

Sono HSG and SIS Procedure Guide

Office-based Tubal Patency and Uterine Evaluation

Prior to the Procedure

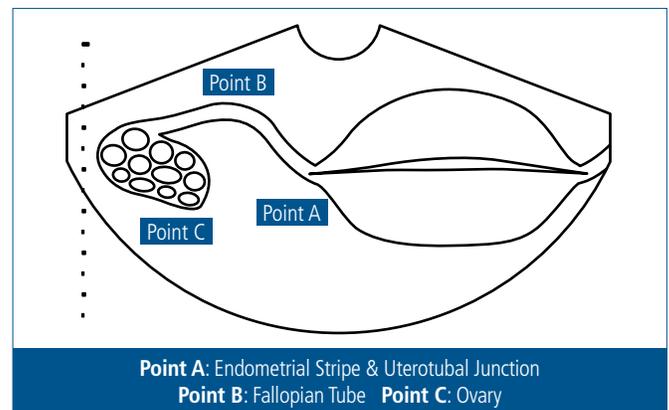
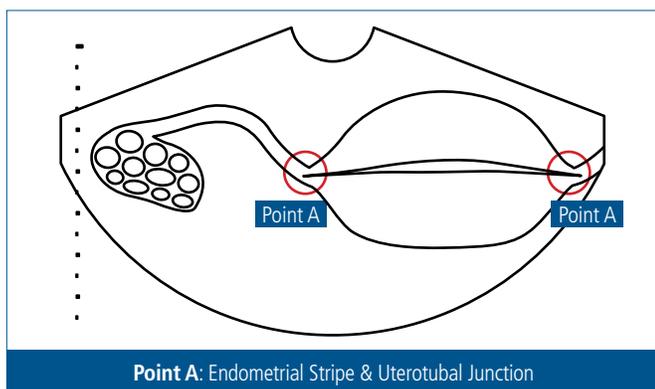
1. The patient's bladder will need to be completely emptied and the cervix cleansed with antiseptic.

Pelvic Exam and Landmark Assessment

1. Begin the procedure by performing a baseline transvaginal ultrasound.
2. "The uterus is imaged in the midsagittal plane, which includes the entire length of the cervical canal, structures like nabothian cysts serve as a landmark orientation."¹
 - Review the uterine position and note if it is retroflexed or anteflexed.
 - Locate and landmark the endometrial stripe and uterotubal junctions, **Point A**, in the transverse view.

The transducer is turned 90°, and the uterus is scanned in the transverse view from cervix to fundus, enabling the examiner to construct a mental three-dimensional image of the cavity."¹

3. Locate the ovary in **Point C** relative to the Endometrial Stripe. The Fallopian Tube is **Point B**, the area between the Endometrial Stripe and the Ovary. Do the same visualization for both tubes for a complete bi-lateral landmark assessment. Saline and air bubble media will be visible while flowing through the fallopian tubes during Sono HSG.



¹Saline Infusion Sonohysterography by A.K. Parsons published in Medica Mundi July 2001

ABBI Preparation

The ABBI selection dial provides the option of:

- Injecting a consistent stream of sterile saline and air bubble mixture for a Sono HSG procedure to assist in assessing fallopian tube patency.
- Injecting sterile saline in an optional SIS procedure to visualize and assist in detecting abnormalities of the uterine cavity and endometrium.

1. Connect the sterile saline syringe or bag to the ABBI saline port.



2. Pull back the thumb plunger until the saline chamber is filled completely with sterile saline. Once filled, the user has the option of removing the sterile saline bag/syringe from the ABBI saline input port or leaving it in place.



3. Prime the device before use by holding it with the luer up so that the air bubbles rise to the top of the syringe. Then depress the device until the air is evacuated from the saline chamber and a small amount of saline is released from the device.

Catheter Placement

Place the catheter (a balloon catheter is recommended) through the cervix into the uterus. Inflate the small balloon to hold the catheter in place (see intrauterine infusion catheter Instructions for Use for proper catheter placement).

Injection of Saline Only for the SIS Procedure

(Note: SIS is an optional procedure)

1. Attach the ABBI male luer to the intrauterine catheter hub.

When using a balloon type intrauterine infusion catheter, ensure that ABBI is connected to the infusion channel, and not the balloon filling channel (see balloon catheter's Instructions for Use for more information).



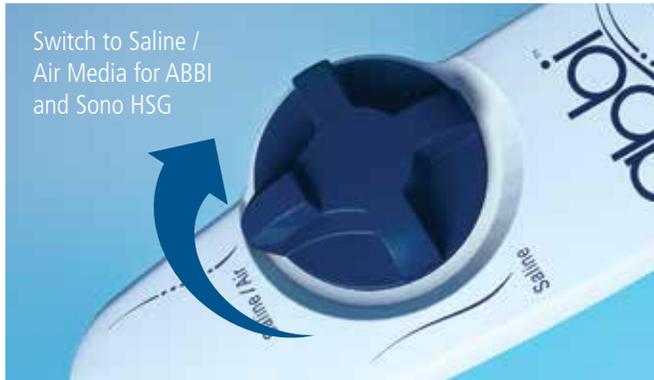
2. Set the dial to saline. In a sagittal view, slowly and steadily fill the uterus with saline until the media reaches the fundus and distends the cavity.



