



Transvaginal Ultrasound

Patient Information

What is a Transvaginal Ultrasound?

Transvaginal Ultrasound is an examination of the female pelvis and urogenital tract (kidneys and bladder). It helps to see if there is any abnormality in your uterus (or womb), cervix (the neck of the womb), endometrium (lining of the womb), fallopian tubes, ovaries, bladder and the pelvic cavity. It differs from an abdominal ultrasound as it looks at the pelvic organs from inside the vagina.

The test is requested by your doctor if you have symptoms of pelvic pain, abnormal bleeding, to check for fibroids (muscle tumours of the uterus), polyps (areas of thickening of the lining of the uterus), ovarian cysts or tumours, infertility, or assessment of early pregnancy.

How do I prepare for a Transvaginal Ultrasound?

No preparation is necessary. You will be asked to go to the toilet and empty your bladder prior to the test being performed. If you are wearing a tampon, it will need to be removed. If you are having a period this is not a problem and in some instances it is an advantage when assessing a variety of gynaecological problems.

You will be asked to read and sign a consent form prior to having the test. It is also your right to decline having the test.

It is a good idea to wear comfortable clothing that gives easy access to the lower part of your body.

What happens during a Transvaginal Ultrasound?

After emptying your bladder you will be given some privacy whereby you will be asked to undress from the waist down and then be asked to lie on an examination couch. Generally a sheet/blanket is provided to cover you over. You will be asked to bend your legs and the transducer is inserted into the vagina. The transducer is slightly larger than a tampon and especially shaped to fit comfortably into the vagina.

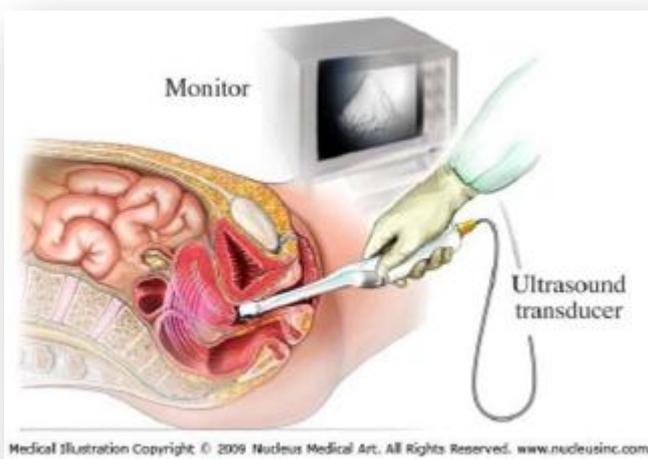


Please note:

A protective cover is placed over the transducer and warm lubricating gel is applied to it for ease of insertion. It is gently moved around and pictures or images of the pelvis are obtained. If you do not wish to have a vaginal ultrasound you can request a trans-abdominal ultrasound be performed instead. You should inform the reception staff of this as you will need to drink one litre of water and finish one hour minutes prior to your test and have a full bladder. A trans-abdominal ultrasound uses a smooth, hand-held transducer. The abdomen is exposed and warm water based clear gel is applied to the skin and the transducer is moved gently across the abdomen with a sliding and rotating action.

An ultrasound examination is performed by a trained health professional (a sonographer, obstetrician sonologist or radiologist) using a small, hand-held device called a transducer (or probe). The transducer transmits ultrasound waves which are relayed back to the ultrasound machine to produce images or pictures on to an ultrasound screen. The examination is performed in "real time", which means that the images you see on the screen show the inside of your pelvic (lower abdomen) area.

Pictures are taken during the examination.





Are there any after effects of a Transvaginal Ultrasound?

There are no after effects of a Transvaginal Ultrasound. You will be able to resume normal activities.

How long does a Transvaginal Ultrasound take?

