

Gynaecological Ultrasound

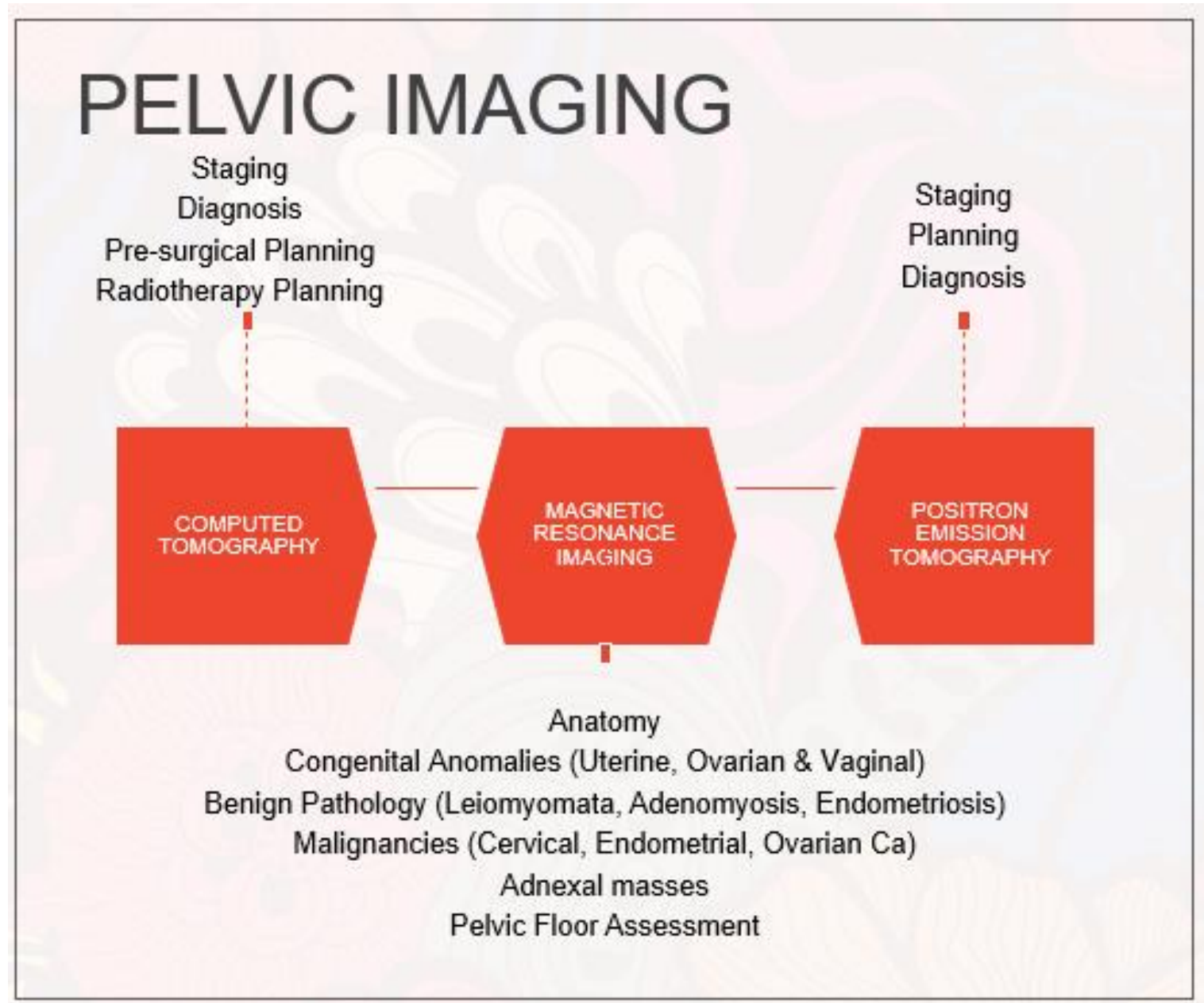
Pamela Parker

President, British Medical Ultrasound Society

The Optimum Imaging Tool

- Transvaginal ultrasound is the primary imaging modality for assessing the female pelvis due to its dynamic nature, acceptability, high resolution and absence of ionising radiation.

