

Your Fallopian Tube Recanalization

You and your partner have been trying to conceive but have been unable to do so. You probably have undergone several tests and examinations for infertility workup and have learned that there is a blockage in one or both of your fallopian tubes.

Now your doctor has referred you to the Radiology Department for a "Fallopian Tube Recanalization." This is an x-ray procedure in which a special catheter is used to open the fallopian tubes without surgery, allowing you to conceive naturally.

We are excited about helping you and hope this information will address any questions or concerns you may have.

GETTING READY

Your exam will be scheduled during the follicular phase of your menstrual cycle. This is the time right after your monthly period when there is no chance that you're pregnant and your uterus is at its smallest size.

Your doctor will prescribe antibiotics for you to begin at home two days before your exam. These will help prevent infection; you will be asked to continue taking these for a few days after your exam.

There is no special diet preparation. We do recommend that you have only a light meal before coming for your exam. Remember to have someone come with you to Radiology. You will be given medications during your exam that may make you sleepy. You'll need someone to drive you home afterward.

ARRIVING IN RADIOLOGY

Your exam will be performed in Diagnostic Radiology. When you arrive, the doctor in charge of your exam will talk with you in a private area. He or she will discuss the procedure and gladly answer any questions you have. He or she will ask you to sign written form that says you understand the procedure and agree to have it done.

Next someone will show you the dressing rooms where you'll change into a hospital gown. You may want to leave personal belongings, especially a purse or jewelry, with your partner or family member. This also will be a good time to go to the bathroom and empty your bladder.

When you're ready, you'll be escorted into the x-ray room and assisted onto the x-ray table. If you're a little cool a blanket will be available. you'll see the x-ray machine above your head and a glass wall with a control panel behind it. You'll see a monitor that looks like a TV screen. You'll also see a gooseneck lamp and a tray of instruments that will be used in your exam. Don't worry. The x-ray staff is well trained in using all this necessary equipment.

A nurse will start an IV in your arm with a small needle connected to a bag of fluid. This will be used to give you medications during the exam. Next the nurse will place an inflatable cuff on your other arm. This is hooked to a machine that will check your blood pressure and pulse every few minutes.

When the doctor is ready to get started, you'll lie on your back with your bottom near the end of the x-ray table. You'll need to place your legs apart as during a regular gynecological exam. Someone will prop your knees with pillows if you get tired. The nurse will give you medications to help you relax.

The doctor and/or assistant will drape your legs with large green sterile sheets. Next the doctor will insert the metal speculum that makes your cervix (opening to the uterus) visible. This may pinch a bit just at first. Your cervix will then be cleaned with iodine to kill germs in that area.

After this, a series of wires and catheters will be gently guided through the vagina and cervix, into the uterus to the blocked fallopian tube(s). X-ray contrast material will be injected through one of the catheters to make the uterus and tubes visible on the x-ray monitor. Sometimes injecting the contrast is enough to clear the blocked tube. Other times, the doctor will manipulate the catheters and wires to try to pass the blockage. He or she can see clearly inside your body because of the x-ray image on the monitor. X-ray pictures will be taken at intervals during the exam.

If you experience cramping during the procedure, the nurse will give you more medication to keep you comfortable. Someone always will be nearby to support and encourage you. Most patients have minimal discomfort during the exam and require only small amounts of medication.

AFTERWARD

After the exam, you will be assisted into a more comfortable position on the table. Your partner or family member can visit while you rest. About 20 minutes later, the nurse will remove your IV and the blood pressure cuff. If you feel strong enough, you can get dressed. Someone will give you a sanitary pad. You can expect some light bleeding for a day or so.

Before you leave, the doctor will review the procedure and your x-ray films with you and your partner or family member. You can ask questions or express any concerns you have.

The medications you receive during your exam will remain in your body for some time. For your safety, we suggest you follow these guidelines for the rest of the day after your procedure.

THE SIX D'S

- DO NOT DRIVE.
- DO NOT USE POTENTIALLY DANGEROUS APPLIANCES OR EQUIPMENT (stove, lawnmower, disposal).
- WATCH OUT FOR DIZZINESS - move slowly; take your time. Sudden position changes can

even cause nausea.

- DO NOT MAKE ANY IMPORTANT DECISIONS - you may change your mind tomorrow.
- DO NOT DRINK ALCOHOLIC BEVERAGES - the drugs may cause your reaction to alcohol to be dangerous.
- DISCUSS ANY QUESTIONS YOU MAY HAVE WITH YOUR DOCTOR.

About eating: Don't eat if there is any question of whether you feel nauseated or sick; it is probably best to stay on clear liquids and soft foods today.

Be sure to ask your doctor about taking or continuing any medications.

In general, you should be completely recovered from these medications by the next day and you may resume normal activities.

At home, you should call your gynecologist if you develop a fever, chills, worsening pain, bleeding lasting more than 2 days, or if you miss your period.

The results of this new procedure are encouraging; fallopian tube recanalization has been successful in a large percentage of patients undergoing the exam. To date, no serious complications have resulted from this procedure. The procedure generally takes less than one hour and often is completed in less than 20 minutes. The radiation dose to the ovaries is kept to a minimum and during this phase of the menstrual cycle, it does not pose a risk of fetal malformation.

We care about you and hope your fallopian tube recanalization is successful. We will do our best to make the experience as comfortable for you as possible. Please feel free to contact us if you have questions or concerns before or after your exam.

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