NHS

Document Title:	**GUIDELINES FOR SONOGRAPHERS PERFORMING ULTRASOUND EXAMINATION OF THE FEMALE PELVIS**		
Document Reference/Register no:	10090	**Version Number:**	3.0
Document type: (Policy/ Guideline/ SOP)	Guideline	**To be followed by:** (Target Staff)	All Sonographers
Ratification Issue Date: (Date document is uploaded onto the intranet)	13th December 2018	**Review Date:**	12th December 2021
Developed in response to:	Best practice		
Contributes to HSC Act 2008 (Regulated Activities) Regulations 2014(Part 3); and CQC Regulations 2009 (Part 4) **CQC Fundamental Standards of Quality and Safety:**			11, 12
Issuing Division/Directorate:	Radiology		
Author/Contact: (Asset Administrator)	Emma Buchanan-Parker, Emily Sawtell - Advanced Practitioner Sonographers		
Hospital Sites: (tick appropriate box/es to indicate status of policy review i.e. joint/ independent)	✓MEHT ☐ BTUH ☐ SUH		
Consultation:	(Refer to page 2)		
Approval Group / Committee(s):	n/a	**Date:**	n/a
Professionally Approved by: (Asset Owner)	Dr N Railton Consultant Radiologist	**Date:**	13th November 2018
Ratification Group(s):	Document Ratification Group Chairman's Action	**Date:**	3rd December 2018
Executive and Clinical Directors (Communication of minutes from Document Ratification Group	**Date:** December 2018	**Distribution Method:**	Intranet & Website

Basildon and Thurrock University Hospitals NHS Foundation Trust
Mid Essex Hospital Services NHS Trust
Southend University Hospital NHS Foundation Trust

Consulted With:	**Post/ Approval Committee/ Group:**	**Date:**
Jane Renals	Imaging Services Manager	June 2018
Andrea Francis	Clinical Lead Radiology	June 2018
Mr C. Spencer	Consultant Gynaecologist	June 2018
Deborah Lepley	Senior Librarian, Warner Library	June 2018

Related Trust Policies (to be read in conjunction with)	04071 Infection Control Policy 04071 Standard Infection Prevention 04072 Hand Hygiene 05118 Chaperone Policy 04064 Safeguarding Children Policy

Document Review History:			
Version No:	**Authored/Reviewer:**	**Summary of amendments/ Record documents superseded by:**	**Issue Date:**
1.0	Emma Buchanan-Parker		23rd September 2010
2.0	Emma Buchanan-Parker		23rd October 2014
2.1	Emma Buchanan-Parker	Clarification to paragraph 6.5	1st September 2015
2.2	Tina Sheriff	Clarification to Appendix A	23rd September 2016
2.3	Tina Sheriff	Clarification to figure 8.0 and Appendix C	22 December 2016
3.0	Polly Eves	Update of probe cleaning policy and review of paragraph 7.0 and 11.1	13th December 2018

Index

1.0 Purpose

2.0 Introduction

3.0 Definition

4.0 Examination preparation

5.0 Consent

6.0 Performing the scan

7.0 Referrals for the position of an Intrauterine Contraceptive Devices (IUCD)

8.0 Patients referred to Radiology suspected of having Retained Products of conception (RPOC)

9.0 Images to be stored

10.0 Reporting

11.0 Privacy & Dignity

12.0 Staff and Training

13.0 Infection Control

14.0 Risk events / Error Reporting

15.0 Audit / Monitoring

16.0 Equality and Diversity

17.0 Communication

18.0 References

19.0 Appendices

Appendix A - Infection control procedure for the decontamination of ultrasound transducers used for intracavity and non-intracavity procedures.

Appendix B - Equality Impact Assessment

Appendix C - Patients referred to Radiology suspected of having Retained Products of conception (RPOC)

1.0 Purpose

1.1 The purpose of this guideline is to provide staff with a specific procedure to follow. This will ensure that every gynaecological ultrasound scan, undertaken by a Sonographer, is complete and standardised.

1.2 Consistent management of gynaecological scanning by Sonographers facilitates an accurate and thorough approach to the examination with accurate reporting to the referring Clinician

2.0 Introduction

2.1 Ultrasound is one of the most significant and key diagnostic tools in gynaecology and is a fundamental part of the diagnostic process in examining the female pelvis.

3.0 Definition

3.1 A full gynaecological ultrasound survey includes assessment of the uterus, endometrium and adnexae, including the ovaries.

4.0 Examination Preparation

4.1 Any patient booked for an ultrasound scan of the pelvis should receive a letter instructing them to drink 1 ½ pints of water, 1 hour before their appointment time to fill their bladder.

