The use of Pelvic Ultrasound in an Integrated Sexual Health Service

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Background:

Clients presenting to level 3 integrated sexual health services may have gynaecological and contraceptive problems requiring ultrasound assessment. This would usually need referral to radiology causing delays in diagnosis and engendering patient worry and anxiety. To address this we have developed an in-house ultrasound service as recommended by the Department of Health National Service Specification for Integrated Sexual Health Services. This suggests that level 3 service provision should include specialist contraception services with appropriate diagnostic services (e.g. ultrasound).

Aim:

To analyse if the use of pelvic ultrasound in a level 3 integrated sexual health service improves the patient journey, avoids referrals to radiology and saves time and potentially money.

Methods:

Over a 6-month period, 180 ultrasounds were performed in the sexual health service. We reviewed the case notes and collated information including:

- The indication for the scan
- The findings of the scan
- The diagnosis
- Whether a radiology departmental scan was requested
- Whether the patient was referred on to another healthcare professional
- Whether an ultra-sonographer was available on the day of initial presentation or did the patient have to return for a scan

Results:

Of the 180 scans reviewed 20 were excluded as they were ultrasounds for deep implants. Of the remaining 160;

- 96% of patients had their ultrasound on the day of initial presentation.
- 91% of patients were managed within the sexual health service and did not require onward referral. The majority of these had normal scans. Abnormal findings on scanning included fibroids, partial uterine perforation, adenomyosis, intrauterine pregnancy, polycystic ovaries and retained products of conception.
- 14 patients required onward referrals; 9 for appropriate gynaecological problems such as endometriosis, vaginal septum, ovarian cysts and pelvic congestion syndrome. 2 for urological problems, one to the midwife, one to the surgeons and one explaining there was no gynaecological abnormality.
- 2 departmental radiology ultrasound scans were requested – one for a possible partial uterine perforation and one after diagnosing a vaginal septum.

Indications for Pelvic Ultrasound

Conclusion/Discussion:

There is very little literature on the use of ultrasound in an integrated sexual health service. Our analysis shows that in-house ultrasound provides patients with a streamlined experience, effectively providing a 'one stop shop' for most sexual health presentations. Onward referral is only done in appropriate cases where the condition cannot be treated by the sexual health service.

We believe that all level 3 integrated services should have ultrasound based diagnostic facility as part of their core component.

Sources

Department of Health. Integrated Sexual health Services: National Service Specification, 2013 report available at:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/210726/Service_Specification_with_covering_note.pdf (last accessed 9th June 2016)