

Queensland		(Affix identification label here)
Government	URN:	
	Family name:	
	Given name(s)):
Hysterosalpingogram (HSG)	Address:	
Facility:	Date of birth:	Sex: M F I
A. Interpreter / cultural needs	•	An increased lifetime cancer risk due to the
An Interpreter Service is required?	No	exposure to x-rays.
f Yes, is a qualified Interpreter present?	No	Death as a result of this procedure is <i>very</i> rare.
A Cultural Support Person is required?	No	
If Yes, is a Cultural Support Person present? Yes	No	
B. Procedure		
The following will be performed (Doctor/doctor delegate to document – include site and/or side wl	here	
relevant to the procedure)		
A Livetereedhingegrem (LICC) is a medical imagin		
A Hysterosalpingogram (HSG) is a medical imagin procedure that looks at the inside of your fallopian	g	
tubes and uterus. This can also be called a HyCoS	Sy	
or Saline Sonogram.		
The differences in the procedures are noted by the		
maging Contrast and imaging method (Ultrasound X-ray) used.	U	
No anaesthetic is required for this procedure.		
·		
C. Risks of the procedure		
•		
In recommending the Hysterosalpingogram or HyCoSy procedure, the doctor believes the benefit	ts to	
you from having this procedure exceed the risks		
involved.		
The risks and complications with this procedure can include but are not limited to the following.	ın	
The risks and complications with this procedure ca	ın	
include but are not limited to the following.		
Common risks and complications include:		
 Bleeding from vagina, this usually resolves on own. 		
 Dizziness or feeling faint, this usually resolves with bed rest. 	·	
Less common risks and complications include		
 Infection, requiring antibiotics and further treatment. 		
Damage to fallonian tubes, requiring corrective	Δ	

- surgery.
- The procedure may not be possible due to medical and/or technical reasons.

Rare risks and complications include:

Allergic reaction to the Contrast. This could result in a rash, hives, itching, nausea, fainting or shortness of breath. Medication may be given to relieve this.



Hysterosalpingogram (HSG)

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Sex: M F

Date of birth:

Facility:

D. Patient consent

I acknowledge that the doctor/doctor delegate has explained the proposed procedure.

I understand;

- the risks and complications, including the risks that are specific to me.
- if immediate life-threatening events happen during the procedure, they will be treated based on my discussions with the doctor/doctor delegate or my Acute Resuscitation Plan.
- a doctor/doctor delegate undergoing further training may conduct this procedure.

I have been given the following Patient Information Sheet/s:

Hysterosalpingogram (HSG)

HyCoSy or Saline Sonogram

- I was able to ask questions and raise concerns with the doctor/doctor delegate about the proposed procedure and its risks. My questions and concerns have been discussed and answered to my satisfaction.
- I understand I have the right to change my mind at any time including after I have signed this form but, preferably following a discussion with my doctor/doctor delegate.
- I understand that image/s or video footage may be recorded as part of and during my procedure and that these image/s or video/s will assist the doctor to provide appropriate treatment.
- I understand that Queensland Health may release my relevant de-identified information obtained from this and related procedures for education and training of health professionals.

On the basis of the above statements,

I reques	t to have the procedure
Name of Pa	tient:
Signature:	
Date:	
Consent	s who lack capacity to provide consent must be obtained from a substitute decision in the order below.
Does the (AHD)?	patient have an Advance Health Directive
☐ Yes▶	Location of the original or certified copy of the AHD:
□ No ►	Name of Substitute Decision Maker/s:
	Signature:
	Relationship to patient:
	Date: PH No:
	Source of decision making authority (tick one): Tribunal-appointed Guardian Attorney/s for health matters under Enduring Power of Attorney or AHD Statutory Health Attorney If none of these, the Adult Guardian has provided consent. Ph 1300 QLD OAG (753 624)

E. Doctor/delegate Statement

I have explained to the patient all the above points under he Patient Consent section (D) and I am of the opinion that the patient/substitute decisionmaker has understood the information

Signature:	Date
Designation:	
Doctor/delegate:	
Name of	
maker has anacistosa the informe	ation.

Interpreter's statement I have given a sight translation in

(state the patient's language here) of the consent form nd assisted in the provision of any verbal and writter

Signature:	Date
Name of Interpreter:	
guardian/substitute decision	n-maker by the doctor.
information given to the pati	ient/parent or
and assisted in the provision	ii di airy verbai and willen

Consent Information - Patient Copy HyCoSy or Saline Sonogram

1. What is a HyCoSy or Saline Sonogram?

Hysterosalpingogram Contrast Sonography (HyCoSy) and a Saline Sonogram are ultrasound imaging procedures that looks at the inside of your fallopian tubes and uterus.

