MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

Pelvic Ultrasound: What to Expect

What is a pelvic ultrasound?

Ultrasound imaging uses soundwaves to create pictures of the inside of the body. A hand held device called a transducer (also called a probe or wand) sends and receives these soundwaves. An ultrasound of the pelvis is typically used to look at the bladder, ovaries, uterus, cervix, and fallopian tubes (some of these are known as the female reproductive organs).

There are two ways to create the pictures: through the abdomen (stomach) or through the vagina. If the transducer is moved over the abdomen it is known as a *transabdominal* pelvic ultrasound. If the transducer is placed inside the vagina, then it is known as a *transvaginal* pelvic ultrasound. Transvaginal ultrasound takes a clearer picture than transabdominal ultrasound because the probe is closer to the organs being viewed (especially uterus and ovaries) and is preferred in all cases whenever possible. Our standard of care is to perform both the transabdominal and transvaginal portions in order to completely assess the entire pelvic region. Sometimes a flat probe is placed over the skin of the vaginal region to view the cervix and vagina in a different way. This is called *trans-perineal Ultrasound*.

How should I prepare?

The preparation for a pelvic ultrasound is a full bladder. You will be asked to drink 24-32 ounces of liquid **1 hour before your appointment time.** It takes 1 hour for this liquid to filter through your kidneys and reach your bladder. The full bladder provides a "window" to view the female organs on the transabdominal ultrasound. Without a full bladder, our view is limited. We will

ask you to empty your bladder for the transvaginal ultrasound (usually done after the transabdominal exam.)

What happens during the exam?

Sonographer: a clinician who specializes in ultrasound technology
Radiologist: doctor with special training in creating and interpreting pictures of the inside of the body

1. The sonographer will ask several questions about your medical history related to female organs like: procedures and surgeries, pregnancies, menstrual cycle dates, symptoms, and medications. The interpreting radiologist will use this information for interpreting the ultrasound image.

2. You will lie on your back on a padded table. For part one (transabdominal exam) your bottom clothing will need to be lowered to just above the pubic area and a cloth will be used to protect the edge. The sonographer applies a warm gel to your skin to help the transducer make good contact and to improve the quality of the images. You will see a picture of the organs and blood vessels on a video screen. During this transabdominal ultrasound, you will likely feel bladder pressure and an urge to urinate because your bladder is full. This first part of the exam only takes a few minutes.

3. After the transabdominal portion, you will be instructed to use the restroom and completely empty your bladder prior to part two: the transvaginal ultrasound.

4. We will give you privacy to remove your clothing from the waist down, and provide a sheet as a cover. Your hips will be elevated using a foam wedge or a stack of sheets. This allows space for the Transducer handle to be angled while taking pictures.

5. Maintaining as much coverage and privacy as possible, the sonographer will ask you to gently insert the end of the transvaginal transducer into the vagina in the same manner as a tampon. There will be cold lubricant jelly on the lower part of the transducer for comfort and to improve the image quality. If you prefer, you can ask the sonographer to insert the transvaginal probe by request. You will feel light to moderate pressure as the tip is positioned against the cervix. The transducer is moved up and down, side to side in small to wide movements to gain view of the entire pelvis. Depending on the location of your pelvic organs, the sonographer may also need to apply varying degrees of pressure in order to create clear pictures. Some women may experience a greater discomfort if they are already having pelvic pain.

6. If the *trans-perineal* approach is needed, the gel will be applied to the transducer and placed against the outer vaginal area at the skin surface. The sonographer applies steady pressure to create good contact with the skin to view the vaginal canal and cervix. This should not be painful.

7. At the end of the exam, the sonographer reviews the images for completeness. The sonographer may come back for more images to complement the original images.

What are the benefits and risks?

Pelvic ultrasound is used to make medical decisions about your current condition or symptoms. There are no common risks from this ultrasound. Transvaginal ultrasound is usually not performed if you have never been sexually active. In this case, only the transabdominal views are obtained. You and your doctor can discuss what is right for you.

Who will give me my ultrasound results?

A Radiologist who specializes in ultrasound will evaluate your pictures and send a report to your provider. You will receive your ultrasound results from your ordering provider. The sonographer is not a doctor and cannot interpret the images or provide results.

How is the transducer cleaned?

The Transvaginal ultrasound transducer is cleaned and disinfected after every use with High-Level disinfecting methods. Prior to vaginal insertion, the transducer is covered with a latex (or non-latex for allergies) sleeve.

Disclaimer: This document contains information and/or instructional materials developed by Michigan Medicine for the typical patient with your condition. It may include links to online content that was not created by Michigan Medicine and for which Michigan Medicine does not assume responsibility. It does not replace medical advice from your health care provider because your experience may differ from that of the typical patient. Talk to your health care provider if you have any questions about this document, your condition or your treatment plan.

Patient Education by Michigan Medicine is licensed under a Creative Commons Attribution-NonCommercial-ShareAlike 3.0 Unported License. Last Revised 08/2018