5.0 Consent

5.1.1 The consent process is a continuum beginning with the referring health care professional who requests the ultrasound examination and ending with the sonographer who carries it out.

5.1.2 It is the responsibility of the referring professional to provide sufficient information to the patient to enable the latter to consent to the ultrasound examination being requested.

5.1.3 It is the responsibility of the sonographer to ensure that the patient understands the scope of the ultrasound examination prior to giving consent.

5.1.4 Verbal consent must be obtained for all examinations. Additional verbal consent should be obtained where a student sonographer undertakes part or all of the ultrasound examination under supervision.

5.1.5 Consent for those of an intimate or invasive nature should be recorded in the ultrasound report.

6.0 Performing the Scan

6.1 Initially a Transabdominal (TA) scan should be performed. This will allow for assessment of large fibroids, masses or laterally lying ovaries.

6.2 It is at the discretion of the Sonographer performing the scan whether a Transvaginal (TV) scan is required. If required this should be performed with an empty bladder after gaining the patients informed verbal consent.

6.3 Transvaginal scans can only be performed on patients who are, or who have been sexually active. Children should not be examined transvaginally except where indicated during pregnancy. Please refer to the Safeguarding Children Policy.

6.4 Patients have the right to refuse any part of the scan which should be documented on the report.

6.3 Both TA and TV scans are to be performed complying with the Trust's current infection control and chaperone policies. The specific ultrasound infection control policy can be found in appendix A.

6.4 Anatomy to be examined:

- Uterus: measured in Longitudinal section (LS), anteroposterior (AP) and transverse section (TS) (the LS measurement should extend from the fundus to the external os). Assess myometrium for presence of pathology.
- Endometrium: thickness should be measured. (If the patient is presenting with post menopausal bleeding (PMB) this is to be done TV where possible). Assess for pathology.
- Ovaries: should be measured in three planes. Assess for position, follicular activity, if appropriate, and presence of pathology. Adnexae: should be assessed for presence or absence of cysts or masses.
- Fallopian tubes: assessment where visible.
- Pouch of Douglas: assessment for presence or absence of free fluid or masses.
- The Sonographer should also review the urinary tract when a pelvic mass is identified.

7.0 Referrals for the Position of an Intrauterine Contraceptive Device (IUCD):

- In cases where the IUCD cannot be located on a transvaginal scan, the Sonographer should arrange with the Radiographers on duty for an abdominal X-Ray to be taken.
- This should be documented on the Sonographer's report. The report should be printed and used as the referral for the X-Ray. The printed report can then be scanned into the CRIS system for reference.

8.0 Patients referred to Radiology suspected of having Retained Products of conception (RPOC)

For In patient referrals and outpatient referrals please see Appendix C
In all cases, follow the flow chart to determine the correct pathway of care.

9.0 Images to be Stored

9.1 A series of static images should be recorded on the Radiology patient archive and communication system (PACS). This should include:

- LS and TS Uterus
- Endometrial measurement
- Right and left ovaries (if either ovary cannot be identified an image of the adnexae should be stored)
- Any pathology identified

10.0 Reporting

10.1 The following should be documented in the electronic report, recorded on the radiology information system:

- Description of the uterus (including measurements if a consultant referral).
- Measurement and description of the endometrium.
- Description of the ovaries (including measurements if a consultant referral). If the patient is presenting with symptoms of PCO (Polycystic Ovaries) a volume should be quoted in the report.
- Comment on presence or absence of adnexal cysts, masses or any free fluid.
- Relate the ultrasound appearances to the relevant menstrual or menopausal status with particular attention to any patient drug regime.
- Documented verbal consent if a TV scan performed.
- If the patient declines any part of the scan this should also be documented in the report.

10.2 All reports should have a conclusion summarising pertinent positive and negative findings with interpretation and recommendations for further imaging and management as appropriate.

11.0 Privacy and Dignity

11.1 A formal chaperone must be present whenever an intimate examination/procedure is to take place, regardless of the gender of the examiner. A chaperone will be provided for the patient according to the Trust’s chaperone policy (50118). The patient may request one adult friend or relative to be present during the scan which must not affect the concentration of the Sonographer.

11.2 The patient's dignity will be respected. A dignity curtain is provided for the patient to undress behind and a sheet is given to the patient to cover up with once they have undressed.

11.3 Where possible the door to the scan room should be locked during intimate procedures. Where this is not possible a 'Do Not Enter' sign is attached to the outside of the scan room door to stop patients and staff entering the room when an intimate examination is taking place.

12.0 Staff and Training

12.1 The procedures should be carried out by suitably qualified Sonographers possessing the Diploma in Medical Ultrasound (DMU), a Postgraduate Diploma in Medical Ultrasound (PG Dip) or equivalent. Ultrasound students may carry out ultrasound scans under the supervision of a qualified Sonographer.

