

Transvaginal ultrasound

Informed consent: patient information

A copy of this form should be given to the patient/substitute decision-maker/parent/legal guardian/other person* to read carefully and allow time to ask any questions about the procedure. The consent form and patient information sheet should be included in the patient's medical record.



1. What is a transvaginal ultrasound and how will it help me/the patient?

Ultrasound scans use high frequency (ultrasonic) sound waves to see internal organs. Ultrasound waves are transmitted by a transducer and relayed back to the ultrasound machine to produce images on a display screen.

A transvaginal ultrasound scan involves placing a specially designed transducer inside the vagina. The uterus and ovaries lie deep beneath the abdominal surface. The insertion of the transducer into the vagina allows a closer view (and more detailed images) of these pelvic organs. A transvaginal ultrasound scan usually takes 10–15 minutes, but occasionally takes longer. The scan can be stopped at any time if you do not wish to continue.

You may feel mild pain and discomfort during a transvaginal ultrasound scan. If scanning is performed over an area of tenderness you may also feel some pressure. If the scan causes you anything more than mild pain, please let the sonographer/doctor know.

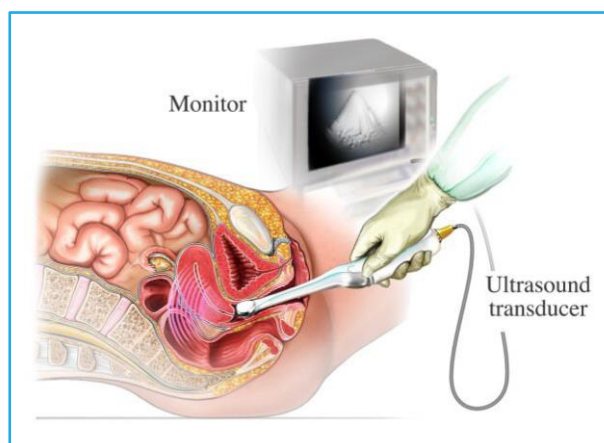


Image 1: Transvaginal ultrasound.
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Preparing for the examination

You will be asked to go to the toilet and empty your bladder before the transvaginal ultrasound scan. You may need to change into a hospital gown. If you are wearing a tampon or menstrual cup, it will need to be removed.

During the examination

The lights in the room will be dimmed so the images can be clearly seen on the ultrasound display screen. A second staff member may be in the room during your transvaginal ultrasound scan.

A protective cover or condom will be placed over the transducer and lubricating gel will be applied to it, to ease insertion of the transducer.

You will be asked to lie on an examination couch. A sheet will be provided to cover you. You will be asked to bend your legs and the transducer will be inserted into the vagina. The sonographer/doctor may ask you to assist in inserting the transducer. Please let staff know if you have an allergy to latex.

The sonographer/doctor will need to move the transducer throughout the examination to visualise the pelvic structures. If you have any concerns during the examination, please inform the sonographer/doctor performing the examination.



2. What are the risks?

There are no known risks of performing transvaginal ultrasound. The transducer is cleaned with a high-level disinfectant after each use and covered with a single-use transducer cover or condom.

There may be additional risks specific to your individual condition and circumstances. Please discuss these with your sonographer/doctor and ensure these risks are written on the consent form before you sign it.

This procedure does not require an anaesthetic.

What are the risks of not having a transvaginal ultrasound?

There may be health consequences if you choose not to have the proposed examination. Please discuss these with the doctor/clinician.

If you choose not to have the procedure, you will not be required to sign a consent form.

If you have signed a consent form, you have the right to change your mind at any time prior to the examination. Please contact the doctor/clinician to discuss.



3. Are there alternatives?

Making the decision to have a procedure requires the patient/substitute decision-maker/parent/legal guardian/other person* to understand the options available. Please discuss any alternative treatment options with your doctor/clinician before signing the consent form.



4. What should I expect after the examination?

Your healthcare team will talk to you about what to expect after your examination and upon discharge from hospital.



5. Who will be performing the examination?

A doctor/clinician other than the consultant/specialist may assist with/conduct the clinically appropriate examination. This could be a doctor/clinician undergoing further training, all trainees are supervised according to relevant professional guidelines.

If you have any concerns about which doctor/clinician will be performing the examination, please discuss with the doctor/clinician.

For the purpose of undertaking professional training in this teaching hospital, a clinical student(s) may observe medical examination(s) or procedure(s) and may also, subject to your consent, assist with/conduct an examination or procedure on a patient while the patient is under anaesthetic.

If you choose not to consent, it will not adversely affect your access, outcome or rights to medical treatment in any way. You are under no obligation to consent to an examination(s) or a procedure(s) being undertaken by a clinical student(s) for training purposes.



6. Where can I find support or more information?

Hospital care: before, during and after is available on the Queensland Health website www.qld.gov.au/health/services/hospital-care/before-after where you can read about your healthcare rights.

Staff are available to support patients' cultural and spiritual needs. If you would like cultural or spiritual support, please discuss with your doctor/clinician.

Queensland Health recognises that Aboriginal and Torres Strait Islander patients will experience the best clinical care when their culture is included during shared decision-making.



7. Questions

Please ask the doctor/clinician if you do not understand any aspect of this patient information sheet or if you have any questions about your/the patient's medical condition, treatment options and proposed examination.



8. Contact us

In an emergency, call Triple Zero (000).

If it is not an emergency, but you have concerns, contact 13 HEALTH (13 43 25 84), 24 hours a day, 7 days a week.