Saline Infusion Sonohysterography (SIS) Protocol

Indications

- Evaluation of abnormal uterine bleeding
- Suspected endometrial polyp, submucosal fibroid, or adhesions
- Infertility workup (cavity assessment)
- Congenital uterine anomalies

Preparation

- Schedule in **proliferative phase** of cycle (days 5–10) when endometrium is thin.
- Obtain **pregnancy test** if indicated.
- Consider **prophylactic antibiotics** in patients at risk for pelvic infection.
- Explain procedure and obtain informed consent.
- Patient empties bladder before study.

Equipment

- Endovaginal ultrasound probe with sterile cover
- Sterile speculum and forceps
- Catheter (5–7 Fr balloon catheter or flexible insemination catheter)
- 10–20 mL sterile saline (room temperature)
- Optional: Doppler or 3D acquisition for enhanced evaluation

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Procedure

1. **Baseline Transvaginal US**
    - Assess uterus, endometrium, adnexa before infusion.
2. **Catheter Placement**
    - Place speculum, cleanse cervix with antiseptic.
    - Introduce catheter through cervix into uterine cavity.
    - If using balloon catheter, inflate with 1–2 mL sterile saline to secure (optional).
    - Remove speculum, insert transvaginal probe alongside catheter.
3. **Saline Infusion**
    - Slowly instill **5–20 mL** sterile saline in increments.
    - Observe cavity distention and outline of endometrium.
    - Evaluate for polyps, fibroids, adhesions, or anomalies.
4. **Documentation**
    - Record images in multiple planes with and without saline distention.
    - Measure endometrium, lesions, or cavity distortion.
    - Consider 3D reconstruction if available.
5. **Completion**
    - Remove catheter and probe.
    - Briefly rescan uterus/adnexa for free fluid or complications.

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