

## Saline Infusion Sonography (SIS)

SIS is a quick procedure used to detect any abnormality inside the uterine cavity such as polyps (small growths of endometrium), fibroids or adhesions (scar tissue).

During a transvaginal ultrasound scan a small amount of sterile saline solution is injected into the uterus via a small catheter. SIS is advisable for the female partner before any fertility treatment to confirm that the uterus is in a good condition for embryo implantation.

SIS is normally done at the same time as the Pipelle procedure, usually within a week before the start of your treatment. It is important that you are not pregnant at the time, so you must abstain from intercourse or use effective contraception during that cycle. Please note that SIS cannot be performed if you have Pelvic Inflammatory Disease (PID).



Before the SIS procedure you will be asked to empty your bladder so that clear ultrasound images can be obtained. The whole procedure takes about 30 minutes, most of the time is spent scanning, while the saline injection takes just a few minutes. It is a very safe procedure, with just a slight risk of pelvic infection. To reduce the risk, the cervix and vagina are cleaned with an antiseptic solution and prophylactic antibiotics will be prescribed.

The results of the SIS will be available immediately.



Herts & Essex  
Fertility Centre



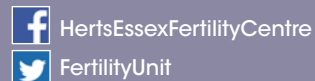
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Consultation Screening  
Saline Infusion Sonography

Herts & Essex  
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# Consultation

Your initial consultation at the Herts & Essex Fertility Centre marks the start of your treatment journey with us. It is an opportunity for a thorough discussion of your situation with one of our Fertility Consultants.

At the initial consultation we would like to meet you and your partner (unless you are considering becoming a Single Parent) to help us obtain a full medical history. This will include details of any previous fertility investigations or pregnancy history. We need to know if either partner already have children. Please be reassured that we will provide the same help and support with your second or third child as we will with your first.

Ideally, we would like a referral from your GP, but it is not essential. However, if you wish us to correspond with your GP or Consultant it is an Human Fertilisation and Embryo Authority (HFEA) requirement that you sign a consent form to that effect. It is likely that your GP/Consultant has already performed preliminary investigations and it is important for us to see the results, even if we may repeat some of them. We will discuss the implications of these results with you at this appointment.

We will assess your lifestyle. This will include your diet and weight, whether you take enough or too much of exercise, and if you smoke.

At this stage we will discuss the treatment options that are likely to be most successful for you. We will give you our candid opinion of the risks involved and your chances of success. Do ask as many questions as you wish, and remember we are here to help you make the right choice.

## Screening

Every patient, male and female, who chooses to undergo fertility treatment will need specific screening investigations within three months of starting treatment. This is a requirement of the HFEA Code of Practice. Certain conditions can have serious consequences for the mother and baby, so these tests are important. Do remember that a positive result for one or more of these diseases does not necessarily mean that you cannot have fertility treatment. It may mean that we have to approach your fertility treatment with safeguards in place.

### We test patients for:

- **HIV 1 and 2:** Anti-HIV 1 and 2
- **Hepatitis B:** HBsAg/Anti-HBc
- **Hepatitis C:** Anti-HCV Ab

We will discuss the implications of all these tests at your next consultation, but if you have any queries or concerns you can discuss them at any stage with one of our Fertility Nurses. All our staff are approachable, non-judgemental and above all, extremely experienced and knowledgeable.



## Pre-existing gynaecological conditions

We will check for common gynaecological conditions such as fibroids, polyps, ovarian cysts, blocked and dilated fallopian tubes (hydrosalpinx). Some conditions can be readily resolved and restore your natural fertility and ability to conceive. When needed, we can carry out surgery to maximise your chances of a successful pregnancy. Surgery is only ever undertaken if it is to your advantage and of minimal risk. The procedure will be discussed with you in detail and performed by one of our highly experienced Fertility Consultants. If referral to another specialist is necessary, detailed information including our own recommendations will be provided to maximise the benefits of your surgery. Typical procedures include:

### Laparoscopic surgery

This is keyhole surgery for assessing the pelvis, removing scar tissue (adhesions), managing ovarian cysts, treating hydrosalpinx and ectopic pregnancies.

### Hysteroscopic surgery

A miniature camera is inserted into the womb through the cervix in this procedure. Ultrasound diagnoses can be confirmed, and uterine fibroids, polyps and scar tissue can be surgically treated.

### Open surgery

For large fibroids, open surgery may be necessary.

### Surgical management of miscarriage

Miscarriage following fertility treatment or natural conception is very distressing. You will be offered management choices: to wait for natural resolution with or without the help of appropriate medications or proceed with surgical treatment. Your clinical team will give you all the support you need throughout.