The examination takes between 5-15 minutes. Sometimes you will be asked to wait and have the images checked by the radiologist (specialist doctors). The sonographer may ask the doctor to come into the room and check what has been seen. Usually the doctor will let you know what they have seen and if there are any concerns.

What are the risks of a Transvaginal Ultrasound?

There are no known risks of performing Transvaginal Ultrasound. It is a technique which uses sound waves to obtain pictures or images and there is no radiation involved. If you are pregnant, there are no risks to the foetus (unborn baby). If you are pregnant and your waters have broken but you are not in labour (this is called premature rupture of the membranes) it is not advisable to have ultrasound due to a small increase in the risk of infection to your unborn baby.

If you are pregnant and known to have an abnormally low – lying placenta (called placenta praevia) and you are experiencing vaginal bleeding, it is not advised to have Transvaginal Ultrasound as it could make the bleeding worse.

What are the benefits of a Transvaginal Ultrasound?

The insertion of the transducer into the vagina allows a very close and clear view of the pelvic organs and very clear ultrasound images to be taken of the area. This will help to guide the discussion between you and your doctor about any further investigation or treatment that may be needed.

Who does the Transvaginal Ultrasound?

The examination is performed by sonographers who are health professionals specially trained and accredited to perform the test. Sonographers may be male or female. If you are not comfortable with a male you should let the reception staff know this prior to having the test. In cases where the patient is young, a female chaperone may be requested. A partner, a female parent, female relative, or patient chaperone can be in the room at the consent of the patient.



The sonographer may leave the room to show the pictures to the reporting doctor who may come in and scan again if something needs to be checked. A full report of the scan will be written and sent to your referring doctor.

Where is a Transvaginal Ultrasound done?

The examination is performed in one of our radiology practices. The examination is performed in the privacy of an ultrasound room which may be dimly lit to allow the images on the ultrasound machine screen to be clearly seen by the person performing the scanning.

When can I expect the results of my Transvaginal Ultrasound?

The time that it takes your doctor to receive a written report on the test or procedure you have had will vary, depending on:

- the urgency with which the result is needed
- the complexity of the examination
- whether more information is needed from your doctor before the examination can be interpreted by the radiologist
- whether you have had previous X-rays or other medical imaging that needs to be compared with this new test or procedure (this is commonly the case if you have a disease or condition that is being followed to assess your progress)
- how the report is conveyed to your doctor (in other words, email, fax or mail)

It is important that you discuss the results with the doctor who referred you, either in person or on the telephone, so that they can explain what the results mean for you.

What are the prerequisites for having a Transvaginal Ultrasound done?

There are many reasons for which Transvaginal Ultrasound may be a useful examination:

- pelvic pain,
- all gynaecological symptoms
- assessment of endometrium
- presence of polyps or fibroids
- assessment for suspected polycystic ovaries
- ovarian cysts or tumours
- screening for ovarian cancer



- assessment of early pregnancy
- possible miscarriage
- ectopic pregnancy

What are the absolute contraindications for a Transvaginal Ultrasound?

- Paediatric age group
- Premature rupture of the membranes
- Bleeding associated with known placenta praevia

Please note:

A written patient consent is always obtained. A patient is always allowed to decline the test.

What are the relative contraindications for a Transvaginal Ultrasound?

- Virginal status
- Patient refusal

What are the adverse effects of a Transvaginal Ultrasound?

None.

Are there alternative imaging tests, interventions or surgical procedures to a Transvaginal Ultrasound?

CT is used in the clinical setting of staging known gynaecological malignancy. MRI is used for local staging of gynaecological malignancy.

Further information about Transvaginal ultrasound:

Please advise the sonographer of the date of the last period and if there is a history of gynaecological surgery as well as the nature of this surgery.

Please note:

This information is of a general nature only and is not intended as a substitute for medical advice. It is designed to support, not replace, the relationship that exists between a patient and his/her doctor. It is recommended that any specific questions regarding your procedure be discussed with your family doctor or medical specialist

