



Promoting Excellence In Ultrasound

Policies and Statements

D8

Guidelines For The Performance Of A Gynaecological Scan

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September 1993, Revised October 1999, Reaffirmed July 2005, Revised March 2006

HISTORY

An appreciation of the clinical history can be very important in reaching a diagnosis. Necessary clinical details include the presenting symptoms, the age of the patient, her parity, menstrual history and last menstrual period (LMP), any previous gynaecological surgery, any current hormonal treatment and results of any available hormonal tests for pregnancy. Careful note should be taken of any recorded clinical findings.

FACILITIES AND PREPARATION

Changing facilities which ensure privacy should be available and the patient should be appropriately draped during the examination.

The procedure should be fully explained before scanning is commenced, including the possibility of a vaginal scan where applicable. Written explanation in various languages may be helpful in multicultural areas where an interpreter is not readily available. When a vaginal scan is offered, the patient may choose to accept or refuse this offer and undue persuasion is inappropriate.

ASUM's Guidelines for Disinfection of Transvaginal Transducers (B2) should be followed.

Each practice needs to develop a strict protocol and code of conduct for performing gynaecologic ultrasound examinations.

EQUIPMENT

High quality high frequency vaginal and abdominal transducers should be available when an examination of the female pelvis is undertaken. The availability of colour/power and spectral Doppler is advisable.

SCANNING

Transabdominal and transvaginal evaluation are complementary and both should be considered. In most situations, it is recommended that an abdominal approach is employed first but the best images of the pelvic organs are usually obtained using the transvaginal route. Therefore a transvaginal scan should be offered in most circumstances. In certain circumstances a transvaginal scan may not be appropriate. The reason for not performing a transvaginal scan should be stated in the report.

A transperineal or transrectal examination may be appropriate if an abdominal scan cannot provide the necessary information and a transvaginal scan is inappropriate. Transperineal and transrectal scanning requires adequate experience.

PELVIC SCANNING

The assessment of the female pelvis is best performed in real time with particular attention to each of the anatomical structures, their appearance and relation to adjacent structures, their mobility and the eliciting of tenderness and/or reproduction of symptoms, all of which must be recorded.

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|---------|---|
| Uterus | <ul style="list-style-type: none">- size, shape, position, mobility- endometrium - thickness, B mode appearance, classification, vascularity, intracavity masses and if present their mobility.- myometrium - masses (size, number, echotexture, vascularity, position, particularly in relation to the endometrial cavity)- serosal surface - any masses as above |
| Ovaries | <ul style="list-style-type: none">- positive identification of both ovaries and location- size, echotexture- follicles, cysts, solid masses- mobility and tenderness |
| Adnexa | <ul style="list-style-type: none">- masses, characteristics- free fluid |
| Kidneys | <ul style="list-style-type: none">- position, exclude hydronephrosis |

EVALUATION OF MASSES

- site of origin, relationship to uterus and ovaries
- dimensions
- borders (well defined, irregular, poorly defined, thick walled)
- cystic, solid, mixed, loculated or septated
- contents of cysts
- echogenicity and architecture of solid areas
- vascularity
- mobility

Further assessment of pelvic pathology may involve additional procedures (e.g. SIS – Saline Infusion Sonohysterography, HY-CO-SY – Hysterosalpingography with Contrast Sonography, 3 Dimensional Ultrasound).

DOCUMENTATION

Such studies require adequate documentation of the technique utilized, the anatomical structures assessed and any pathologic findings. Such documentation should include sonographer observation record, (demonstrating the protocol utilized) with supporting imaging evidence.



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