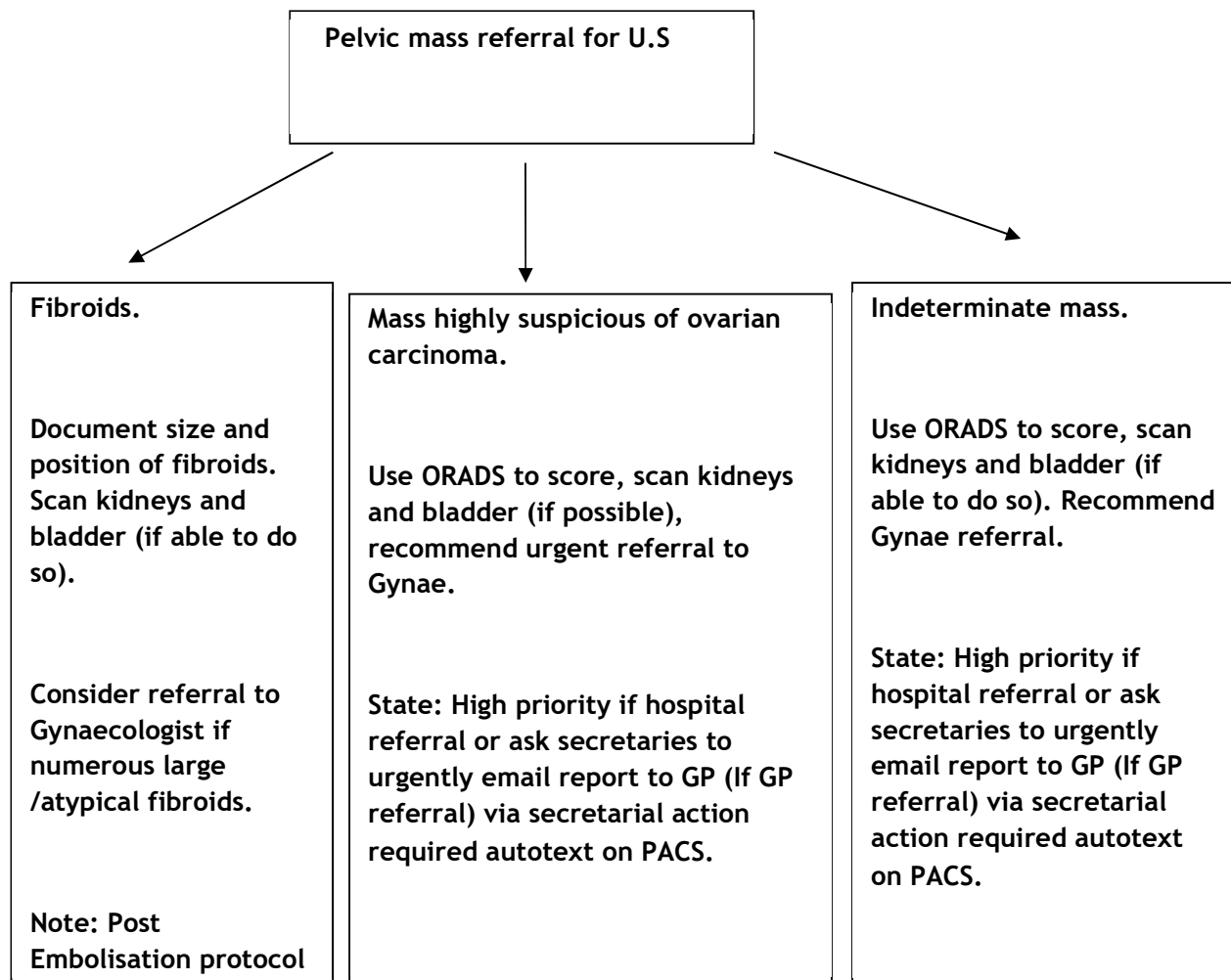


## Pelvic Mass Pathway



### Further Imaging Guidelines

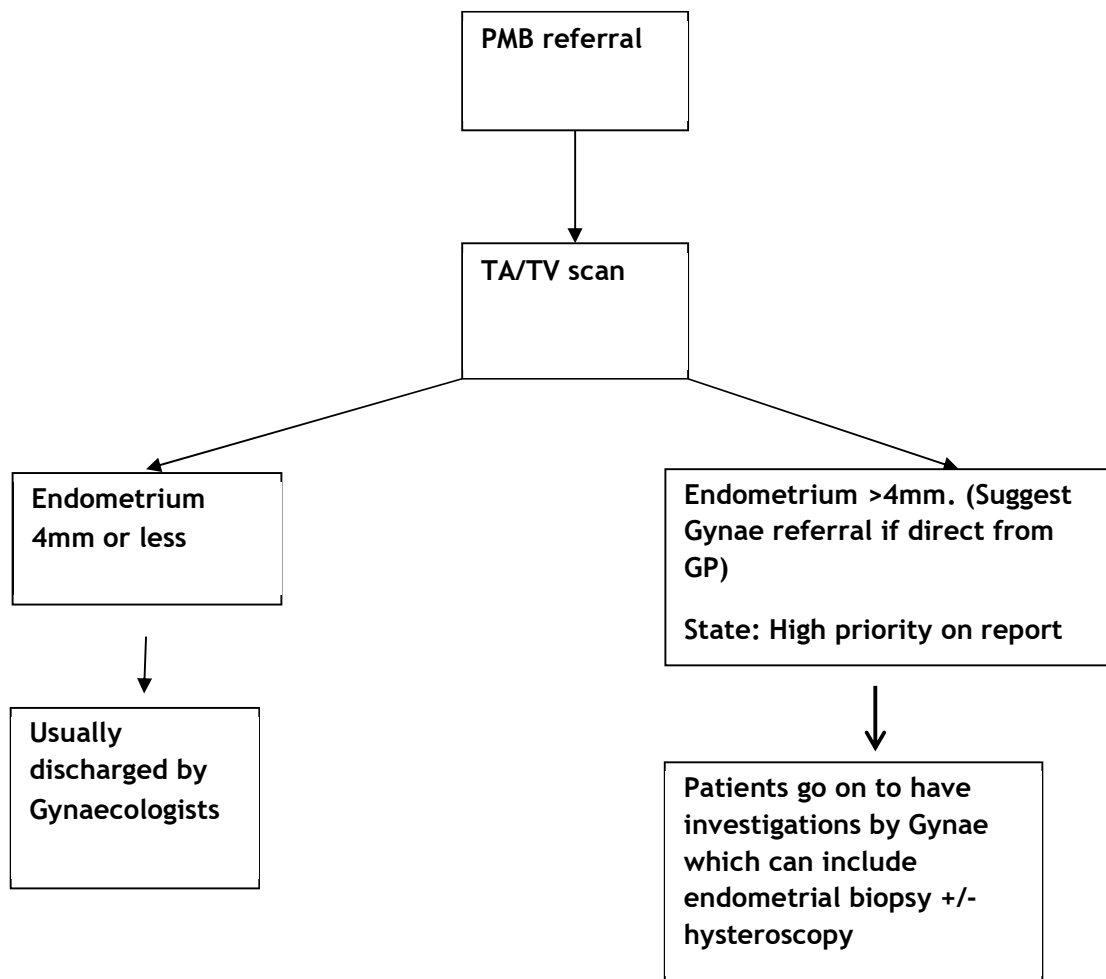
The following are better imaged with MRI than CT.

- Suspected dermoid
  - Endometriosis
  - Solid adnexal masses
  - Fibroid mapping
  - Local Gynae Malignancy staging.
- 
- CT Thorax, Abdomen & Pelvis better for full staging.

Document Name: Gynae Pathway	Author: Kamaljeet Nagra/Tracey Pinfield	Issue Date: 18/05/2023
Version: 1	Authorised By:	Review Date: 18/05/2026
Uncontrolled if printed	Dr Poonam Parekh	

## PMB Care Pathway

- All PMB patients should be referred via OPD 2WW Gynae Pathway followed by out-patient appointment.
- Any GP requests for PMB to be rejected and GP informed to follow Gynae OPD 2WW Pathway.



Document Name: Gynae Pathway	Author: Kamaljeet Nagra/Tracey Pinfield	Issue Date: 18/05/2023
Version: 1	Authorised By:	Review Date: 18/05/2026
Uncontrolled if printed	Dr Poonam Parekh	

## Imaging Controlled Document

### **Incidental finding of endometrial thickening in post menopausal patients**

Endometrium over 4 mm in post-menopausal patient with no history of PMB:

Report the endometrial measurement (mm) and say it is thickened. Characterise and assess vascularity using colour Doppler. State in report patient states no PMB.

No follow up is required unless the clinical presentation alters.

Only suggest Gynae referral if patient reports any PMB or the endometrium has abnormal appearances or measures >10 mm.

