



Embryo Donation
INTERNATIONAL
Building Families

Saline Infusion Sonography (SIS) Patient Information

Embryo Donation International, P.L.

Please Note:

While many **Embryo Recipients** are couples, these materials use the singular “I” to mean all single and couple Embryo Recipients, making it easier to read.

General:

A **Saline Infusion Sonography (SIS)** is a test used to examine the inside of my uterus.

During a **transvaginal pelvic ultrasound**, my clinician will place a very thin catheter through my cervix into my uterus. A small amount of **warmed sterile saline** will then be placed into the uterus. The saline gently separates the uterine walls so the inside of my uterus can be clearly seen on ultrasound. This allows my clinician to check for abnormalities that might affect my chances of pregnancy.

SIS is often performed before **IVF or embryo transfer** to make sure there are no uterine problems that could interfere with embryo implantation or pregnancy.

At **Embryo Donation International (EDI)**, a transvaginal pelvic ultrasound is usually combined with **diagnostic hysteroscopy** to evaluate the uterus and pelvis. However, a **SIS may be performed if diagnostic hysteroscopy cannot be performed or if my clinician believes an SIS is needed.**

How it Usually Feels:

On a scale of 0-10, with 10 being the worst pain, most patients rate the procedure as a 1-2 out of 10. It is reported to be significantly less uncomfortable than a **hysterosalpingogram (HSG)**, which is used to assess tubal patency.

Cervical dilation is required in less than 10% of patients prior to the catheter placement. Dilation will be required more often in post-menopausal patients. Local medication can be injected near the cervix (e.g.,

paracervical block) for patients who are uncomfortable.

Indications:

Saline Infusion Sonography helps my clinician make sure my uterus is healthy and ready for pregnancy. This test may also be requested if I have a past history of:

- Abnormal uterine bleeding
- Uterine fibroids
- Endometrial polyps
- Recurrent pregnancy loss
- Intrauterine adhesions (scar tissue)
- A previously abnormal hysterosalpingogram (HSG)

What the Test Can Diagnose:

Saline Infusion Sonography allows my clinician to see problems inside my uterus, such as:

- Uterine polyps
- Fibroids that extend into the cavity
- Intrauterine adhesions (scar tissue)
- Abnormal uterine shape or structure

When this procedure is performed, pelvic ultrasonography will be used to evaluate the uterus, ovaries, and nearby pelvic structures, and numerous findings may be seen. The SIS procedure itself, however, limits its focus to the uterine cavity.

If a significant abnormality is found, it may need to be treated later with an **operative hysteroscopy**, which is a separate procedure performed with surgical instruments and often anesthesia.

Scheduling:

Saline Infusion Sonography is usually performed **between days 6–12 of my menstrual cycle**.

- The first day of menstrual bleeding is day 1.
- It is performed early in my menstrual cycle to make certain I am not pregnant.
- The test may be done on other cycle days if I am taking birth control pills or after a negative pregnancy test.

How I Should Prepare:

EDI recommends taking **400-800 mg of ibuprofen (Advil or Motrin)** about **1 hour before the procedure**. This helps reduce uterine cramping. **Naproxen (Aleve)** 1-2 may also be taken instead of ibuprofen. Acetaminophen (**Tylenol**) is another option, although this medication does not reduce cramping as well.

There are **no dietary restrictions**, and I do **not need to fast**. If I am prone to nausea, however, I may prefer to eat lightly before the procedure.

If I am having **pelvic pain or heavy bleeding** on the day of my appointment, I will contact the office because the procedure may need to be rescheduled.

I may bring **my partner, family member, or friend** to the procedure.

What Happens During the Procedure?

The procedure usually takes only a few minutes.

1. I will undress from the waist down.
2. If there is heavy bleeding or unusual tenderness, the procedure may be rescheduled.
3. Transvaginal pelvic ultrasonography will be performed.
4. The vaginal ultrasound will be removed, and a **speculum** will be placed in the vagina.
5. The cervix will be gently cleaned with a cleansing solution.
6. A very slender catheter will be inserted through the cervix into the uterine cavity.
7. The speculum will be removed and the vaginal ultrasound probe replaced.
8. Warmed sterile saline will slowly fill the uterus, allowing the cavity to be seen clearly.
9. I may feel **brief cramping** while the uterus expands.
10. I will be able to **see the ultrasound and SIS images** on the TV screen as they occur.
11. The catheter will be removed, and the procedure will be complete.

After the Procedure?

After the SIS:

- I may rest in the office for a few minutes. Some patients experience mild dizziness, which goes away with rest.
- I may experience mild cramping or light spotting.
- Sanitary pads are recommended for the first 24 hours. After that, I may use pads or tampons.

Most patients return to normal activities immediately. A slight amount of vaginal discharge (saline) and mild bleeding may occur. I may drive, exercise, shower, or bathe after the procedure. Sexual activity will not be limited unless I am told differently.

For discomfort, I may take Ibuprofen (Motrin or Advil), Naproxen (Aleve), or Acetaminophen (Tylenol), although most patients will not need additional medication.

Possible Risks and Complications:

Placing a hole through the uterus is a possible, although a very rare, complication of the procedure, and it is essentially impossible with the narrow flexible catheters used with the procedure. This complication has never happened at EDI.

Every attempt is made to minimize the < 1% pelvic infection rate following the procedure. If an infection does occur, oral or IV antibiotics and hospitalization will be needed. Rarely, as with any pelvic infection, surgery to remove infected organs may be necessary, leading to sterility. Individuals who become infected were most likely previously infected and almost always have underlying severe tubal disease. The procedure rarely initiates a new infection; rather, it reactivates an old underlying infection.

Understanding the Results:

EDI will usually discuss the results with me immediately after the procedure. If an abnormality is found, additional testing or treatment may be recommended.

Some believe the procedure is accurate up to 95% (19 out of 20) of the time in finding abnormalities, if any exist. Therefore, there is only a small chance that an existing problem will be missed during the SIS procedure. While no procedure is perfect, the SIS procedure will catch most problems and rarely misses significant concerns.

When Should I Call The Office?

I should call the office if I have:

- Fever of 100.4°F or higher, measured twice 4-6 hours apart
- Pain that does not improve with time or medication
- Heavy vaginal bleeding
- Other significant concerns

Updated: 3-15-2026

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