

The following are the only relevant indications for primary care requests for ultrasound scans for gynaecological conditions.

- ✓ **Persistent intermenstrual or post-coital bleeding**
 - Not responding to simple hormonal manipulation
 - With a cervix normal in appearance, a negative cervical smear and a negative Chlamydia screen
- ✓ **Unidentifiable and non-retrievable coil strings**
- ✓ **Those women who are too obese to allow accurate assessment with pelvic examination alone**

The following are conditions where an ultrasound scan is either inappropriate or unhelpful (prior to referral to secondary care)

- x **An isolated pelvic mass**
 - Women with an obvious multi-fibroid uterus and menorrhagia do not require an ultrasound prior to referral to general gynaecology service.
 - Women with other pelvic masses should be referred to the fast track clinic under the '2 weeks rule' (see below)
- x **Menorrhagia alone**
 - Women with heavy menstrual bleeding with a normal pelvic examination are unlikely to have any significant pathology and hence do not warrant a scan prior to referral.
- x **Post menopausal bleeding**
 - These women should be referred to the fast track clinic under '2 week rule' (see below).
 - Post menopausal women bleeding is defined as:
 - any vaginal bleeding 6 months after the cessation of menses if not on HRT
 - irregular or unexpected vaginal bleeding greater than 3 months after starting or changing formulation of HRT

- × **Recurrent miscarriage**

 - It is unclear whether the incidence of general uterine abnormalities is raised in women with a history of recurrent miscarriage.
 - Traditional two dimensional scanning is poor at detecting true anomalies and is hence not indicated.
- × **Suspected polycystic ovarian syndrome**

 - Screening for PCOS with ultrasound does not help with the ongoing management of the condition.
 - The diagnosis is often made on clinical and biochemical grounds. The ongoing management is specific to the presenting complaints and not to findings on ultrasound
- × **Ovarian cancer screening**

 - The detection rate for asymptomatic ovarian screening in the low risk population is poor. Women with a strong family history should be referred for discussion of appropriateness of screening and ultrasound will be organised if appropriate.
- × **Chronic pelvic pain**

 - Women with chronic pelvic pain but a normal pelvic examination are unlikely to have pathology detectable on ultrasound alone.
- × **Subfertility**

 - These women will receive ultrasound assessment within the subfertility clinic where appropriate.
- × **Amenorrhoea**

 - Women taking hormone replacement therapy, even if taking a standard monthly bleed preparation may not bleed
 - Women who are experiencing amenorrhoea following cessation of the combined pill do not require a pelvic ultrasound prior to referral.
 - Women who are taking the progesterone only pill, may not have periods this is a normal finding. Ultrasound is unhelpful.
- × **Prolapse**

 - Ultrasound is not helpful within this patient group, unless other abnormalities are detected on pelvic examination.

Patients suitable for referral to the Fast Track clinic are those satisfying criteria under the "2 week rule":

- ✓ **Any woman with an abnormal gynaecological biopsy result**
 - e.g. endometrial hyperplasia or carcinoma on an endometrial biopsy
- ✓ **Any vaginal bleeding in a post menopausal woman over 55 years not taking hormone replacement therapy**
- ✓ **Any unexpected or prolonged bleeding persisting for more than 4 weeks after stopping HRT**
- ✓ **A lesion suspicious of cancer on cervix or vaginal on speculum examination**
- ✓ **A lesion suspicious of cancer on clinical examination of the vulva**
- ✓ **A palpable mass not obviously fibroids**
- ✓ **A suspicious pelvic mass on pelvic ultrasound**
- ✓ **Postcoital bleeding age >35 years that persists for more than 4 weeks**

Referrals should be faxed to one of the following numbers:

- At the Royal Sussex County Hospital, Brighton to 01273 664732
- At the Princess Royal Hospital, Haywards Heath to 01444 453498

There are two clinics per week:

- At the Royal Sussex County Hospital, Brighton the clinic runs on a Wednesday afternoon in the Antenatal Clinic, on Level 11 of the Thomas Kemp Tower block
- At the Princess Royal Hospital, Haywards Heath the clinic runs on a Friday morning on Horsted Keynes Ward