WHAT TO EXPECT: Fallopian Tube Recanalization / Infertility

FIS Evaluation Clinic Located at TGH

All patients are first evaluated at our outpatient clinic at Tampa General Hospital (TGH) in the Harborside Building located at 5 Tampa General Circle, 8th Floor, Suite 820, Tampa, FL 33606. We are in the same office as FACT (Florida Advanced Cardiothoracic Surgery). Valet parking is offered in front of the Harborside Building and self-parking is always available in the parking garage. (See Map on Page 3)

What to Bring to Your Evaluation

On the day of your evaluation, please bring any imaging (CT/MRI/X-rays) and blood tests results if they were not performed at TGH. We prefer imaging on CDs for our later review. If you are seeing a Gynecologist, please request that they fax your records to our office at (813) 844-4032 prior to your evaluation. If we do not receive your medical records prior to or on the day of your appointment we will have to reschedule.

Evaluation Appointment

Prior to leaving the office you will be scheduled for your procedure. If for some reason we cannot schedule you at that time, the scheduler will call you soon after your evaluation to schedule your procedure. Please remember that all Fallopian Tube Recanalization patients usually stay 2-3 hours after the procedure to treat any or discomfort. The procedure is best performed right after your monthly cycle has ended, giving us better visibility.

FIS Procedure Clinic Located at TGH

Our Procedure Clinic Registration is also located at TGH in the Bayshore Pavilion Area K, take elevators to the 3rd floor and precede to the 3K Registration Desk. Valet parking is offered for a small fee on the day of your procedure in front of the Main Entrance and self-parking is always available in the parking garage. (See Map on Page 3)

Preparation for the Day of Your Procedure

We ask that you DO NOT eat anything after midnight on the night prior to your procedure or at least 6 hours prior to your procedure. Eating breakfast will force us to delay your procedure as we cannot give you anesthesia safely if you have eaten within 6 hours. Please take all of your normal medicines with sips of water on the morning of the procedure. You may also take Motrin. This may help with the cramps you may experience during the procedure. We ask all patients to arrive two hours prior to their scheduled procedure and report to the 3rd floor of the Bayshore Pavilion. Again our procedure clinic is in the Bayshore Pavilion and after you are registered on the 3rd floor, you will be directed to a private preoperative room. Blood tests are performed as soon as you arrive to assure you are well enough to undergo the procedure.
Medications Administered

During the procedure medications are given for “conscious sedation”, otherwise known as “twilight sedation”. General anesthesia is not required.

Fallopian Tube Recanalization / Infertility Procedure

The procedure begins just like the Gynecologists exam for Pap Smear. The patient is placed in the lithotomy position and the vulvar area is prepped and draped. A speculum is placed into the vagina and the cervix is prepped with Betadine. The next part is a Hysterosalpingogram (HSG). A catheter is inserted through the cervix and into the uterine canal. A small balloon is inflated at the tip of the catheter to prevent leakage of x-ray dye. X-ray dye is then injected into the uterine cavity and pictures are taken (HSG). You may feel significant pressure or cramps during the x-ray dye injection. We are looking to see if the Fallopian Tubes are blocked.

If so, we insert a smaller catheter over a very slippery wire, right through the first catheter. We enter the Fallopian Tube and manipulate the wire and/or catheter through the blockage (possibly a small mucous plug or focal scar from previous infection). We inject contrast again to see it flow through the previously blocked tube. If the contrast can now flow out through the Fallopian Tube, the egg can now float into the tube and enter the uterus. Fertilization now becomes possible. This procedure can increase the chance of conception by as much as 40% in patients with blocked Fallopian Tubes.

Post Procedure

The patient will stay with us for 2 hours to fully recover from the light sedation, and may then go home with no restrictions. Although the cramps resolve as soon as the procedure is finished, the patient may have a sticky clear or blood tinged discharge for a few hours following the procedure. This is the residual x-ray dye coming out, possibly mixed with a little blood. This is normal.

*See Next Page for a Map of TGH*