

hertility[®]

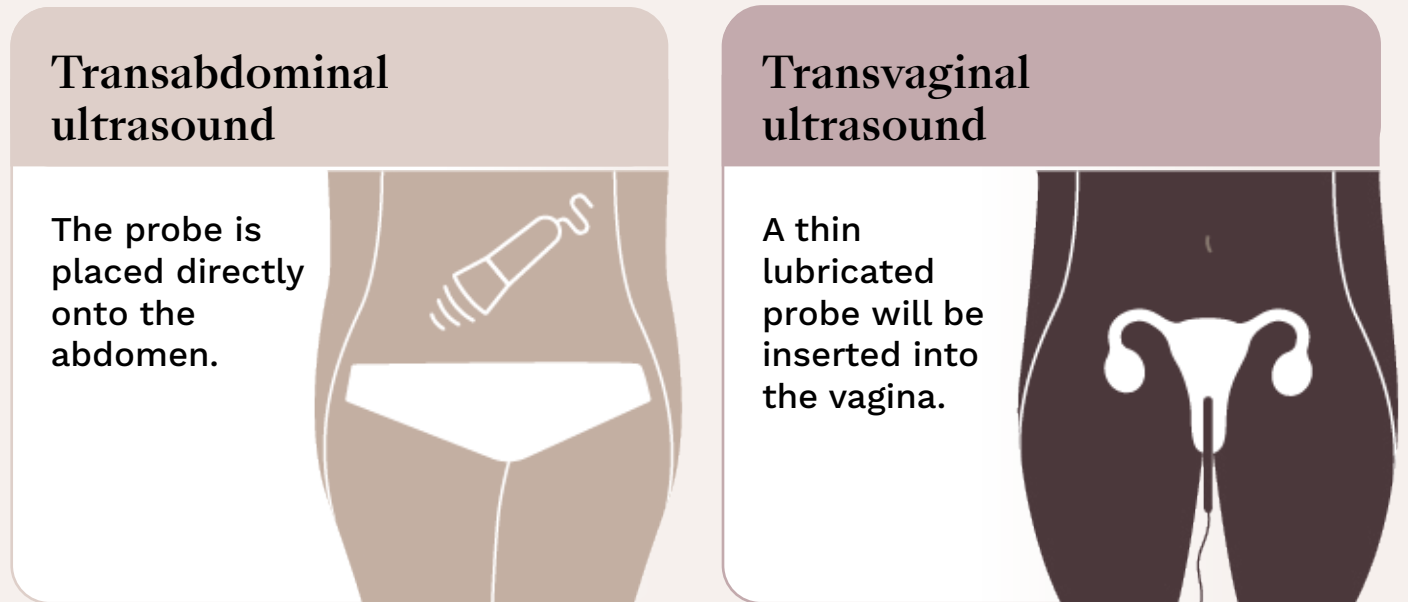
Ultrasound scanning

A guide on what to expect when undergoing a pelvic ultrasound scan.

Study queries: hertilityresearch@hertilityhealth.com
Chief Investigator: Dr. Natalie Getreu
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What is a pelvic ultrasound and what does it involve?

A pelvic ultrasound scan is a way to look inside your abdomen using sound waves. It helps to examine the uterus, Fallopian tubes, ovaries, cervix, and vagina. The examination takes approximately 20 minutes to complete.



The best results are achieved through a transvaginal ultrasound (this is an internal scan where the sonography probe is placed inside the vagina) but our sonographers can perform a transabdominal scan (this is an external scan where the sonography probe is placed on your abdomen) if that is preferred.

Please let us know if that is preferred by emailing us at:

An ultrasound is a safe technique that uses high-frequency sound waves which reflect off the internal organs to help create an image that can be analysed by medically trained professionals, with the help of a connected computer screen, to give information about your pelvic organs.

Why should I have a pelvic ultrasound?

A pelvic ultrasound scan may be recommended for a number of reasons.



Antral Follicle Count (AFC)

During your fertility scan, the sonographer will make an estimated count of the number of follicles that are present in each ovary. The AFC is done to estimate your ovarian reserve (egg count).

