

Title:

Transvaginal Ultrasounds

Reference Number: RDF1163

Date of Response: 25/01/23

Further to your Freedom of Information Act request, please find the Trust's response(s) below:

1. *For what symptoms would a transvaginal ultrasound be indicated?*

Answer: Please see responses below from Royal Devon University Healthcare NHS Foundation Trust Eastern and Northern services.

Eastern Services:

Raised CA125, Pelvic mass, Ovarian cancer, Ovarian cyst, PID (pelvic inflammatory disease), Inter-menstrual bleeding or irregular periods, Menorrhagia / heavy periods, Dysmenorrhea (painful periods), Dyspareunia (pain during/after sexual intercourse), Fibroids, Pelvic / supra-pubic / lower abdominal pain, Left or right iliac fossa pain (LIF / RIF), Bloating / distention, Lost threads for IUCD/coil, Primary / Secondary (1' / 2') amenorrhoea, Polycystic ovary PCO or syndrome (PCOS) (if aged 20 or more than 8 years from menarche), Endometriosis/adenomyosis, Retained products of conception, Ectopic pregnancy, Miscarriage, Any with "positive BHCG", Abnormal smear (colposcopy clinic), PMB post-menopausal bleeding (except if referred by Gynae consultant), transvaginal scans in early pregnancy where views are not sufficient to make a diagnosis on transabdominal scans, transvaginal scans are performed throughout pregnancy in cases where cervical length needs to be monitored (incompetent cervix), To assess ovaries and endometrium prior to starting fertility treatment.

Northern Services:

fibroids, adenomyosis, endometriosis, endometrial thickness. IUCD location, intermenstrual bleeding or irregular bleeding, post-menopausal bleeding, dysmenorrhea, amenorrhea, dyspareunia, menorrhagia, endometrial polyp.? RPOC (if patient is more than 6 weeks post-partum), Raised CA125, ovarian cancer, ovarian cyst, pelvic mass, pelvic inflammatory disease, iliac fossa pain, pelvic pain, polycystic ovary (if androgen index is normal), Patients with a positive BHCG or considered pregnant will be scanned via the early pregnancy clinic located on Petter Ward, ectopic, miscarriage, RPOC, Miscarriage, cervical length, placental localisation.

2. *Are there any groups of people a transvaginal ultrasound would not be carried out on? If so, why would they not be indicated?*

Answer: Please see responses below.

Eastern Services:

Pessary ring, Infection/ pain / Vaginismus, Adverse patient habitus, Virgo intacta, Vaginal stenosis, Unable to provide informed consent, Under the age of 16 years, Elderly, Religious reasons, In each case clinical/professional

judgement should be used in discussion with the patient. Reasons should then be noted on the report and/or discussed with the referring clinician.

Between 16 and 18 years of age a judgement must be made about the appropriateness of offering a TVUS at the time of the examination with special attention paid to obtaining informed consent. Consider deferring this discussion to the referrer and a subsequent appointment being made for TVUS if consent is given.

Every fertility patient undergoes ultrasound prior to starting treatment.

Northern Services:

Virgo intacta, Under the age of 16, Unable to provide informed consent. Pessary ring insitu, Less than 6 weeks post-partum or post-surgery if there are stitches, Urinary catheter is insitu.

3. *Does trust policy indicate that it is allowed to carry out transvaginal ultrasounds on those who have never been sexually active before? If it is not allowed, what is the reasoning behind no sexual contact being a contraindication for these scans?*

Answer: Please see responses below.

Eastern Services: We cannot answer for the decision-making process for the authors of the original policy - as they no longer work here, however it has been common custom and practice across ultrasound departments nationally that a transvaginal ultrasound (TVS) would be painful and perhaps inappropriate on services users who had not had penetrative sex previously. We are aware that the stance on this is changing and based on old fashioned, non-evidenced based and perhaps paternalistic views- that limits the group of patients who have access to the gold standard examination for many gynaecological presentations. Our intention is to incorporate the latest British Medical Ultrasound Society (BMUS) guidance as soon as possible.

Northern Services: As a radiology department it is deemed as 'inappropriate for TV ultrasound to be performed on patients who have never been sexually active due to the potential pain that this may inflict on the patient.

All patients have the option to discuss at the time of the scan with the sonographer as to whether they have had an internal medical examination previously, and if so given the option of an internal scan.

In some cases, it has been known for the referring clinician to include on the consent form that a TV scan would not be appropriate.

