



PATIENT INFORMATION LEAFLET

ULTRASOUND SCANNING IN REPRODUCTIVE MEDICINE

The ultrasound scan is an important part of Reproductive Medicine assessments. It gives us information about the lining of the womb and the number and size of follicles, and any existing pathology, such as cysts or fibroids, which will help us to decide about your next stage of treatment. Your treatment in the Department of Reproductive Medicine will involve a few ultrasound scans.

DOES IT HURT?

All ultrasound scans are internal (vaginal probe is inserted into the vagina). It involves a specially shaped ultrasound probe (slightly bigger than a tampon) being inserted into the vagina. It is not painful, but some people can find it a little uncomfortable. The probe is cleaned and covered before use for each patient.

WHY VAGINALLY?

The ultrasound scans are performed by inserting a probe into the vagina, you will need to empty your bladder by going to the toilet prior to this scan. This provides a better image of your pelvic organs so we can get the maximum amount of information.

HOW LONG WILL IT TAKE?

The examination will take approximately 10 minutes. It does not hurt; some patients find it a little uncomfortable. A probe is inserted into your vagina and pictures of the womb and ovaries can be seen on the screen. The scan will be performed by a sonographer (a medical professional trained to use diagnostic scanning equipment) or a doctor.

WILL I HAVE TO UNDRESS?

You will be asked to undress from the waist down, including your underwear, and lie on the ultrasound couch with a pillow under your bottom. You will be covered with a sheet at all times to maintain your dignity. You may find it helpful to wear clothing that is easy to remove below the waist. You will be asked to bend your knees, then we carefully insert the ultrasound probe into the vagina.

WHEN ARE THE SCANS PERFORMED AND WHAT ARE YOU LOOKING FOR?

You may have several scans during your treatment, depending upon the treatment you require, the medication you are taking and how you respond to the drugs. The first scan can be done anytime in your menstrual cycle, including during your period. This scan is called a 'baseline' scan and is to document any problems within the uterus or ovaries before the treatment begins.

For patients using stimulation drugs during treatment, the second scan is one week later and then the scans are usually repeated at intervals to check for follicles. When the follicles get bigger, we measure them. This can take a while depending on how many follicles there are. We perform three different measurements on each follicle and work out the average diameter in millimetres.

CAN MY PARTNER STAY WITH ME?

You may bring your partner with you into the scan room.

On some days there may be a Trainee in the ultrasound room, learning to read the scans or to have practise at scanning but we will ask your permission first.

WHAT TIME ARE THE SCANS PERFORMED?

The scans are done throughout the morning; the first appointment is at approximately 8.30 am. You will be given an appointment time for your scan. Where possible your blood and scan appointments will be planned around the same time, however, this is not always possible and there can sometimes be a delay between them.

WHAT IF I AM UNSURE ABOUT SOMETHING?

Please feel free to ask any questions. To help you understand what we say, we have listed some words with explanations below:

Endometrium: The lining of the womb. We measure this each time you are scanned. It is thin when you are on your period and thickens in response to the medication or your menstrual cycle.

Uterus: The womb.

Follicles: These are in the ovaries and are what develop into eggs as they grow. The follicles grow in response to the medication that you have been taking. The follicles need to be a certain size before you are ready to go to theatre for egg retrieval, Intrauterine Insemination, or Induction of Ovulation. The eggs are invisible to the naked eye and cannot be seen on the scan.

Cysts: These are little sacs of fluid or blood. Sometimes we see them on the baseline scan.

Hydrosalpinx: Fluid in the fallopian tubes, sometimes we see this during the treatment, it can be a side effect of the medication or associated with blocked fallopian tubes.

Fibroids: Thickened lumps of muscle within the muscle of the uterus. We measure these and check whether they are pressing on the cavity of the womb.

Polyps: Benign (non-cancerous) growths that can be found on the lining of the womb and may cause problems with the embryo implanting easily.

CONTACT DETAILS



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<https://mft.nhs.uk/saint-marys/services/gynaecology/reproductive-medicine/>