

# POAC CLINICAL POLICY

## For Pelvic Ultrasound Scan

### POAC funds pelvic ultrasound scans for the following conditions:

1. Persistent, **heavy** PV bleeding lasting more than 2 weeks following miscarriage or termination of pregnancy, or more than 6 weeks post-delivery, to rule out retained products of conception. For persistent but lighter bleeding a scan should be requested under Access to Diagnostics or via the DHB.

Note that women within 2 weeks of miscarriage or termination of pregnancy, and within 6 weeks of delivery, fall under primary maternity S88 funding which covers maternal ultrasound scans for suspected retained products or post-partum bleeding.

2. Patients with **symptoms and signs suggestive of pelvic infection** who **do not have an acute abdomen or sepsis** requiring admission but either:
  - a) Do not respond to treatment as detailed in the guidelines for management of Pelvic Inflammatory Disease (see Healthpoint) within 3 days; or
  - b) Have findings on examination suggestive of adnexal mass (relevant findings must be documented)

to identify a possible pelvic collection.

POAC does not fund pelvic ultrasound for pelvic pain in any other circumstances.

### No POAC funded pelvic ultrasound is required for the following clinical conditions:

- Patients with evidence of an acute abdomen: refer to hospital ED (surgery, gynaecology). This includes suspected ovarian torsion, which presents as an acute abdomen.
- Patients with suspicion of “imminent” ovarian torsion (episodes suggestive of torsion/de-torsion): refer to hospital.
- Patients with pelvic pain of unknown cause (no symptoms and signs suggestive of infection, no acute abdomen, pregnancy test negative) whose pain cannot be so controlled in the community, refer to hospital (surgery, gastroenterology, gynaecology).

For publicly funded pelvic scans for other suspected diagnoses patients should be referred under Access to Diagnostics (CM Health, ADHB) or to the local DHB radiology department (ADHB, WDHB).