Hysteroscopic Proximal Tubal Cannulation
Information for patients
Welcome to Leeds Fertility. This booklet has been written to explain the purpose of Hysteroscopic Proximal Tubal Cannulation.

You can find further information at: www.leedsfertilityclinic.co.uk

How to contact us:
Please see page 07 for urgent and non-urgent contact details.

Contents
Page 03 What is hysteroscopic proximal tubal cannulation?
Page 03 Why do I need this procedure?
Page 03 What does the procedure involve?
Page 06 How likely is it to work?
Page 06 What are the risks with this specific procedure?
Page 07 When can I try to conceive again?
Page 07 Contact us
What is hysteroscopic proximal tubal cannulation?

It is a day-case surgical procedure to try and clear a blockage in the part of the fallopian tubes closest (proximal) to the womb.

Why do I need this procedure?

About one in four women who are unable to conceive after a year of trying for a pregnancy have blockage (partial or complete) of the fallopian tubes. The common reasons for blocked fallopian tubes include previous infection, scar tissue (adhesions) and endometriosis.

Fallopian tube blockage may be diagnosed either by an X-ray test called ‘hysterosalpingogram’ (HSG), or by ultrasound guided dye test (HyCoSy) or at diagnostic laparoscopy and dye test. Hysteroscopic proximal tubal cannulation is a procedure that can be tried to unblock the fallopian tubes if you have been diagnosed to have proximal tubal blockage.

What does the procedure involve?

The procedure will be performed under general anaesthetic i.e. by putting you to sleep. A small camera (hysteroscope) is introduced inside your womb cavity through the neck of the womb and the vagina. Another small camera (Laparoscope - see patient information on Laparoscopy) is inserted inside your tummy by making a cut in your belly button.

A further one or two small cuts may be required in the lower part of the abdomen to pass other instruments to do this procedure.
Hysteroscopy

Laparoscopy
After assessing your womb cavity with the hysteroscope, a thin catheter is inserted through the hysteroscope into the fallopian tube opening (ostium) and if required, an inner catheter and a very thin guidewire is slowly and gently passed through this catheter up to two centimeters from the ostium into the proximal fallopian tube.

A blue dye is passed through this catheter to check if the blockage has been cleared. The dye can be seen coming out of the end of the tube from above through the laparoscope camera, if the blockage has been removed.

The procedure will be repeated on the other side if needed.
How likely is it to work?

The National Institute for Health and Clinical Excellence (NICE) recommends this procedure as a treatment option for women with proximal tubal blockage. The procedure will not help if there is a blockage in the mid-portion or the far end of the fallopian tube (free end of the fallopian tube). The success of this procedure depends on several factors such as the cause and extent of the tubal blockage. If this is the only fertility problem, the chance of getting pregnant naturally after tubal catheterisation is almost as high as after IVF treatment. Your doctor will discuss with you how long you might continue to keep trying for.

What are the risks with this specific procedure?

This procedure is relatively safe, but like any operation, it does carry some risks. Please see patient Information on Diagnostic Laparoscopy and hysteroscopy under general anaesthetic for full information on these procedures.

Specific complications:

- **Tubal perforation:** There is a small risk of accidentally making a hole (perforation) in the fallopian tube (2-5 in 100) which often does not require further intervention.

- **Perforation of the womb:** The risk is small (2 in 100) and often does not require further intervention (heals by itself).

- **Failure of the procedure:** In some cases it is not possible to unblock the fallopian tube.

- **Ectopic pregnancy:** The risk of a pregnancy developing in the newly opened tube is slightly more (4 in 100) when compared to women trying to conceive in general (1-2 in 100).
When can I try to conceive again?

We advise you to wait until after your next menstrual period before trying to conceive. The best chance of achieving pregnancy is within the first 9 months of this procedure.

Contact us

Leeds Centre for Women’s Health Gynacology Acute Treatment Unit

If you have had a hysterectomy / laparoscopy operation recently and have a question or concern about how you feel, or you think you should see a doctor please call ward J24 St James’s University Hospital on 0113 206 5724 (24 hours).

Leeds Fertility

By post

- Leeds Fertility, Leeds Teaching Hospitals NHS Trust, Seacroft Hospital, York Road, Leeds, LS14 6UH

By telephone

*Mon-Fri 08.00-17.00*

- For all NHS appointments: 0113 206 3100
- For clinical queries: 0113 206 3102

*Sat-Sun 08.00-12.00*

- Clinical queries only: 0113 206 3102