A HyCoSy uses an ultrasound Contrast and a Saline Sonogram uses a saline solution to allow your uterus to be seen more clearly.

These procedures use ultrasound imaging, which does not have radiation. (Read the **Ultrasound Patient Information Sheet** for more information on Ultrasounds – (if you do not have this information sheet please ask for one).

2. Will there be any discomfort, is any anaesthetic needed?

Mild discomfort may occur when the catheter is inserted into your cervix or when the Contrast is injected and flows through to your fallopian tubes. No anaesthetic is required for this procedure.

3. Preparation for the procedure

The medical imaging department will give you instructions on how to prepare for your scan.

To have this procedure and for your own safety you must:

- Talk to staff if you have an active sexually transmitted disease or a pelvic infection.
- NOT be pregnant. You may be asked to take a pregnancy test prior to the procedure.
- NOT be having a 'period'. The procedure is usually done between the end of your menstrual flow and day 12 of your cycle. Please note the start date of your last menstrual period.

4. During the procedure

You will lie down on a table, in the same position as a pelvic examination.

A speculum (the instrument used during a Pap smear) is placed inside your vagina so that your cervix can be easily seen.

A small catheter is put into your cervix, Ultrasound Contrast and/or saline solution is put in via the catheter.

An ultrasound probe is inserted into the vagina.

Ultrasound pictures are taken and reviewed.

The speculum, catheter and Ultrasound probe are removed at the end of your procedure.

5. After the procedure

You may have 'spot bleeding' and/or mild abdominal pain for 1 to 2 days after the procedure.

Tablets such as Panadol may be taken to relieve mild abdominal pain.

6. What are the risks of this specific procedure?

The risks and complications with this procedure can include but are not limited to the following.

Common risks and complications include:

- Bleeding from vagina, this usually resolves on its own.
- Dizziness or feeling faint, this usually resolves with bed rest.

Less common risks and complications include:

- Infection, requiring antibiotics and further treatment.
- Damage to fallopian tubes, requiring corrective surgery.
- The procedure may not be possible due to medical and/or technical reasons.

Rare risks and complications include:

- Allergic reaction to the Contrast (if used). This
 could result in a rash, hives, itching, nausea,
 fainting or shortness of breath. Medication may be
 given to relieve this.
- Death as a result of this procedure is very rare.

7. What are the safety issues when you leave the hospital?

Go to your nearest Emergency Department or GP if you become unwell or have;

- severe or increased pelvic pain
- heavy vaginal bleeding (more than a pad an hour)

Notes to talk to my doctor/ health practitioner

- vomiting
- fever
- foul smelling or odd vaginal discharge.



Consent Information - Patient Copy Ultrasound

1. What is an Ultrasound?

Ultrasound scans assess internal organs and help to diagnose a variety of conditions. They are also performed to assess disease in the arteries or veins.

An Ultrasound machine is made up of a console containing a computer, a display screen and a probe (transducer). The probe is a small hand-held device that resembles a microphone.

Ultrasound pictures are produced by passing ultrasonic (high frequency) soundwaves into the area being scanned.

Ultrasound does not use x-rays.

2. Will there be any discomfort, is any anaesthetic needed?

An Ultrasound is a painless procedure. No anaesthetic is required.

If scanning is performed over an area of tenderness, you may feel pressure or minor discomfort from the probe.

3. Preparation for the procedure

There are different preparations required depending on the area of the body being scanned. The medical imaging department will give you instructions on how to prepare for your scan.

4. During the procedure

The lights in the room will be dimmed so that the pictures on the screen can be seen more clearly.

A gel will be applied to your skin over the area to be scanned. The gel allows the probe to slide easily over the skin and helps produce clearer pictures.

The probe will be moved back and forth slowly over the area of interest until the area is completely examined.

You could be asked to hold you breath or roll into different positions during the scan.

Once the scan is complete, the gel will be wiped off your skin.

The Ultrasound will take between 15 and 60 minutes. This time frame is dependent on what body part is being scanned and the type of investigation is required.

In some ultrasound studies, the probe is inserted into a natural opening in the body.

These procedures include:

- Transrectal Ultrasound where the probe is inserted into a man's rectum to view the prostate.
- Transvaginal Ultrasound where the probe is inserted into a woman's vagina to view the uterus and ovaries.

These procedures may cause minimal discomfort.

If you are having an intimate examination the staff will describe the procedure to you, and your verbal consent for this will be obtained.

A second staff member may also be in the room during these procedures.

5. What are the risks of this specific procedure?

There are no known risks from an ultrasound. It is considered to be a very safe procedure.

Notes to talk to my doctor/ health practitioner
