



Cavity Assessment with SISH or Endosee

Based on the reason for your visit, your provider may order one of these procedures. You and your provider will discuss and determine the best plan at your visit. Please review the information prior to your appointment.

Why is it important to check the cavity of the uterus?

Often issues with heavy periods, irregular periods and post menopausal bleeding can be related to issues inside the cavity of the uterus.

What would make the cavity abnormal?

The most common issues are fibroids or polyps. Fibroids are growths from the muscle layer, they are rarely cancerous. Polyps are growths from the lining of the uterus (endometrium) and are rarely cancerous. Both fibroids and polyps can lead to bleeding problems. There are some other less common issues we can find.

Can an Ultrasound tell what is going on in the cavity of the uterus?

Not always. On a regular Ultrasound the two sides of the uterus are next to each other and it is difficult to see if the cavity is normal. An Ultrasound is still an important part of looking into bleeding problems.

Can a biopsy tell what is going on in the cavity of the uterus?

No. An endometrial biopsy (EMB) is a procedure that collects some cells from the glandular layer (endometrium) of the uterus. We send the cells to the pathologist to make sure they are normal cells. An EMB is still an important part of looking into bleeding problems and is often done at the same time of checking the cavity of uterus. There may be a separate charge from the pathologist for their services.

How can we find out what is going on in the cavity of the uterus?

We can do a SISH or Endosee procedure in the office to check the cavity of the uterus. You would not need to have both of these done, usually just one. There are no incisions for either of these procedures; it is all done through the vagina with a speculum similar to a Pap smear. Women often do not need any pain medication or anesthesia for either of these procedures.

During a saline Infused Ultrasound (SISH) we will place a speculum in the vagina to see the cervix. The cervix is cleaned and a small tube put inside the uterus. A vaginal ultrasound is done while pushing sterile fluid into the uterus. We will see on Ultrasound the cavity fill and can find polyps or fibroids in the cavity.

During an EndoSee procedure we will place a speculum in the vagina to see the cervix. The cervix is cleaned. We then put a small tube inside the uterus that has a camera attached to it. We will be able to see by video what is inside the cavity of the uterus.

What is the cost difference between these procedures?

Below are the diagnosis and procedure codes for the services discussed above. These services are performed in our office so there is no facility fee. You may have an additional cost if there is a biopsy or polyp sent to Sparrow Hospital Pathology since Alliance does not provide this service.

Diagnosis Codes

- Abnormal uterine bleeding N93.9
- Heavy periods N92.0
- Irregular intermenstrual bleeding N92.1
- Irregular periods N92.6
- Thickened lining of uterus N85.2
- Postmenopausal bleeding N95.0
- Polyp of the Uterus N84.0

<u>Name of Procedure</u>	<u>Procedure Code</u>	<u>Cost*</u>
Saline Infused Ultrasound (SISH)	76831, 58340	\$499.00
Endosee – Diagnostic	58555	\$690.00
Endosee With Endometrial Biopsy (EMB)	58558	\$3190.00
Endosee With Polyp Removal	58558	\$3190.00
Endometrial Biopsy (EMB)	58100	\$176.00

*The charges above are estimates and your insurance company may or may not pay for these services. We recommend that you reach out to your insurance company prior to your procedure to determine whether your services may be covered. You may call 517-999-3590 to reach our patient billing liaison who can help you with the cost and coverage for these services.

Will doing an Endosee or SISH mean that I do not need additional procedures?

No, if we find a polyp or fibroid inside the uterus we will likely recommend an additional procedure to remove this. Some women may be a good candidate to do this procedure in the office with an operative hysteroscopy.