The number of follicles present can depend on a number of factors. In general, your AFC will decline with age, however, there are some conditions where it might be lower than expected for your age like Premature Ovarian Insufficiency (POI) or increased like Polycystic Ovary Syndrome (PCOS). An AFC is important to estimate your response to fertility medication and potential outcomes of fertility treatments such as In vitro fertilisation (IVF) and egg freezing.

Please note that our doctors will only include follicles that measure 2-9mm based on current clinical guidelines. This is because follicles of this size are most likely to continue to mature and contain eggs, so they are included to give the most accurate estimation of an antral follicle count (AFC). The ultrasonographer will measure all follicles, some may be less than 2, and some may be more than 9, these follicles will not be included in your AFC.



Polycystic Ovary Syndrome (PCOS)

To confirm a PCOS diagnosis, we recommend you undergo a scan in addition to your hormone blood test. During this scan, they will look at the ovaries to check for a characteristic sign of PCOS - polycystic ovarian morphology.

The ovaries would be considered polycystic, if you have 20 or more follicles in at least one ovary or have ovarian volume (OV) of 10 ml or more.



Fibroids/Cysts

If you have been experiencing any symptoms like bleeding between your periods, really heavy periods or pelvic pain a scan may be recommended in your report to rule out the possibility of any fibroids or cysts.

During the scan, the sonographer will be able to look at your anatomy and see if there are any causes of these symptoms such as fibroids or cysts.



Fertility Clinic Treatment

Prior to any fertility treatments (IUI, IVF or egg freezing) it is recommended you have a scan to estimate your AFC and to look at the health of your reproductive organs.

Our scans and reports should be accepted at all clinics in the UK, however, if your scan was done over a year ago, they may require you to redo the scan.



Endometriosis

If you have symptoms associated with endometriosis such as painful periods, deep pain during sex, painful bowel movements during certain parts of your cycle, pelvic pain etc, a scan would be recommended to rule out the possibility of endometriosis. Recently clinical guidelines have recommended using imaging ultrasound to diagnose endometriosis, however, not all types of endometriosis might be picked up on a scan.

If your scan does not show that you have endometriosis, but you still have endometriosis-related symptoms, it does not rule out the possibility of having endometriosis. In these cases, further investigations are required.

You can continue your care management privately through [Endometriosis specialists](#) via Hertility or through other clinics. These providers may refer you for laparoscopy to confirm a diagnosis of Endometriosis. You can learn more about our endometriosis specialists on our website.

Alternatively, you can also take your Hertility results and approach your GP for further investigations or a referral to a specialist.

[Endometriosis UK](#) has helpful resources on what to ask your GP during your consultation.

When should I schedule my scan appointment?

For an accurate measure of your Antral Follicle Count (the number of egg sacs within your ovaries), our doctors recommend scheduling your scan between Days 1 to 7 of your menstrual cycle.

If you are not having periods, or experiencing infrequent periods, you may prefer to schedule your scan on any day.

If you are using a hormonal form of contraception, it is important to know that your antral follicle count can be temporarily suppressed by your form of contraception.

In order to get the most accurate result, we would also advise waiting until you have been off hormonal contraception for at least 3 months.

Are there any risks?

Ultrasounds are very safe procedures. They do not involve radiation and you will not require any anaesthesia. They can also safely be performed while you are on your period or if you are experiencing any type of vaginal bleeding.

A transvaginal ultrasound uses a thin probe that will be covered in a latex sheath and lubricant gel, and is cleaned before and after the ultrasound to prevent cross-infection.

If you have a latex allergy or are allergic to any type of lubricant please inform the person performing the procedure and an alternative will be used.

Most patients will not experience any pain during the procedure; however, you may experience slight discomfort or pressure.

Before the scan



You are welcome to bring a chaperone for support or if you are feeling nervous.



You can dress however you like but you will be asked to undress from the waist down for a transvaginal scan. Some people feel more comfortable wearing a dress or skirt that they can pull up above the waist so you might also consider this.



