer questions about your sexual history.
- Please answer questions as accurately and completely as possible.
- Circle "Yes" or "No," where applicable.
- A health care provider will review all questions with you before your procedure.

Patient Full Name:	Preferred Pronoun(s):	Date of Birth: (YYYY/MM/DD)

Have you had a pregnancy test done in the laboratory in the last 24 hours? • If "Yes", was the test performed in a community lab or the hospital lab? _____	Yes	No
Do you have regular menstrual cycles? • When was the first day of your last menstrual cycle? Date _____ • Are you still bleeding or spotting?	Yes Yes	No No
Have you had sexual intercourse (protected or unprotected) **since the first day of your last menstrual cycle?**	Yes	No
Have you ever had a pelvic infection • If "Yes", what type of infection? _____ • If "Yes", when was this infection? _____	Yes	No
Have you had any pelvic surgeries? • If "Yes", what type of surgery? _____ When was this? _____	Yes	No
Do you have any allergies? • Are you allergic to or ever had an allergic reaction to iodinated contrast media? • If "Yes", what type of reaction? _____ When was this? _____ • Are you allergic to latex?	Yes Yes Yes	No No No
Have you ever had a Pap smear?	Yes	No
Have you ever been pregnant? ***If yes, please answer the questions below*** • Number of full term pregnancies _____ Type of delivery ☐ Natural ☐ C-Section • Age of child(ren) _____ • Number of miscarriage(s) _____ Date of miscarriage(s) _____	Yes	No
Have you ever had an ectopic pregnancy? • If "Yes" which side? ☐ Right side ☐ Left side ○ If "Yes" when was this? _____	Yes	No
Have you ever had a pregnancy terminated (abortion)? • If "Yes", when was this? _____	Yes	No
Have you ever had a tubal ligation? • If "Yes", when was this? _____	Yes	No
Have you ever had a dilation and curettage (D&C)? • If "Yes", when was this? _____	Yes	No

What is the reason for doing this procedure today? _____

If this procedure is being done because of infertility, how long have you tried to get pregnant? _____

This section is for DEPARTMENT USE ONLY and is to be completed by the Health Care Provider (HCP).

Result of pregnancy test: ☐ Negative ☐ Positive

Form reviewed with patient by HCP Signature of HCP: _____

Appendix E: Questionable Test Results

Ensure pregnancy test results are negative and that test was performed within 24 hours of exam.
Some sites request pregnancy test the day prior or day of, depending on HSG appointment time.

What the Serum BhCG test ranges are (confirmed Chemistry)

- Negative ≤6 mIU/L
- Positive ≥7 to 25 mIU/L

What Urine pregnancy borderline positive results means.

- Hormone levels (hCG) 0 to 6 IU/L: usually indicate a negative pregnancy result.
- Hormone levels (hCG) >25 IU/L: usually reported as a positive qualitative indication of pregnancy.
- Hormone levels (hCG) 7 to 25 IU/L: is indeterminate or borderline result may mean pregnancy.

Borderline samples are considered indeterminate. Clinicians should:

- Request a repeat urinary pregnancy test within 48 to 72 hours or
- Obtain a quantitative serum hCG.

Medical Imaging actions to take when borderline results found:

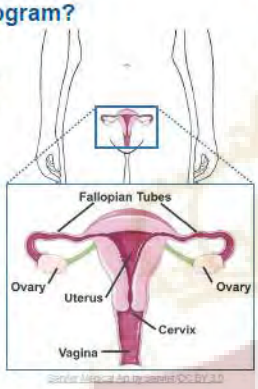
- Review results with Radiologist. **Note: some radiologists will not require lab review. Proceed with step #2.**
- Radiologist informs patient of test results.
- Edit exam status in the RIS to attempted, as per site-specific processes.
- Radiologist dictates results.
- Radiologist may or may not call the patient's physician. This will be up to the individual site protocol.
- Radiologist advises patient to follow up with ordering physician.

Appendix F: Hysterosalpingogram Pamphlet (Fact sheet)

Hysterosalpingogram

What is a hysterosalpingogram?

A hysterosalpingogram (say *hiss-ter-oh-sal-ping-go-gram*) is an x-ray procedure. We use it to look at the inside of the womb, or uterus, and the fallopian tubes. It allows us to see if the fallopian tubes are partly or completely blocked. It can also show the size, shape, and position of the uterus in the pelvis.



Who should not have this procedure?

This procedure is not done and will be cancelled if any of the following are true for you:

- You are pregnant.
- You have had a pelvic infection or pelvic surgery within a month of this procedure.
- You have uterine bleeding or your menstrual cycle at the time of procedure.
- You have had sexual intercourse, either protected or unprotected, within 7 to 10 days from the start of your monthly bleeding and the date of this procedure.
- You have reacted to, or an allergy to, iodinated contrast media.

How long will it take?

