

Imaging – Gynaecology

Ultrasound Indications:	Ultrasound Not Indicated Routinely:
<ul style="list-style-type: none"> • Palpable pelvic mass • Post menopausal bleeding (PMB) – please use the PMB referral protocol on SCI Gateway so that these scans can be arranged promptly. Full details of the pathway are available Gynaecology-PMB. • Irregular menstrual bleeding/ inter-menstrual bleeding (<i>not mid-cycle ovulatory bleeding</i>) • Menorrhagia with uterus palpable abdominally (<i>to establish mass= fibroid uterus and not ovarian mass – ultrasound to diagnose small fibroids not indicated</i>) • Cyclical pelvic pain • Lost IUCD 	<ul style="list-style-type: none"> • Menorrhagia without palpable mass • ?PCOS • Incidental finding of endometrial thickening in absence of PMB • Follow up of simple cysts <3cm diameter – these are physiological and do not require review.

Polycystic Ovarian Syndrome (PCOS)

There are 3 criteria for the diagnosis of Polycystic Ovarian syndrome, *only 2 of which require to be fulfilled to establish the diagnosis.*

- Oligomenhorrea
- Clinical/biochemical evidence of androgen excess
- Ultrasound demonstration of polycystic ovaries

Note that ultrasound does not have to be abnormal to establish the diagnosis.

In order to make the best use of limited ultrasound resources we ask you to check the hormone profile first. If there is clinical suspicion of PCOS and the hormone profile is abnormal **you do not need to refer for ultrasound.**

Please do not refer patients who are currently using hormonal contraception.

Patients appointed for Gynaecology ultrasound are usually asked to attend with a full bladder for transabdominal scan in the first instance. The decision to proceed to transvaginal examination is at the discretion of the examining sonographer. It is not always possible to assess uterus and ovaries adequately by a transvaginal approach, if patients do not attend prepared for a transabdominal examination the appointment may be wasted and they may have to re-attend on another day.

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