Sonohysterography	Referral Guide: Page 1 of 2	Gynecology

Diagnosis/Definition:

Sonohysterography is an ultrasound based procedure in which saline is infused into the endometrial cavity, allowing enhanced visualization of the endometrial cavity and uterus. This allows improved diagnosis of anatomic lesions of the endometrial cavity and additional assessment of the endometrial lining. In addition, the screening ultrasound allows evaluation of the adnexa, including the ovaries and fallopian tubes.

Saline infusion sonohysterography (SIS) is typically performed via transvaginal sonography (TVS), although transabdominal sonography (TAS) is used in selected patients to enhance visualization of the pelvic structures.

Initial Diagnosis and Management:

History should include a review of the nature and duration of the patient's abnormal bleeding.

Pelvic examination should focus on detecting any lesions, lacerations, or abnormalities of the vulva, vagina, and cervix. A pelvic examination should be performed to evaluate the uterus and/or adnexa for any significant findings.

Patients should have the following laboratory studies (if indicated):
-Pap smear, within the time period specified by guidelines published elsewhere. If abnormal, appropriate referral should be performed.
-Pregnancy test in reproductive-aged women. If positive, referral as indicated.
-Chlamydia/GC screening in high-risk patients.
-Vaginal smears if clinically indicated (wet prep: saline and KOH).
-If menses are irregular: TSH and Prolactin.
-Clotting studies in patients with positive personal or family history for coagulopathies, i.e., Von Willebrand's disease.
-Endometrial biopsy should be considered in patients at high risk for endometrial hyperplasia and carcinoma. This includes obese patients with long-standing oligomenorrhea/amenorrhea. Referral to a GYN specialist to perform the biopsy is indicated if preferred by the patient's provider.

Patients at low risk for malignancy may be treated if the initial work-up is negative. This includes the following:
Hormonal therapy
-Oral contraceptives-if not contraindicated (combined pill preferred as progestin-only pills have relatively high rates of abnormal bleeding).
-Cyclical progestins.
-Other progestin therapy

Antibiotics
-Treatment of vaginitis
-Suspected endometritis warrants a trial of empiric therapy.

Non-steroidal anti-inflammatories or prolonged or heavy menses.
-Approximately 30% of patients respond with decreased flow.

GnRH analogs
-Patients should be referred to gynecology prior to instituting GnRH analog therapy.

Ongoing Management and Objective:

Resolution of AUB

Indications for Specialty Care Referral:

Saline infusion sonohysterography (SIS) is indicated for evaluating patients with the following conditions:
-AUB unresponsive to medical therapy
-Post-menopausal bleeding
-Suspected retained products of conception (POC)
-Indistinct endometrium on pelvic sonography in associated with AUB

Abnormal uterine bleeding (AUB) is bleeding that deviates from a patient's normal pattern or amount. It can be at abnormal or unexpected times or in excessive amounts at the time of an expected menses. Terms used to describe AUB include:

-Menorrhagia	Excessive bleeding at regular intervals
-Menometrorrhagia	Prolonged and irregular bleeding
-Intermenstrual bleeding	Bleeding that occurs between normal cycles
-Polymenorrhea	Bleeding at < 21-day intervals
-Postmenopausal bleeding	Bleeding occurring >1 year after menopause or at unanticipated times on hormone replacement therapy

Test(s) to Prepare for Consult:	**Test(s) Consultant May Need To Do:**
Completed work up	Endometrial biopsy

Criteria for Return to Primary Care:

Completion of SIS. Patient will be returned to primary care or ordering provider. If desired or requested, patient can be referred to gynecologic specialist for further evaluation and/or treatment.

Revision History: Created **Revised**