### **Incidental finding of fluid in the endometrial cavity in post menopausal patients**

Clearly state in the report whether fluid was seen in the cavity. State whether it is a trace of fluid or whether the cavity is significantly distended. If it is significantly distended or the fluid is complex in nature (septations/ echoes within) – Gynae referral recommended for further assessment. If only a trace of fluid and it is anechoic no follow up is required.

### **Post Fibroid Embolisation Scan**

Scan TBA with Dr. Paul Crowe Consultant Radiologist BHH

Or if scheduled on sonographer list.

Report to include uterine dimensions, position and size of largest fibroid and correlation of size with pre Embolisation scan. Describe its vascularity. Document whether the patient's symptoms have improved or otherwise. Inform /email Dr Crowe images and report available on PACS for review.

### **Raised CA-125 indication - GP Referrals**

It has been agreed to do a US Abdomen and US TA/TV Pelvis to exclude abdominal and pelvic causes.

<https://cks.nice.org.uk/topics/ovarian-cancer/management/managing-a-woman-with-suspected-ovarian-cancer/>

<https://gpnotebook.com/simplepage.cfm?ID=-1060110333&linkID=5188>

Document Name: Gynae Pathway	Author: Kamaljeet Nagra/Tracey Pinfield	Issue Date: 18/05/2023
Version: 1	Authorised By:	Review Date: 18/05/2026
Uncontrolled if printed	Dr Poonam Parekh	

**Imaging Controlled Document**

**Dr P. Parekh**

**Consultant Radiologist**

**Kamal Nagra & Tracey Pinfield**

**Clinical Leads Gynae U.S.**

**Updated: 13/05/23**

Document Name: Gynae Pathway	Author: Kamaljeet Nagra/Tracey Pinfield	Issue Date: 18/05/2023
Version: 1	Authorised By:	Review Date: 18/05/2026
Uncontrolled if printed	Dr Poonam Parekh	