Unless you request not to have a transvaginal ultrasound scan, all of our scans will be performed transvaginally as this gives us the best picture of your pelvic anatomy and you do NOT need a full bladder for this.



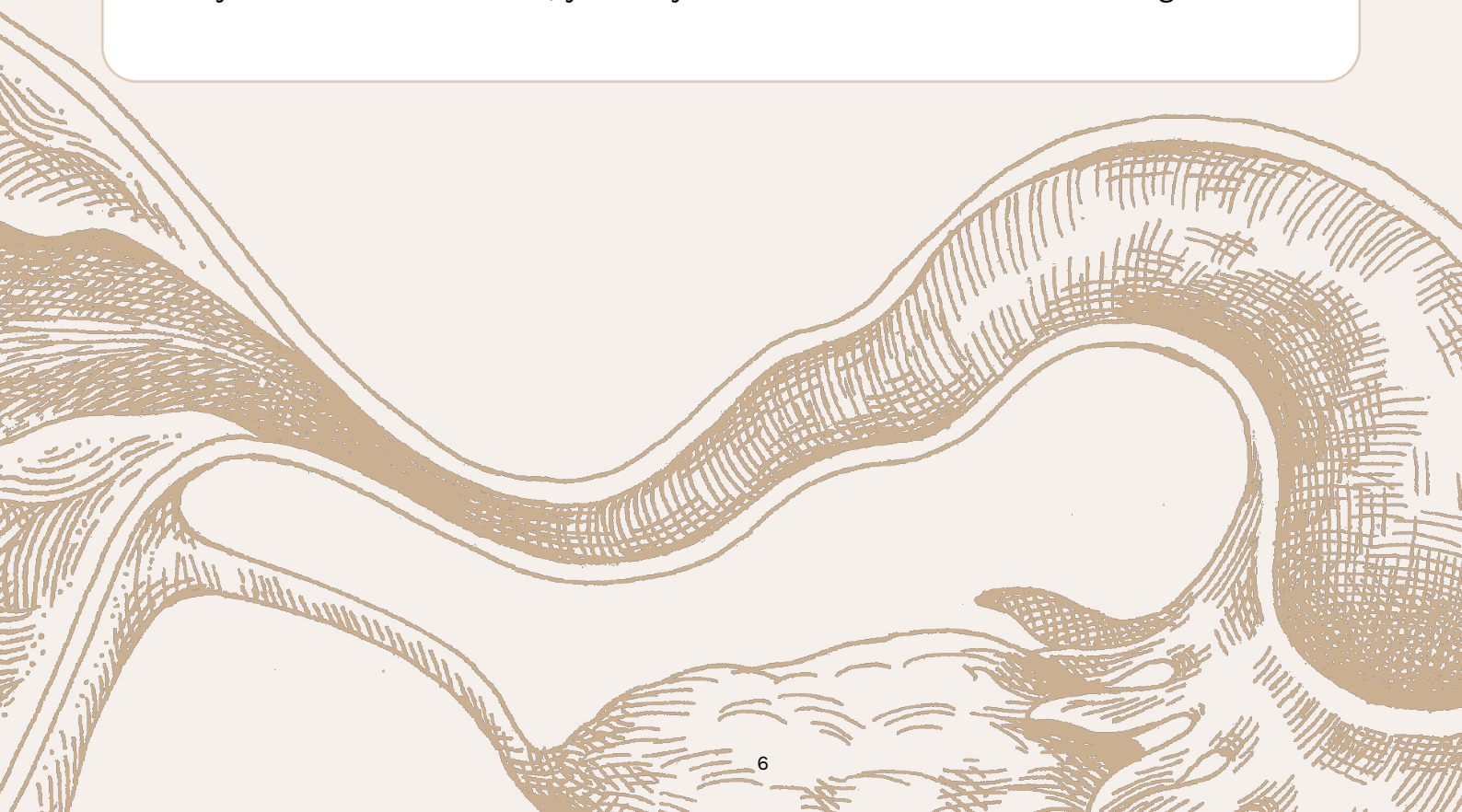
If you are unsure whether an empty bladder or full bladder is more appropriate for your scan, we recommend arriving with a full bladder and double-checking with the practitioner before you begin.



