

Having a Transvaginal Ultrasound

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A guide to the test

You have been advised to have a vaginal ultrasound examination to help find the cause of your problems. This leaflet is designed to explain what this involves. It may not answer all your questions, so if you have any queries, please do not hesitate to ask the staff who are performing the test - they are always glad to be of help.

WHAT IS AN ULTRASOUND EXAMINATION?

An ultrasound examination obtains a picture of the inside of the body without the use of X-rays. It is a very safe technique, using high frequency sound waves which are transmitted through a part of the body and reflected by the internal organs and structures. These 'echoes' form a picture on a screen which can be analysed.

The pelvic organs (uterus and ovaries) can be examined in detail, and both normal and problem pregnancies can be monitored. Abnormalities which may show up in ultrasound examinations include cysts, tumours and infections. Cyclical development of the egg follicle and uterine lining can also be monitored.

WHY A TRANSVAGINAL SCAN?

You may be familiar with the abdominal scan approach - this requires a full bladder and a probe is pressed on the abdomen which can be uncomfortable. The vaginal scan does not require you to have a full bladder and the probe is closer to the pelvic organs, so a good view is obtained of the uterus, ovaries and fallopian tubes - the pictures are much clearer and there is greater detail. This allows a pregnancy to be monitored in more detail and from a much earlier stage. Some scanning machines have an added facility called 'Colour Doppler' which allows the blood flow to be studied.

WHAT SHOULD I EXPECT?

No special preparation is necessary. You will not be asked to have this test if you have never had a vaginal (internal) examination previously. The examination can be performed at any time during a woman's life - in pregnancy, during menstruation or after the menopause (change of life).

If you have any anxiety about the procedure, please discuss this with the staff performing the examination. You will be

asked to go to the toilet and empty your bladder completely prior to the test. This is because a full bladder may prevent a clear view of the other pelvic structures. You will be asked to take off your underwear and, perhaps, put on a hospital gown.

DURING THE TEST?

The examination room is usually slightly darkened. The scanning machine and screen, on which the images appear, will be beside the bed. The machine makes a slight humming noise. The test will be performed by a doctor or an ultrasonographer.

You will be made comfortable on a couch and placed in a position that allows an internal (vaginal) examination to be performed easily. Hospitals vary in the exact position in which you may be asked to lie.

The vaginal probe is disinfected before use, covered with a protective sheath, and lubricated with jelly to make its insertion into the vagina easy and friction free. The probe is inserted very gently into the vagina - it will feel very similar to having an internal examination. By moving the probe in various directions, all the pelvic structures are displayed on the screen. While the probe is moved, you may experience some minor discomfort but it is not a painful procedure. During the examination, a hand may be placed on the lower abdomen to push the pelvic structures nearer the probe so they can be seen more clearly on the screen.

The time taken to perform the procedure varies from 2 to 10 minutes.

AFTER THE TEST

If you are having the ultrasound examination as an out-patient, you will be able to return home immediately, providing that no other tests are required. You may eat, drink and resume normal activities (including sexual intercourse) as soon as you wish.

Sometimes, the person performing the examination will be able to tell you the results, but in most cases a report will be sent to the doctor who recommended you to have the test.

At your next appointment, you will be able to discuss the results and any subsequent treatment which may be necessary.