The procedure usually takes 20 to 30 minutes. We might ask you to be at the hospital for 1 to 2 hours before the procedure for tests such as a blood test to make sure you are not pregnant. We let you know how long you will be when we call to arrange the appointment.

Will it hurt?

You might have some cramping during the procedure. This usually only lasts for a short time.

Who does the procedure?

A radiologist is a doctor who specializes in imaging and image-guided procedures. A medical radiation technologist runs the equipment. Together, they use real time x-ray called fluoroscopy to do this procedure.

Can I bring a relative/friend?

Yes, if you wish. They can be with you before and after the procedure. However, they cannot be in the room during the procedure. We let them know where they can wait.

Please arrange childcare for your children. **Do not** bring children with you. We do not have anyone to look after children and they cannot come into the procedure room with you.

What happens before the procedure?

Either someone from our Medical Imaging Department or your doctor's office contacts you with specific instructions for how to prepare.

We ask everyone to have a pregnancy test within 24 hours of the procedure.

We schedule the procedure to happen 7 to 10 days after the start of your period (monthly bleeding). We do this for 2 reasons. This lessens the chances of any discomfort you might have. This is also when you are least likely to be pregnant. If you have irregular periods, we can do the procedure up to 12 days after you started bleeding.

When you check-in, you complete an intake form with some screening and health questions. Some of the questions are about reproductive health. Please answer the questions as accurately and completely as possible. We review the questions with you before we start.

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Appendix F: Hysterosalpingogram Pamphlet (Fact sheet) – cont'd



Hysterosalpingogram - continued

What happens during the procedure?

You lie on your back with your feet and legs placed as for a pelvic exam.

The radiologist does the following:

- Cleans the area between your legs.
- Inserts a device, called a speculum, into the vagina.
- Cleans the cervix to reduce chances of infection.
- Inserts a thin, flexible tube called a catheter into the cervix. Some catheters have a small balloon on the end. You might feel some pressure as the balloon is inflated.
- Injects the contrast media through the catheter. This increases the pressure in the uterus and can cause cramping. This is normal and can last 10 to 30 seconds.
- Takes x-ray images as the contrast moves into the uterus and fallopian tubes.
- Might ask you to change positions to move the contrast around in your uterus and fallopian tubes. The medical radiation technologist is there to help you with this, if needed.
- Removes the catheter, after deflating the balloon if there is one.
- Removes the speculum if not already done.
- Checks with you to see if you have any questions about how to care for yourself after the procedure.

Locations	
Abbotsford Regional Hospital	604-851-4998
Chilliwack General Hospital	604-795-4122
Eagle Ridge Hospital	604-469-3172
Langley Memorial Hospital	604-533-6405
Lions Gate Hospital	604-988-3131 Ext. 4517
Ridge Meadows Hospital	604-463-1800
Royal Columbian Hospital	604-520-4642
University of BC Hospital	604-822-1797

What should I expect after the procedure?

Return to your every day activities. Check with your doctor before doing any strenuous activities or exercise.

Take only showers for the next 2 days. Do not take a bath, go in a hot tub, or swim.

Expect to have sticky fluid coming out of your vagina as the contrast media drains out of the uterus. You might see some spotting of blood as well. Use a sanitary pad. Do not use any tampons until your next period.

Expect some cramping for the next 24 to 48 hours. If needed, take whatever pain medicine you use for minor aches and pains.

For the next 2 days, do not insert anything into your vagina. Do not have sexual intercourse (receptive sex), either protected or unprotected sex. This helps prevent any infection.

When will I get my results?

We send a report to the doctor who ordered the procedure and your family doctor. It can take 7 to 10 days. Make an appointment with the doctor to review the results.

When to get help?

Call your doctor or go to the nearest Emergency Department if you notice any of the following:

- heavy bleeding or continued bleeding more than your normal monthly bleeding
- signs of infection such as a fever over 38.5°C (101°F), chills, body aches, unusual or foul smelling fluid coming from your vagina
- bad stomach pain or cramps for more than 3 days not eased with pain medicine
- throwing up (vomiting)
- fainting
- no urine (pee) for more than 8 to 10 hours, even with drinking fluids

www.fraserhealth.ca • www.providencehealthcare.org • www.phsa.ca • www.vch.ca
This information does not replace the advice given to you by your healthcare provider.

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	1.0	13-APR-2016	Initial release MIXR-160413-16	Annemarie Budau Radiography RPL
	2.0	07-FEB-2022	Re wrote HSG patient preparation guideline. Added supporting documents including: Patient Screening Checklist Patient Post Procedure Instructions	Annemarie Budau Radiography RPL
	3.0	16-DEC-2022	Aligned HSG patient preparation guideline with new pre and post procedural instructions. Inserted new patient checklist version Edited to match the patient pamphlet and patient screening questionnaire. Removed post procedure care separate document. Post procedure care is contained within the patient pamphlet	Annemarie Budau Radiography and fluoroscopy RPL