13.0 Infection Prevention

13.1 All staff should follow the Trust's guideline on infection control whilst performing the scan, paying particular attention to the specific ultrasound protocols relating to the cleaning of ultrasound equipment which can be found in Appendix A.

14.0 Risk Events / Error Reporting

14.1 All untoward events involving patient safety are reported to the risk management department and head of ultrasound by way of a DATIX form online. This should be completed by the staff member(s) involved.

14.2 All errors are reported to the Imaging Services Managers for discussion with the Sonographer involved.

14.3 Complex cases are discussed at the bi-monthly gynaecology multidisciplinary team (MDT) meeting and findings are passed back to the ultrasound department via the Gynaecology Clinical Nurse Specialists.

15.0 Audit and Monitoring

15.1 Compliance with the guideline is monitored as part of an ongoing audit of imaging, completed by the ultrasound department.

15.2 Feedback to all staff is given on a regular basis and presented at staff meetings.

15.3 Poor compliance may lead to an unnecessary change in the patient's clinical pathway. In this instance, further training will be provided for staff if needed.

16.0 Equality and Diversity

16.1 Mid Essex Hospital Services NHS Trust is committed to the provision of a service that is fair, accessible and meets the needs of all individuals.

16.2 An equality impact assessment, specific to this guidance.
(Refer to Appendix B)

17.0 Communication

17.1 Approved guidelines are sent via email to all Sonographers.

17.2 Hard copies of approved guidelines are kept in each ultrasound room where Sonographers scan.

17.3 After approval, a copy of the guideline is published on the MEHT intranet and website.

18.0 References

Guidelines for Professional Working Standards: Ultrasound Practice. United Kingdom Association of Sonographers*.* October 2008.

Practical Gynaecological Ultrasound, Second Edition. *Bates J.* 200

Appendix A

Ultrasound Department
Mid Essex Hospital NHS Trust

Infection control procedure for the decontamination of Ultrasound Transducers. For intra-cavity and non-intra-cavity procedures.

Prior to vaginal ultrasound examinations

- Ensure the patient is comfortable and relaxed.
- Explain the procedure to the patient.
- Obtain verbal/written consent from the patient for this procedure.
- Confirmation of consent should be documented in the written report or in the patient’s notes.
- A Chaperone must be present throughout the scan, as per Trust chaperone policy.
- If possible lock the door to maintain privacy.
- Screen the patient to protect privacy while undressing – using the ceiling mounted curtain or mobile screen.
- No one should enter the room, whilst the examination is undertaken.

Equipment

- The equipment must be thoroughly cleaned prior to use and decontaminated after use and this should be documented in the written report or patient’s notes.

- The operators’ hands must be washed and/or decontaminated with alcohol gel hand rub both before and after the scan.

Procedure – intra-cavity ultrasound

- Examination gloves must be worn when carrying out the scan.
- Apply a small amount of gel in the teat of the cover.
- Cover the inter-cavity transducer with an ultrasound probe cover (all covers are single use only). Document whether latex or non-latex probe cover is used in the written report or patient’s notes.
- Use a non-spermicidal probe cover for infertility patients.
- Use a latex free probe cover for patients with a latex allergy.
- A single use sachet of lubricating gel is to be applied to the end of the inter-cavity transducer.
- Undertake the procedure.

Procedure – Non intra-cavity ultrasound
- Apply a small amount of gel to the surface of the transducer.
- Undertake procedure.

Decontamination of Equipment after each Procedure

Intracavity transducers	Non-intracavity transducers
1. Remove excess gel with a paper tissue	1. Remove excess gel with a paper tissue
1. Clean and decontaminate the intra-cavity transducer and cable with a detergent wipe* by: (i) Covering the surface and sides of the transducer with the detergent wipe (ii) Rotate and progress the wipe along the length of the cable. (iii) This step should be repeated with a fresh wipe until the transducer and cable are visibly clean.	2. Clean all surfaces of the transducer and cable with a detergent wipe*.
3. Next decontaminate the transducer using Tristel Duo by: (i) Depress the pump once to dispense Duo Foam onto the surface. (ii) Use a paper towel and spread evenly. (iii) Ensure all areas of the surface come into contact with foam. (iv) Leave to dry, allow 30 seconds before contact.	3. Dry the transducer with a paper tissue
4. Dispose of gloves.	4. The non-intracavity transducer is now ready for the next patient
***Detergent wipes = Sani-Cloth Multi Surface Detergent Wipes**	

Appendix B

Equality Impact Assessment (EIA)

Title of document being impact-assessed:

