



Tubal Cannulation

What is a Tubal Cannulation procedure?

A Tubal Cannulation is an x-ray procedure performed to help release a possible blockage of one or both fallopian tubes. It may be recommended when the blockage in the tube is close to the uterus (proximal occlusion). This is an outpatient procedure that takes 30 minutes to 1 hour to perform. It is usually done in the early part of your menstrual cycle just after menses has ended but before ovulation (typically between day 5 and 10 of your cycle). It is imperative that you are not pregnant and have not had unprotected intercourse around ovulation when we do this procedure.

How is this procedure done?

This procedure will be booked for you by our staff. You will need to avoid eating or drinking after midnight the day of your procedure (you can take a sip of water to take any recommended medication). You will need to check into the Radiology Department at Kelowna General Hospital at the specified time. You will meet the radiologist who performs this procedure so she can review the consent with you. The nurse will start an Intravenous (IV) in your arm or hand to allow you to receive some pain medication if necessary. This procedure starts much like the Hysterosalpingogram (HSG) that diagnosed your tubal blockage. You will lie on a flat x-ray table positioned under a fluoroscope (a realtime x-ray imager). Sterile drapes are then placed around the lower half of your body. The outer skin of the labia and vulva are cleaned with an antiseptic solution that may feel cold. The radiologist or gynaecologist then places a speculum in the vagina (much like a Pap test). The cervix is cleaned, and a catheter is placed into the opening of the cervix. The physician then gently fills the uterus with a liquid contrast through the catheter to confirm the tubal blockage. A soft guide wire is passed through the catheter and directed into the blocked tube while we watch the fluoroscopy monitor. The guide wire will pass all the way to the end of the tube. This allows the radiologist to then pass a very small stent over the guide wire followed by some contrast liquid.

Is it uncomfortable?

You will usually feel pressure and mild cramping from the insertion of the catheter. Most women do not have much discomfort at all. The IV medication is available to you for any cramping or pain you may have. Taking ibuprofen (600mg) half an hour prior to the procedure can help to minimize any discomfort.

What are the risks and complications of Tubal Cannulation?

Fortunately, complications from Tubal Cannulation are very rare but the reported risks include: • Infection –