The Alternatives

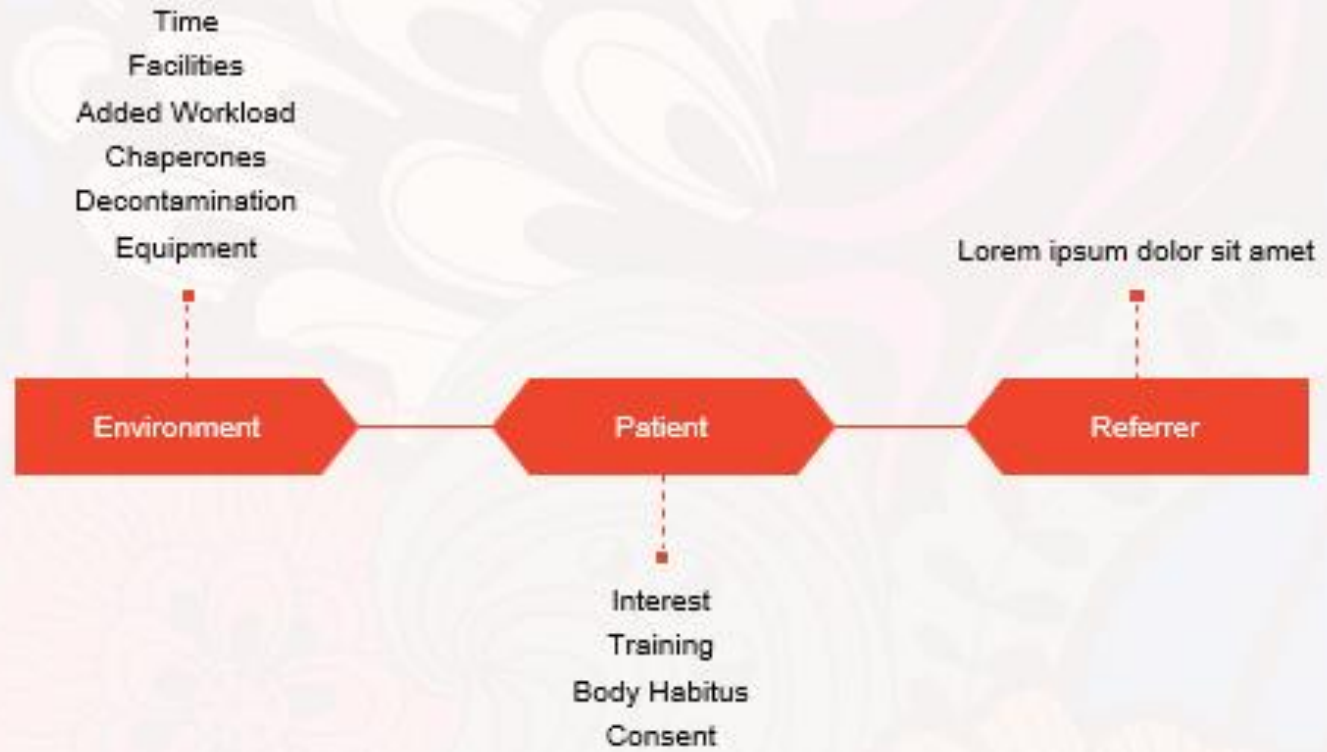


So why US?

- Accessible
- Tolerated
- Safe
- Relatively inexpensive
- **Sonographers – you are brilliant at this!**

Barriers

Barriers



Environmental Challenges

- **Time**
 - Do you have sufficient time allocated to perform an adequate and appropriate scan?
- **Adequate Facilities**
 - Is the US room big enough? Is there appropriate privacy for the patient?
- **Added Pressures**
 - Do you have a structured working practice? Are you constantly having to add in additional 'extra' cases?
- **Local Chaperone Policy**
 - Do you have appropriate chaperones in place?
- **Decontamination**
 - What facilities are in place for probe decontamination?
- **Equipment**
 - Have you appropriate equipment to undertake the imaging? Is it appropriately serviced and up-to-date QA?

Patient-Related Challenges

- **Interest**

- Do you even like gynae imaging? The more you enjoy something the more interest you will take in it!

- **Training**

- What level of training do you have beyond your base-training? Unless you work doing lots of complex gynae work, gynae can be seen as a 'going through the motions' kind of test. There is so much more to gynae US than GP referrals!

- **Body Habitus**

- Too big? Too thin? Painful to scan!
- Cases of missed diagnosis, unnecessary ionising radiation,

- **Consent**

- Can you obtain appropriate consent for the examination?

- **Managing Expectations**

- US cannot answer all questions. Ask the patient where the symptoms originate from. Quite often you can rule out a gynae cause for pain just by speaking to your patient and scanning the ROI.