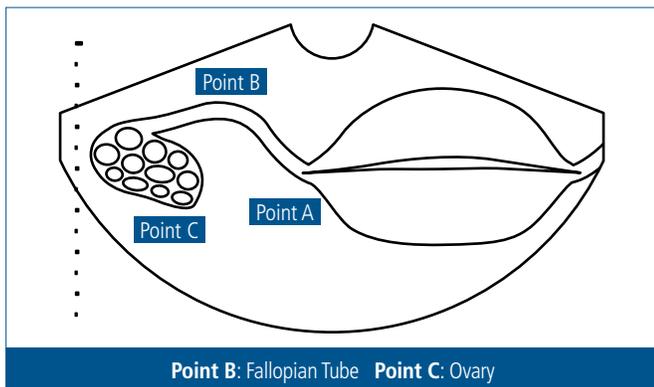
3. Repeat step 2 if necessary. To refill ABBI with sterile saline, pull back the thumb plunger when ABBI is connected to a sterile saline bag or syringe.

Injection of Saline/Air Bubble Media For the Sono HSG

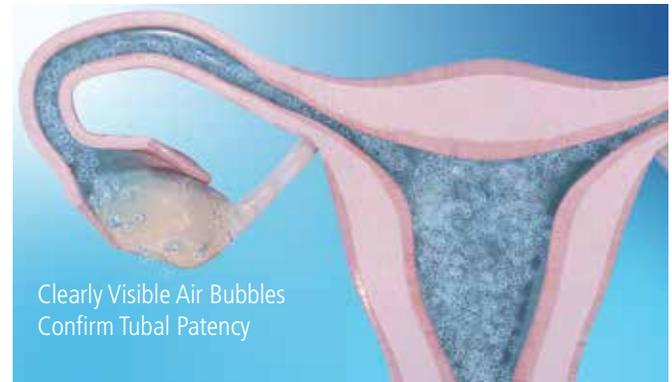
1. Pull back the thumb plunger until the saline chamber is filled completely with sterile saline.
2. Set the dial to Saline/Air. Slowly and steadily fill the uterus with saline and air.



- Focus and hold the probe at **Point A** and evaluate media into the tube.
- Slowly scan from **Point A** to **Point C** looking for contrast media through the fallopian tube.
- Focus probe at **Point C** and look for saline/air bubble media exiting the fimbria into the cul de sac.



3. The air bubbles are highly echogenic and assist in confirming tubal patency by allowing observation of the media flow into and through the cornual fundal junctions, into and through the fallopian tubes, and out of the fimbria, or by confirming tubal occlusion by allowing observation of the media pool around either of the tubal ostia or within either of the fallopian tubes.



4. Repeat step 2 if necessary. To refill ABBI with sterile saline, pull back the thumb plunger when ABBI is connected to a sterile saline bag or syringe.

Remove Intrauterine Infusion Catheter

See intrauterine infusion catheter Instructions for Use for proper removal of the catheter.

Patient Monitoring

At the end of the procedure, it is recommended that the patient be monitored for approximately 15 minutes in the supine position in order to prevent the onset of vasovagal reactions or scapular pain, resulting from the possible irritation of the phrenic nerve.²

² Marci R, Marcucci I, Marcucci A A, Pacini N, Salacone P, Sebastianelli A, Caponecchia L, Lo Monte G, Rago R, et al: Hysterosalpingcontrast sonography (HyCoSy): evaluation of the pain perception, side effects and complications. *Marci et al. BMC Medical Imaging* 2013, 13:28

Male Luer for Connection to Intrauterine Infusion Catheter

Air/Saline Symbol

Saline Symbol

Selection Dial

Saline Input Port

abbi
Air Bubble Based Infuser

10 mL Air Chamber

10 mL Saline Chamber

Two-Position Comfort Grip

Thumb Plunger



Required Items for Procedure

- ABBI™ Device
- H/S Elliptosphere Catheter (PN 61-4005) or Equivalent
- Speculum
- Lubricant
- Antiseptic Solution for Genitalia and Cervix Cleaning
- 20cc Sterile Saline (0.9% Sodium Chloride) Bag or Prefilled Syringe
- Standard IV Tubing Set with Male Luer (if Using Saline Bag)
- Ultrasound Machine
- Ultrasound Gel
- Ultrasound Probe Sheath

Ordering Information

| Product Code | Description |
|--------------|---|
| ABBI | ABBI (Air Bubble Base Infuser) Device – 1 per Box |
| ABBI-Kit | ABBI (Air Bubble Base Infuser) Device with Elliptosphere Catheter – 1 per Box |

CooperSurgical

For more information, call 800.243.2974 or 203.601.5200 or visit www.coopersurgical.com. Also, see us on YouTube at YouTube.com/CooperSurgical.

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82600 Rev. 9/15