4. Inflate the proximal balloon with 10-25 cc’s of saline or contrast. (Figure 2) The portion of the balloon not constricted by the cervical canal will be inflated, sealing the external cervical os.

5. For hysterosalpingography studies, slowly inject contrast medium through the stopcock and side-arm adapter of the Check-Flo® adapter. The Check-Flo® valve helps prevent fluid reflux. Due to the sealing of the balloons around the cervix, rapid injection of contrast medium could cause high intrauterine pressure resulting in extravasation.

Figure 2
3. Inflate the distal balloon with 3-5 cc's using the saline or contrast medium. Gently pull back on the catheter's shaft to seat the distal balloon in the internal cervical os. (Figure 1)

WARNING: Do not exceed recommended balloon volume. Overinflation can cause the balloon to rupture.

CONTRAINDICATIONS
- Pregnancy or suspected pregnancy
- Active or recent pelvic infection
- Known allergy to dye or contrast medium

POSSIBLE ADVERSE EFFECTS
1. Pain or Discomfort – Some patients may experience cramping or other abdominal pain.
2. Extravasation – Dye or contrast medium that exceeds normal anatomic constraints of the fallopian tube(s).

SUGGESTED INSTRUCTIONS FOR USE OF THE MENCINI DOUBLE BALLOON HYSTEROSALPINGOGRAPHY CATHETER
1. The cervix is exposed using a vaginal speculum. Prepare the cervix with povidone-iodine solution.
2. Introduce the catheter transcervically until the distal balloon is positioned in the lower portion of the uterus.

NOTE: The stiffening cannula may be left in the catheter to enhance the rigidity of the shaft. The distal tip of the stiffening cannula is malleable and can be shaped with a slight curve to facilitate directional control.

WARNING: Always inflate the balloon with a sterile saline or a 1:1 saline and contrast medium. Never inflate with air, carbon dioxide or any other gas.