4. *If transvaginal ultrasounds are not allowed in your trust for the 'sexually inactive', what is the justification for this going against the British Medical Ultrasound Society's guidelines, which state: "The concept of virginity plays no part in the clinical decision making for a TVUS" and "if a patient has not had penetrative sex, they are still entitled to be offered, and to accept, a TVUS [transvaginal ultrasound] in the same way that cervical screening is offered to all eligible patients"?*

https://www.bmus.org/static/uploads/resources/Transvaginal_Ultrasound_Guidance_Final_With_Front_Cover_MesUP8a.pdf

Answer: Please see responses below.

Eastern Services: The Medical Imaging department are aware of this document and the contents and are looking to change their TVS policy to move in line with its recommendations. It has not happened yet due to a change in leadership in September 2022 (the BMUS guidance only came out in October 2022), and also because a member of the departmental team is contributing to similar guidance that is coming out from the Society and College of Radiographers. The thought process being to make departmental policy changes once both documents are released, rather than making two changes.

This does not apply to our fertility patients as couples would be trying to conceive for two years prior to being referred. This would only apply to a very small proportion of our patients that undergo fertility preservation treatment and some of them might not have been sexually active. In this case, we endeavour to offer abdominal scans throughout their treatment but they would still undergo vaginal egg collection.

Northern Services:

Although we have 'sexually inactive' as one of the contraindications, each patient is treated on an individual basis and will be counselled and offered the option of a transvaginal scan if felt the clinical need is essential. Discussions also take place with the referring clinician/radiologist.

5. *What does the Trust define as 'sexual activity'?*

Answer: Please see responses below.

Eastern Services: Departmental policy states that virgo intacta is the contraindication for a TVS. The definition of this according to Collins (2023) is: "a girl or woman whose hymen has not been broken". It maybe interpreted that the contraindication is therefore no previous penetrative sex, but in reality, the hymen can be broken in other ways than penetrative sex such as sport, use of tampons and masturbation (NHS, 2021). The SOP also states that each case is individual and the practitioner carrying out the examination will do so with professional judgement, so after careful and sensitive conversations the practitioner can decide whether it is contraindicated that the patient should have a TVS. It is our belief that the practitioners in the Medical Imaging department are able to, and do, make professional judgement based on individual cases after careful risk assessment, supported by current departmental policy.

Northern Services: Department policy states any women who are virgo intacta. As explained this is discretionary, and the sonographer will use their professional judgement.

6. *Which members of staff in your trust perform transvaginal ultrasounds?*

Answer: Please see responses below.

Eastern Services: In the Medical Imaging department, we have the following staff groups carrying out TVS:

- Reporting sonographers (various professional backgrounds)
- Trainee sonographers (supervised).
- Agency and bank reporting sonographers
- Consultant Radiologists.
- Radiology registrars (supervised, dependent on stage of training and competency).

- Midwife and nurse sonographers, gynaecology/obstetric consultants and senior registrars.
- Fertility Doctor's and Nurse's.

Northern Services: The following are Radiology only:

- Reporting Sonographers – including radiographers, midwife, nurse.
- Student sonographers – always supervised.
- Radiology registrars (this will be supervised depending on experience).

7. *Have all of those staff members received diversity and inclusion training regarding their patient-facing roles? If so, please detail the nature of the course or programme and number of hours completed.*

Answer: Please see responses below.

Eastern Services: All staff in the Medical Imaging department are expected to carry out Equality and Diversity training as part of their statutory and mandatory training every 3 years in an e-learning format. Line managers and staff get notifications automatically when they are approaching their renewal date, and again when they are out of date. Permanent staff (including trainees and radiologists) in the ultrasound department receive time proactively to complete their statutory training so they are supported to do this important activity. Trust bank staff do the same statutory training as permanent staff. Agency staff are only used from national framework agencies which have been through due diligence and signed off via procurement as safe to use, and their statutory and mandatory training is part of that approval process.

As registered health professionals they have to complete continual professional development so have the opportunity to assess the evidence base and carry out reflection surrounding this issue. A member of our departmental team is organising a national study day which has a session planned for updating professionals about the new intimate examination guidance and increasing awareness about language and advice for best care for patients who do not identify as female, and those with complex needs such as survivors of sexual abuse.

For the Fertility team all training is up to date as registered health professional they have to complete continual professional development. The equality, diversity and inclusion training is part of the statutory and mandatory training every 3 year in an e-learning format. Line manager and staff get notifications when they are approaching their renewal date.

Northern Services: All Radiology staff have mandatory training to cover Equality and Diversity, safeguarding adults and children. They are all a 3 yearly course E-learning course. The courses usually take an hour to complete.