

EURACARE

PATIENT INFORMATION FORM

FALLOPIAN TUBE RECANALIZATION/CATHETERIZATION

What is Fallopian Tube Recanalization?

Fallopian tube recanalization helps open a woman's blocked fallopian tubes. This improves your chances of getting pregnant. The fallopian tubes carry eggs from your ovaries to your uterus (womb). When sperm meets an egg in a fallopian tube, the egg is fertilized. But if the tubes are blocked, fertilization cannot happen.

Why have you been referred for FTR?

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 an Interventional Radiologist for a Fallopian Tube Recanalization, an x-ray procedure in which a special catheter is used to open fallopian tubes.

What are the benefits of FTR?

You will be able to get pregnant after the blocked fallopian tubes have been catheterized. This allows the sperm to meet an egg in the fallopian tube without any difficulty.

Are there any risk?

Like all procedures there may be some risk associated with FTR these may include perforation in the fallopian tube, pelvic infection, problems due to x-ray dye injected, tubal pregnancy, radiation to the pelvic area and the tube may become blocked again and will require other procedures.

Are you required to make any special preparations?

You may be asked not to eat for 4 hours before the procedure although you may still drink clear fluids such as water. The procedure is scheduled for shortly after your menstrual period ends. This helps ensure you are not pregnant.

Where will the procedure take place? In the radiology department – in the fluoroscopy or Cath lab.

Who will be performing this procedure?

A specially trained doctor called a Radiologist. Radiologists have special expertise in using X-ray and scanning equipment and in interpreting the images produced. They need to look at these images while carrying out the procedure to make sure the procedure is done correctly.

What happens during the procedure?

You will be asked to wear a gown and lie on the x-ray table. An IV (intravenous) line may be put into a vein in your arm or hand. This line gives you medicines (anaesthesia) to help relax you and keep you from feeling pain. A small metal or plastic tube (speculum) is put into your vagina to hold it open. A thin, flexible tube (catheter) is put through your cervix into your uterus. X-ray dye (contrast medium) is injected through the catheter. It flows up into your fallopian tubes. The dye helps your tubes be seen clearly on the X-ray images. This test is called a hysterosalpingogram (HSG). It will show the blockage in your fallopian tube and help guide the rest of the procedure. The catheter is moved into the opening of

the fallopian tube. This helps to clear the blockage. The catheter may have a small balloon or wire on the end. The balloon can be inflated to help clear the blockage. The wire can also be passed to help clear the blockage.

How long will it take?

Every patient's situation is different and it is not always easy to predict how complex or straight forward the procedure will be. Expect to be in the Department for about an hour altogether.

What happens afterwards?

You will be taken back to the ward. Routine observations, such as taking your pulse and blood pressure will be carried out to make sure there are no problems. You will stay in bed for a few hours, until you have recovered nurses will want to measure the amount each time. Some cramping and mild bleeding is common 3-5 days. Do not put anything into your vagina or have sex for 48 hours.

Finally

Some of your questions should have been answered by this leaflet, but remember that this is only a starting point for discussion about your treatment with the doctors looking after you. Make sure you are satisfied that you have received enough information about the procedure.

Giving my consent (permission). The staff caring for you will ask your permission to perform the procedure. You will be asked to sign a consent form that says you have agreed to the procedure and that you understand the benefits, risks and alternatives. If there is anything you do not understand or you need more time to think about it, please tell the staff caring for you.

