Society of Interventional Radiology
The vision to heal

SURVIVAL GUIDE SERIES

GGR MANAGEMENT SERVICE LINE

THE ESSENTIALS OF GGR MANAGEMENT PROCEDURES

Brought to you by:

Procedural Education Committee of the GGR Management Service Line- Resident and Fellow Section, Society of Interventional Radiology

For comments or suggested edits, please email SIRSurvivalGuide@gmail.com.

AUTHORS:

- Nicole Lamparello, MD

EDITORS:

- Susan O'Horo, MD
- Joseph DeMarco, DO, SIR-RFS Clinical Education Survival Guide Liaison

FALLOPIAN TUBE RECANALIZATION

INDICATIONS

1. Infertility with persistent occlusion despite salpingography (direct selective catheterization of fallopian tube ostium)
    A. Proximal tube occlusion secondary to mucus plug, inflammatory debris, fibrosis, etc.
    B. Distal tube occlusion secondary to scarring/fibrosis (although usually treated with laparoscopic or open microsurgery or with IVF.

ABSOLUTE CONTRAINDICATIONS

1. Active infection
2. Pregnancy

RELATIVE CONTRAINDICATIONS

1. Contrast allergy

PREOPERATIVE PREPARATION

1. Clinical and physical exam: evaluate symptoms (exclude other diagnoses)
    A. Normal pap smear
    B. Negative GC/chlamydia cultures
2. Negative beta-HCG or perform procedure in follicular phase of menstrual cycle (day 1-14)
3. Confirm fallopian tube occlusion: Review imaging/anatomy, selective salpinopgraphy
4. Antibiotic prophylaxis with oral doxycycline: 100mg twice daily for 5 days starting two days prior to procedure.

CONSENT

1. Discuss treatment risks, benefits and alternatives
2. Risks:
    A. Intraprocedural conscious sedation
    B. Pain
    C. Nausea
    D. Cramping
    E. Vaginal spotting/bleeding
    F. Infection
    G. Uterine perforation
    H. Probability of persistent occlusion
3. Benefits: Clearance of tubal blockage, increasing the chance of fertility.
4. Alternatives: Not performing procedure, or performing an alternative, more invasive procedure such as laparscopic or open microsurgery.

DOSIMETRY

1. Ovarian exposure: 0.087 mSv (unilateral) - 0.271 mSv (bilateral).

PROCEDURE

1. Transcervical Access
    A. Drap patient, sterilely prepare area
    B. Introduce speculum and visualize cervix
    C. Cannulate cervix
        1. Use 9-12 F occlusive catheter (fixed with endocervical/uterine balloon, tenaculum or external cervical suction
        2. Use Thurmond-Rosch fallopian tube catheterization set
    D. Take scout image
    E. Gently inject contrast (dilute contrast to 30%) to opacity uterine cavity and delineate anatomy
2. Fallopian tube access
    A. Advance coaxial catheter system/guidewire (different shapes and sizes) to corneal

region and advance through obstruction

B. Remove guidewire and inject full strength contrast agent through catheter (selective salipinography)
C. For persistent obstructions, cross with floppy-tip wire or hydrophilic guidewire with gentle probing movements
D. Obtain frontal and oblique views of the fallopian tube corneal region, as well as magnification views as needed
E. Once obstruction is crossed, inject full-strength contrast medium

POST-OPERATIVE CARE

1. Monitor for approximately 30 minutes post-procedure
2. Pain medication prn
3. Complete course of antibiotics
4. Abstain from sexual intercourse for 2 days
5. Restoration of tubal patency, 40-90%

POSSIBLE COMPLICATIONS (EARLY AND DELAYED)

1. Tubal perforation: 2-4%
2. Contrast intravasation
3. Infection: Peritonitis: 1%, pyosalpinx, endometritis
4. Higher risk for ectopic pregnancy, but less than microsurgical tubal intervention,
5. Tubal pregnancy 3%

FOLLOW UP

1. Variable pregnancy rates, 30-60%, typically occurs within 6 months
2. Repeat hysterosalpingogram in patients with continued infertility

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