University Hospitals Birmingham NHS

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Pelvic Mass Pathway

F	Pelvic mass referral for U.S	
Fibroids.	Mass highly suspicious of ovarian carcinoma.	Indeterminate mass.
Document size and position of fibroids. Scan kidneys and bladder (if able to do so).	Use ORADS to score, scan kidneys and bladder (if possible), recommend urgent referral to Gynae.	Use ORADS to score, scan kidneys and bladder (if able to do so). Recommend Gynae referral.
Consider referral to Gynaecologist if numerous large /atypical fibroids.	State: High priority if hospital referral or ask secretaries to urgently email report to GP (If GP referral) via secretarial action required autotext on PACS.	State: High priority if hospital referral or ask secretaries to urgently email report to GP (If GP referral) via secretarial action required autotext on PACS.
Note: Post Embolisation protocol		

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
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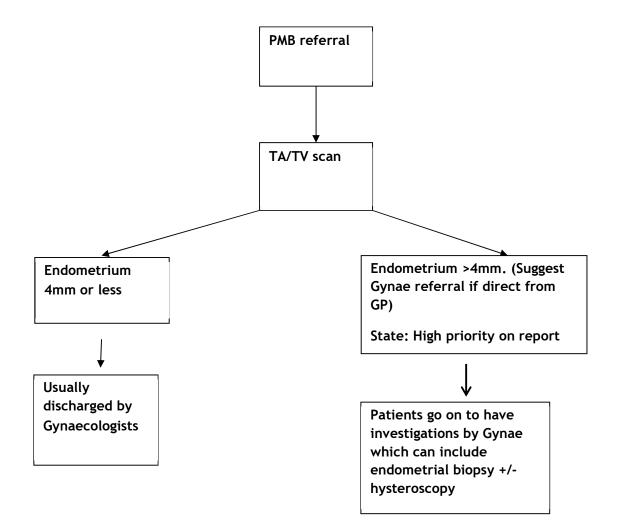


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PMB Care Pathway

- 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.



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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

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Dr P. Parekh

Consultant Radiologist

Kamal Nagra & Tracey Pinfield

Clinical Leads Gynae U.S.

Updated: 13/05/23

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