

CONSENT FORM FOR TRANSABDOMINAL (EXTERNAL) AND TRANSVAGINAL (INTERNAL IMAGING)



Affix Patient Label Here

Transabdominal Ultrasound (Outside of pelvis) - <16 years of age (Guardian Consent) or 16years +

Full bladder is required prior to appointment - instructions given at time of booking.

Imaging of the kidneys and lower abdomen/pelvic area performed using ultrasound gel and the ultrasound transducer, pressure will be applied to the pelvic area. Images are taken of the patient's uterus, endometrium, adnexae and ovaries. Extension of imaging to the RIF (right iliac fossa) and LIF (left iliac fossa) to exclude obvious pathology may also occur.

If your bladder is not adequately filled, you may be asked to consume more water and wait for a certain amount of time until optimum filling is achieved. This time varies between each patient, hydration and age.

If images are technically inadequate, despite attempted filling, you may reschedule to a suitable day and time for a second attempt.

I understand that transabdominal imaging may hinder detection of certain and subtle gynaecological pathology.

Transadominal Imaging Only

Signed: _____ Patient or: _____ Guardian

Transvaginal Ultrasound (Inside of pelvis/Vagina) – 16 years of age and over

A full bladder is not required for an internal ultrasound. Please empty bladder prior to appointment.

Transabdominal images of kidneys and external pelvis will be acquired first, then proceeding to transvaginal imaging.

More clearer and accurate imaging, measurements and diagnosis of underlying gynaecological pathologies are more easily detected using a transvaginal approach.

Transvaginal imaging does not affect your pregnancy (if pregnant).

A transvaginal transducer is specifically made for this imaging and will be covered with a sterile single use latex cover (please advise if any allergies to latex). Sterile lubricant is applied to the tip of the transducer to assist with insertion into the vagina.

There is a small amount of applied pressure with explanation of movements given by the Sonographer. Please be aware of up and down movements to assess the full transverse images of your uterus, adnexae and ovaries as well as right and left sided movements to assess your right ovary/adnexae and left ovary adnexae. Some pressure will be applied to your lower pelvic area externally to move bowel material of your structures and assess mobility of your pelvic organs to exclude adhesions.

You may request at any time the transvaginal transducer be removed on your instruction.

You may have a Chaperone in attendance.

Do you have a latex allergy? YES (a non latex cover will be used) NO

Are you pregnant? YES NO Unsure

The procedure has been explained to me, including any risks involved, and I have read this consent form and understand the information, instructions and difference between transabdominal and transvaginal imaging.

I consent to Transabdominal (EXTERNAL) & Transvaginal (INTERNAL/VAGINAL) imaging.

Patient's Name (Please print): _____

Patient's Signature: _____

Date: _____

Witness Chaperone or Sonographer: _____

Parent/Guardian's Signature: _____ (if applicable)

Sonographer Signature: _____ Date: _____

(I confirm all patient's ID and history are correct and no medication was used for this examination)