Referrer Issues

- **Lack of face-to-face assessment**
 - Since COVID, less in-person primary care and outpatient referrals have taken place.
- **Lack of bimanual examination**
 - For ALL gynaecological referrals, a bimanual examination should be part of the
- **Poor quality referrals**
 - Referrals missing important biochemical information (up to 50% of referrals are unwarranted).
- **CT Reports!!!** 🙄
 - Where do I start with this one! Referrals based on poor-quality cross-sectional reports. "US-correlation is advised".....Really!!
- **Lower GI vs Gynae**
 - Has the referrer ruled out a lower GI cause for the patient's symptoms?
- **Polycystic Ovaries**
 - Not all cases of ?PCO need US.
 - Rotterdam criteria (2003) & Australian Guidelines (2018)

Solutions



Solutions

BMUS 

Transvaginal Ultrasound Examinations – Guidance for Practitioners

Produced by the British Medical Ultrasound Society

October 2022

BMUS Guidance

The aims of this guidance are to:

- Set out clearly who is eligible to be offered a TVUS and to identify those ineligible
- Eliminate discrimination and maximise equality in ultrasound service delivery
- Optimise and modernise patient care in ultrasound services
- Provide advice for the ultrasound practitioner regarding TVUS, governance and safety

Communication

- Before any person accepts a TVUS, good communication between the ultrasound practitioner and patient is pivotal.
- Clear, unambiguous communication will improve the patient experience and reduce the risk of complaints.

Chaperones

- A chaperone should be present during the examination and situated in the ultrasound room where they are able to observe the procedure, i.e. not behind a screen or curtain.
- The chaperone should be a member of the clinical team who understands what is normal practice when performing TVUS.
- A friend or family member should not act as a chaperone for the patient although they may well be present during the examination at the patient's request or if it is in the patient's best interest.
- Conversely, a patient should be given the opportunity to have a medical examination without a friend or family member present.

Eligibility

- Every person assigned female at birth aged 16 years or older is eligible to be offered TVUS.
- Eligibility is also extended to transgender men, transgender women and people who identify as asexual, intersex or non-binary.
- In some very specific circumstances minors may be offered TVUS.
- There is no upper age limit for TVUS.

Eligibility

- The age, sexual status, sexuality, religious or personal beliefs of the person or the ultrasound practitioner should not be barriers to offering TVUS.
- Ultrasound practitioners must not discriminate against patients by allowing personal views to affect the service they provide or arrange.

Virgo intacta

- If a patient has not had penetrative sex, they are still entitled to be offered, and to accept, a TVUS in the same way that cervical screening is offered to all eligible patients
- Both TVUS and cervical screening are health tests entirely removed from sexual activity.
- Lack of penetrative sex does not preclude the spread of the human papilloma virus associated with cervical cancer

Virgo intacta

In situations where patients have not had penetrative sex but have accepted TVUS, the ultrasound practitioner must:

- ensure that fully informed consent from the patient has been gained
- remain wholly aware of any patient discomfort or desire to cease the examination before or during the procedure

Decisions, actions and outcomes must be recorded accurately on the patient's ultrasound report.

Sexual orientation & gender identity

- Access to intimate examinations such as cervical screening and TVUS has been documented. However, TVUS may likely offer superior imaging compared with transabdominal pelvic assessment and therefore help to optimise treatment and management
- Transgender men receiving masculinising hormone therapy, may require TVUS at regular intervals for endometrial assessment.

Religion

- TVUS must be offered to all eligible persons regardless of their own religious or cultural beliefs or those of the ultrasound practitioner too.
- It is the responsibility of the individual ultrasound practitioner and local department to make alternative arrangements if patient care may be compromised for these reasons.

'Best interests' guidance

- In the absence of gaining informed consent from patients in these circumstances, a TVUS should not be undertaken and a discussion with the referring clinician is required before proceeding further
- It is the referring clinician's responsibility to act in the patient's best interests

Patient age

- In the United Kingdom a person is deemed adult when they reach the age of 18 years but young people aged 16 and 17 are presumed, in law, to have the capacity to consent to medical treatment and should therefore be offered TVUS
- Patients under 16 years may also be counselled on the anticipated benefits and offered TVUS in certain circumstances
- Ultrasound practitioners should be aware of *Gillick Competency* and the *Fraser Guidelines*, both of which offer helpful advice regarding offering a test if it is in the child's best interest.

When not to offer TVUS or proceed

- Patient choice
- Postmenopausal atrophy, vaginismus, vaginitis and recent surgery
- Prolapse and pessaries
 - Check type, reason and location

Conclusion

- A TVUS examination is safe, readily available and minimally invasive.
- Although any patient may decline to have a transvaginal ultrasound assessment, there are few situations where a patient is ineligible to be offered one.
- Good communication between the ultrasound practitioner and patient, explaining both the advantages and limitations of TVUS in order to gain fully-informed explicit consent, is of paramount importance

Any
Questions?

BMUS 

**Transvaginal Ultrasound
Examinations – Guidance
for Practitioners**

Produced by the British Medical Ultrasound Society

October 2022