Equality or human rights concern. ***(see guidance notes below)***	**Does this item have any differential impact on the equality groups listed? Brief description of impact.**	**How is this impact being addressed?**
Gender	Pelvic scans are only possible for female patients as the uterus, ovaries and adnexae are examined.	
Race and ethnicity	Ladies of certain races or ethnicities may not choose to have an internal scan. Patients may want to have a friend or relative present for the scan. Patients may not want to undress for their scan. Patients may refuse their scan with a certain gender sonographer. Language may be difficult if the patient's English is limited.	Patients have the right to refuse an internal scan and this is documented on the report. Patients may have one companion during the scan at request. This must not affect the concentration of the Sonographer. A privacy curtain is provided for patients to undress behind. Covers are provided for the patient once undressed to maintain patient dignity. Patients also have a right to refuse examination by Sonographers of either gender. Patients will be rebooked to another list in the first available appointment slot if a suitable Sonographer is not available at the time. Every effort should be made to facilitate the patient's understanding of the examination. Family members or friends may be used to translate where available. Translators are available to the Trust and should be used where possible. The Sonographer should decide whether the patient is suitable for the examination if the patient is unable to understand what is involved. This would mean that the patient was not able to fully consent to the scan.

Disability	Patients may have differing levels of ability or understanding.	The use of a hoist is available for those with physical disabilities as well as other manual handling tools such as sliding sheets. The procedures are explained to the patient by the Sonographer. The patient has the right to refuse any part of the examination and the should be documented in the report. The Sonographer should decide whether the patient is suitable for the examination if the patient is unable to understand what is involved. This would mean that the patient was not able to fully consent to the scan.
Religion, faith and belief	Patients of some religious groups or beliefs may refuse intimate examinations or may request a certain gender of Sonographer.	Patients have the right to refuse any part of the examination and this should be documented on the report. Patients also have a right to refuse examination by Sonographers of either gender. Patients will be rebooked to another list in the first available appointment slot if a suitable Sonographer is not available at the time.
Sexual orientation	Patients of differing sexual orientations may refuse intimate examinations or may request a certain gender of Sonographer.	Patients have the right to refuse any part of the examination and this should be documented on the report. Patients also have a right to refuse examination by Sonographers of either gender. Patients will be rebooked to another list in the first available appointment slot if a suitable Sonographer is not available at the time.
Age	Patients who are not or have never been sexually active are not suitable for transvaginal examination. This group will include children as well as women of all other age groups.	Children should **not** be examined transvaginally except where indicated during pregnancy. Sensitive questioning should be undertaken by the Sonographer performing the scan to ascertain if the patient is suitable for transvaginal examination. The patient has the right to refuse any part of the scan which should be documented in the report.
Transgender people	Transgender patients may refuse intimate examinations or may request a certain gender of Sonographer.	Patients have the right to refuse any part of the examination and this should be documented on the report. Patients also have a right to refuse examination by Sonographers of either gender.

		Patients will be rebooked to another list in the first available appointment slot if a suitable Sonographer is not available at the time.
Social class	Assumptions may be made as to the level of understanding of written guidance. Patients may be unable to attend for multiple appointments based on financial or employment constraints.	The procedures are explained verbally to the patient by the Sonographer before the scan. The patient has the right to refuse any part of the examination and this should be documented in the report. The Sonographer should decide whether the patient is suitable for the examination if the patient is unable to understand what is involved. This would mean that the patient was not able to fully consent to the scan. Where possible, multiple appointments should be grouped together. Where possible, patients should be able to choose where to go for their scan at a time that is convenient for them. This will obviously depend on the working hours of the department and the type of scan requested.
Carers .	Carers may want to be involved as much as possible in the examination, for example in the moving and handling of the patient.	Help from carers should be encouraged by the Sonographer if the carer wants to participate and the patient gives their consent.

Date of assessment: February 2018

Names of Assessor: Polly Eves, Advanced Practitioner Sonographer

Appendix C

Patients referred to Radiology suspected of having Retained Products of conception (RPOC)

Outpatient referral
GP
Gynaecology clinic
Ward attender discharged from ward

Fast Track scan booked within 2 weeks of referral by Radiology Appointments

Normal scan

Send patient home. Report scan back to referrer.
Instruct patient to arrange a follow-up appointment with referrer.

RPOC's present

Report scan immediately and add patient to that day's 'critical results' list on PACS.

Send patient to Gosfield Ward for review. Please ring ahead with patient details (ext 4921)

Inpatient referral
Patient currently on ward
A&E attender

Pelvic scan booked with a Sonographer via the emergency ultrasound room in A201

Patient scanned by Sonographer

Report the scan immediately.
Patient sent back to ward / A&E for review.