What is saline infusion sonohysterography (SHG)?
Saline infusion sonohysterography (SHG) consists of imaging the uterus and uterine cavity using ultrasonography while sterile saline is instilled into the uterine cavity. The purpose of sonohysterography is to detect abnormalities of the uterus and endometrial (uterine) cavity.

Why is SHG performed? The usual indications for SHG are abnormal uterine bleeding; infertility; recurrent spontaneous miscarriage; congenital abnormalities of the uterus; preoperative and postoperative evaluation of the uterine cavity; suspected during routine ultrasonography. SHG should also not be performed in women with an active pelvic infection or unexplained pelvic tenderness.

How is SHG performed? SHG is usually performed in the first part of the menstrual cycle after menstruation. The procedure begins with a transvaginal ultrasound examination. After this is completed, a narrow tube is placed through the cervix into the uterine cavity, and the ultrasound examination is continued while sterile saline is instilled into the uterine cavity. The uterine cavity is filled with sterile saline in order to improve detail of images of the uterine cavity. Space-occupying abnormalities such as endometrial polyps and intracavitary fibroids are usually very well visualized with this technique.

What are the risks and complications? An SHG is a very safe procedure. It may cause mild cramping, spotting, or discharge. Some women may experience cramps for several hours. The most common serious complication with SHG is pelvic infection; however, this occurs less than 1\% of the time and usually occurs in the presence of preexisting tubal disease. You should call your doctor if you experience pain and/or fever within one or two days of the SHG. Some physicians will prescribe pain medication and/or antibiotics before the procedure.