To get to a full bladder with minimum discomfort, we recommend you drink a litre of water 45 minutes to an hour before the ultrasound, and try not to empty your bladder during this time.

Please note:

If your bladder is not full, you may be asked to wait until it is full again.



What will happen when I arrive at the clinic?

At Hertility we have partnered with a number of clinics across the country. When you book your appointment we provide each clinic with a letter detailing the type of scan you are booked for and the reasons for the scan.

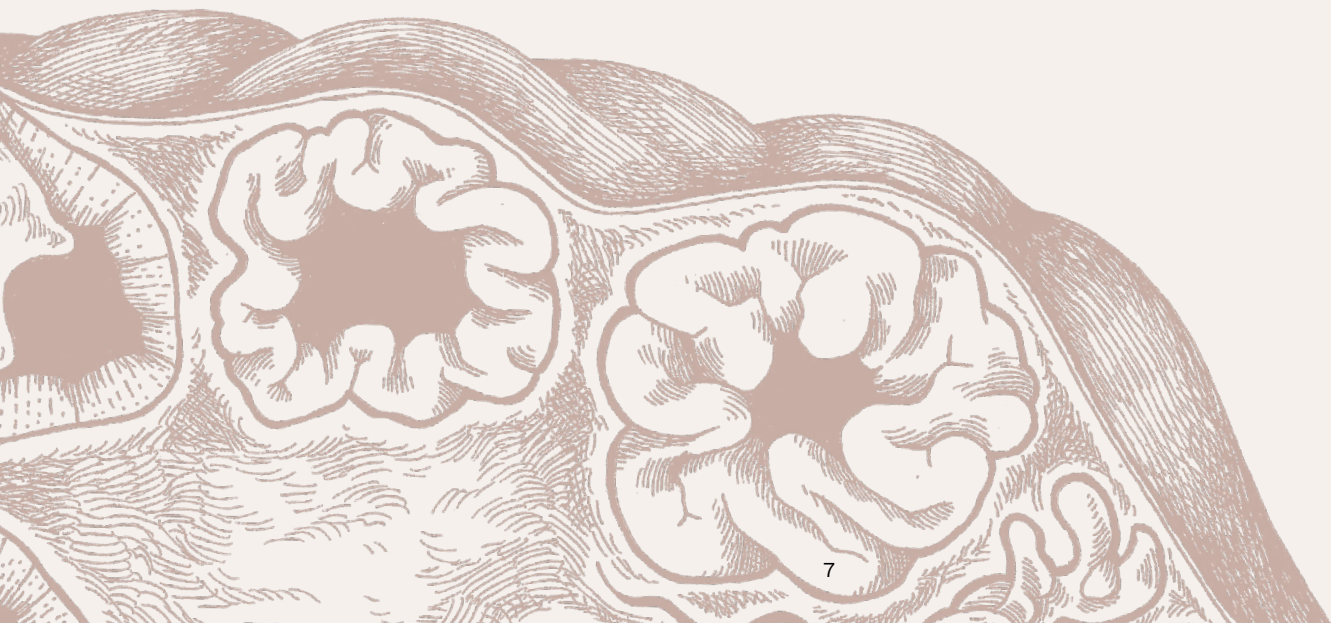
However, as a partner clinic not all staff may be aware of Hertility as a clinic and please be assured that this is not a cause for alarm. We have verified the quality of the scans at each clinic and in addition, our doctors will review and interpret each of the scan images in addition to your blood work.

Our partner clinics use the highest possible quality ultrasound scanning technology which also means that these scan images will be accepted by our partner fertility clinic if you are referred.

What will happen during the scan?

You may request the examination be stopped at any of the steps outlined below:

- The ultrasound will be performed by a specialist sonographer. In addition to the specialist, there may be other healthcare professionals in the room to chaperone, such as a healthcare assistant.
- Student sonographers and other clinical staff undergoing training may also be present, but you will be informed of this prior to the procedure and can ask for them to leave at any point during the appointment.
- If you are having both the transabdominal and the transvaginal ultrasound, the transabdominal ultrasound will take place first.





