DR TARR. INTERVENTIONAL RADIOLOGY · BRISBANE & IPSWICH

PATIENT FACTSHEET

WOMEN'S HEALTH & FERTILITY · TUBAL RECANALISATION

Tubal Recanalisation & Lipiodol Flush

A blocked fallopian tube is not always a surgical or IVF problem. Proximal blockages can often be reopened in a 30-minute image-guided procedure, and lipiodol flushing of the tubes carries a recognised fertility benefit of its own.

AT A GLANCE

Anaesthesia **None or light sedation**	Hospital stay **Home within about an hour**	Procedure time **About 30 minutes**
Timing **First half of the cycle**	Trying to conceive **From the next cycle**	Cost **Confirmed in writing before booking**

The problem: blocked tubes on the path to pregnancy

When fertility work-up shows blocked fallopian tubes, many couples assume IVF is the only road. But a large share of "blockages" seen at the junction of the uterus and tube (proximal occlusion) are plugs of mucus or debris, or spasm, not permanent scarring. These can often be cleared without surgery.

How the procedures work

Tubal recanalisation: through a thin tube placed via the cervix, no incisions, a fine catheter and guidewire are steered to the blocked tubal opening under X-ray guidance, and the blockage is gently cleared. Contrast then confirms the tube is open. **Lipiodol flush:** the tubes are flushed with lipiodol, a poppy-seed-oil-based contrast with a recognised fertility-enhancing effect in its own right, particularly in unexplained infertility, where pregnancy rates improve in the months following flushing.

Who it suits

- Proximal tubal occlusion on HSG or HyCoSy
- Unexplained infertility, where lipiodol flushing may improve natural conception
- Couples wanting to exhaust simpler options before IVF
- Selected patients within IVF pathways, in collaboration with their fertility specialist

What to expect

1. **Consultation and timing.** Review of your fertility work-up with your referring GP or fertility specialist. The procedure is timed to the first half of your cycle, after your period and before ovulation.

2. **The procedure (about 30 minutes).** Awake or with light sedation. Speculum, soft cervical catheter, no incisions. Period-like cramping during the procedure is common and brief.
3. **Home within the hour.** Normal activity the same or next day; spotting for a day or two is expected.
4. **Trying again.** You can try to conceive from the next cycle. Results are reported to your fertility specialist or GP the same week.

Results and risks, honestly

Proximal blockages can be reopened in the large majority of attempts, and a meaningful proportion of couples conceive naturally in the following months, particularly when the tubes are otherwise healthy. Lipiodol flushing adds a genuine, evidence-supported fertility benefit in unexplained infertility. Neither procedure helps blocked tube ends (distal disease or hydrosalpinx) or severe scarring; that is an honest selection conversation, and IVF or surgery may then be the better road. Risks are low: cramping and spotting are expected; uncommon risks include infection (screened and covered where appropriate), tubal perforation by the fine wire (usually of no consequence), and re-blockage over time. Radiation dose is kept minimal and is timed to avoid an established pregnancy.

Common questions

Does lipiodol flushing really improve fertility? Yes, randomised studies and meta-analyses show higher pregnancy rates after lipiodol tubal flushing, especially in unexplained infertility. The effect lasts several months after the flush. Dr Tarr trained under pioneers of this technique in Vancouver.

Is this an alternative to IVF? Sometimes. For proximal blockage or unexplained infertility it is a far simpler, cheaper first step, and it does not delay or preclude IVF. For distal blockage, hydrosalpinx or significant pelvic disease, IVF or surgery remains the right path, and you will be told so plainly.

When in my cycle is it done? Days 6 to 12, after bleeding stops and before ovulation, to avoid disturbing a possible early pregnancy.

APPOINTMENTS & REFERRALS
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For GPs: refer by naming **Dr Gregory Tarr** (Medical Objects: "Dr Gregory Tarr"). Every consultation covers all of the patient's options, not just this one.

Performed in the first half of the menstrual cycle and coordinated with your fertility specialist or GP, who receives a report the same week. Your individual costs are confirmed in writing before booking.

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