

POAC CLINICAL POLICY

For Pelvic Ultrasound Scan

POAC funds pelvic ultrasound scans for the following conditions:

- **Suspected retained products of conception beyond Section 88 funded scan time period.**

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 e-referral to radiology.

Note that women within 2 weeks of miscarriage or termination of pregnancy, or within 6 weeks of delivery, fall under primary maternity Section 88 funding which covers maternal ultrasound scans for suspected retained products or post-partum bleeding. There may be a part charge for ultrasound scans performed under Section 88.

- **Suspected Pelvic Collection**

Patients with **symptoms and signs suggestive of pelvic infection** who **do not have an acute abdomen or sepsis** necessitating admission but either:

- a) Do not respond to treatment as detailed in the guidelines for management of Pelvic Inflammatory Disease (see HealthPathways: [Pelvic Inflammatory Disease](#)) within 3 days; or
- b) Have findings on examination suggestive of adnexal mass (relevant findings must be documented)

- **Lost IUCD strings**

If IUCD strings not visible and IUCD due for removal, it is reasonable to first attempt to remove the device. This can be done with a pair of long handled forceps placed into the cervical canal. The majority of the time the strings will be sitting in the cervical canal. If successful this eliminates the need for an ultrasound scan.

POAC will fund a scan for lost IUCD strings in a patient with **significant pain** where:

- the device cannot be removed by cervical canal instrumentation as described above; or
- device removal is not desirable

Without pain order a non-urgent scan through ATD or DHB e-Referrals

- **Acute Pelvic Pain of unclear cause AFTER ASSESSMENT IN ED (pregnancy test negative)**

POAC funds an USS pelvis following ED assessment of acute pelvic pain where hospital admission may be avoided or length of stay shortened if a rule-out/rule-in scan can be obtained quickly.

In primary care, give analgesia soon after assessment to provide pain relief within 30 minutes. See Auckland Regional HealthPathway [Acute Pelvic Pain in Young Women](#) for analgesia recommendations.

If pain settles organise pelvic scan, if indicated, using **ATD** or **e-referrals**.

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

POAC does not fund pelvic ultrasound for the following clinical conditions:

- Pregnancy-related pain
- 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 sufficiently controlled in the community: refer to hospital (surgery, gastroenterology, gynaecology).
- To visualise suspected simple ovarian cyst

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) via e-Referrals