Transvaginal ultrasound

1. You will be asked to undress completely from the waist down and cover your abdomen with a sheet.
2. You may need to move down to the edge of the bed where you will bend and part your knees. The assisting clinical staff will be able to help you into the appropriate position and assist with positioning your feet.
3. The ultrasound probe will be covered with a latex/non-latex type sheath and lubricating gel, then gently inserted into your vagina.
4. It will be necessary to move the probe from side to side, and it may be swivelled to obtain ultrasound images of your pelvic anatomy.

By default your fertility scan will be transvaginal. But you can always request a transabdominal scan if you are uncomfortable. A transabdominal may have decreased accuracy.

After the scan

After the ultrasound has been completed, the probe will be removed, and you can get dressed and go home immediately afterwards. There is no required aftercare. Following the procedure, you may eat, drink, and resume normal activities (including sexual intercourse) as soon as you wish.

Scan Report

After your scan, your images will be reviewed by Hertility gynaecologists, and you will receive a report reviewing your blood work (if completed with us) and your scan images, within 7 working days. If required, you may be referred for further investigations as appropriate.

Frequently asked questions

Where are your clinics located?

We have clinics all across the UK, with multiple sites in London. If you would like to check if we have a location near you please email our booking team at

What is the difference between an Anti-mullerian Hormone and an Antral Follicle Count?

The Anti-Mullerian hormone (AMH) is a hormone made by the immature eggs in your ovaries (i.e. the eggs that haven't grown yet) so monitoring your AMH level can give us one indication of your egg reserve. However, it can't tell you your exact number of eggs because each follicle (the sac that contains the egg) may produce a different amount of AMH depending on its size.

In order to estimate the number of immature eggs in your ovaries, you need a pelvic ultrasound scan to get your Antral Follicle Count (AFC). However, this only provides an estimate as your total egg reserve will not be visible on a scan.

A combination of your AMH results and AFC results are used to estimate your ovarian reserve. There are some situations where AMH levels may not correlate to AFC, such as for people who have cysts, PCOS or a diminished ovarian reserve. In these cases, your AFC is considered to be of more relevance.

It is important to note that whilst measuring your AMH and AFC gives us a lot of information, it does not reflect how you can naturally conceive. Also, hormonal contraception can suppress your AMH by up to 30% so it is most accurate when you have had no hormonal contraception for at least three months.

Why does my AFC listed in my report differ from the one in my sonographer report?

In accordance with clinical guidelines, our doctors count follicles that measure 2-9mm as they are the follicles that are most likely to contain eggs.

Follicles within this size range are included in the Antral Follicle Count listed in your report. The ultrasonographer will measure all follicles, some may be less than 2, some may be >9, which will not be included in your AFC but will be listed in your scan report sent from the clinic.

What is the difference between PCO and PCOS?

PCO (Polycystic ovaries) is a common variant of normal ovaries which is present in around 30% of reproductive-aged women. People with PCO have a higher than expected number of immature follicles which in turn produce greater levels of AMH in the blood. It is important to know that PCO should not affect fertility. Some people with PCO also have the syndrome which can be associated with it called polycystic ovary syndrome (PCOS).

PCOS (polycystic ovary syndrome) is a common condition affecting at least 1 in 10 women of reproductive age and is caused by an imbalance of reproductive hormones. PCOS can affect people differently, however, it is important to be aware that it is related to an increased risk for certain issues such as diabetes and hypertension. Furthermore, some people with PCOS do not ovulate every month and this can contribute to difficulty in conceiving.

However, there is some reassurance in knowing that most people with PCOS can become pregnant with or without treatment. It is important to note that an internal ultrasound is required to confirm if your ovaries are polycystic.

Not everyone with PCOS will have polycystic ovaries and having polycystic ovaries without any PCOS associated symptoms is not enough for a PCOS diagnosis.

Will I get my scan images?

After your scan, the clinic will send over images from your scan and a sonographer report. Please download these images for your records as the links expire after 90 days.