

FEBRUARY PROTOCOL REVIEW

PART 1 – OB AND GYN

A review of frequently missed protocol images and recent changes

PELVIC EXAM REMINDERS -

- Serial Uterine Images and appropriate labels are needed on all exams–
 - Sagittal –Right Mid and Left
 - Transverse – Superior Mid and LUS
- Do not include the cervix when measuring the length of the uterus. Per AIUM and ACR guidelines, because we obtain a volume, the cervix should not be included.
- Prep - Patients do not need to have a full bladder for pelvic exams unless we will only be scanning transabdominally.

- Sag and Trans cine clips of the uterus should be taken for IUD check in addition to 3D images.
- Sliding Sign should be performed on patients with chronic pain or if endometriosis is suspected. It does not need to be used for acute pain or pain due to other reasons.
 - To perform the sliding sign, position the probe in the posterior fornix and then push against the rectum to see if the rectum moves free of the posterior cervix/uterus.
 - If rectum freely moves across cervix/uterus, this is normal and is a “positive sliding sign.” If it does not slide freely, it is abnormal and is a “negative sliding sign. A negative sliding sign suggests adhesions and deep infiltrating endometriosis. Include whether there is a Positive or Negative sliding sign in the report.

- For IUDs -we will only be looking at an IUD with 3D rendering if the indication involves the uterus, bleeding or pain. If you do a 3D, charge for it, every time. Taking images we are not charging for is a form of medical fraud, so a 3D is not needed unless indicated. If the patient presents for an indication only pertaining to the adnexa or ovaries, then we will not be doing a 3D of the IUD. This applies to first visits and follow up visits this same. Examples - If they are there to look at an ovarian mass seen on CT, we will NOT do it. If they are there to follow up an ovarian cyst previously seen, we will NOT do it. If they are there for fibroids and/or bleeding, we WILL do it. If they are there for any kind of pain, we WILL do it. For exams not needing a 3D of the IUD, please instead do a cine sweep in transverse and longitudinal to show its position.
 - The 3D charge can be added when ending exam - End Exam ->Next step -> Charge Capture tab. There are two 3D codes to choose from - 3D w/o Independent Misc is if it is rendered on the machine, 3D w Independent Misc is if is rendered in Viewpoint.

OBSTETRICAL EXAM REMINDERS-

- Serial Uterine Images and appropriate labels are needed ~~on all OB exams except for those patients coming for weekly routine UA doppler, AFI, BPP or TTTS screenings~~ — **Only needed for first trimester and Anatomy Ultrasounds**
 - Sagittal – Right Mid and Left
 - Transverse – Superior Mid and LUS
- Cervix should be reported in millimeters (mm), not centimeters (cm). Routinely measure the cervix before 24 weeks. See this month's SonoBuzz Teaching Corner for more specifics on proper measurements.
- Uterus and ovary sections of the VIEWPOINT OB report -
 - Uterus section - ~~Always, even for follow ups, fill in this section.~~ **First trimester and Anatomy, unless following up fibroids**
 - Ovaries and Adnexa sections - Fill in for first trimester and anatomy exams, this section is not needed for follow ups unless they are having pain or if a mass was seen on prior that we should reevaluate.
- Placental thickness should be evaluated subjectively and does not need to be routinely measured unless it appears abnormal.
- AFI -Do not measure pockets that are less than 1cm in width.
- 3VT should be taken with and without color. No other color images are needed on the 3VV, Ductal arch, Aortic arch, or ventricular septum. DA and AA images can be augmented with color or cine clip if suboptimal on B-mode.
- When scanning Twins, it is extremely important to document the location of each twin on every exam even if it is just for AFI or UAs. This is crucial for ensuring that we are tracking the correct baby for growth and UAs. Location of baby should go in the presentation section. Example "Cephalic, maternal left" or "Transverse, head to left, superior."
- Twin A will not always be the presenting twin in late second trimester or third trimester. If this is the case, we can label the pictures and report "Twin A – Cephalic/Breech, NOT PRESENTING" and "Twin B - Cephalic/Breech PRESENTING" etc.

- **MCA for TTTS screening must be taken at a Zero-degree angle to obtain an accurate velocity. This is used to evaluate for anemia, not growth restriction. It is similar to when we look at the MCA in isoimmunization patients. The S/D ratio is not needed, only report the Peak Systolic Velocity and MoM.**
- **Please show cases with newly diagnosed anomalies or cases referred in for second opinion to the attending or fellow. Please ask fellow to confirm with attending that no other images are needed. This need not be done for follow-up exams (for example routine follow up of gastroschisis or CDH).**
- **NT exams – the GE machines retain the same time stamp for an entire cine sweep. When submitting your NT images for certification renewal, they do look at the time stamp. Be aware that you will not be able to submit two images from the same sweep done on a GE machine even if they are clearly different images.**
- **GENITALIA is the label you should use for documenting if baby is a boy or a girl. Do not use the labels XY/XX, gender, or boy/girl. These terms do not refer to the physical appearance of the genitalia which is what we are evaluating.**
- **When asking parents if they would like to know what baby is, avoid using the term “Would you like to know the gender?” (Gender refers to how the baby would identify and not to its physical characteristics. XX/XY refers to baby’s chromosomes.) It is best to say, “Would you like to know if baby is a boy or a girl?” or “Would you like to know the sex of baby?” Remind parents who do not want to know that they should not to look at the report in E-Care, it will be included.**
- **AFI should routinely be calculated on all exams over 24 weeks.**

A good way to remember this and whether the cervical length is needed is that Cervix is needed until 24wks, and AFI is needed after 24wks. You will need one or the other for every case (over 16 weeks). Of course, there are exceptions when you would need to do both – examples being if the fluid looks subjective low prior to 24 weeks or if the cervix looks short or dilated.

- **BPP exams – Please do a Full AFI for these**

If one of these pockets is greater than 2cm, the score = 2

If no pockets are greater than 2cm the score = 0.

- UA / AFI exams - Always document position and heart rate, as well as the stomach and bladder since this anatomy that pertains to the fluid levels. The rest is not needed in most cases.
- For a cervical cerclage – Viewpoint asks for “Pre stitch” and “Post stitch” measurements. To clarify which is which, the “Pre stitch” is the external os to the stitch, and the “Post stitch” is the stitch to internal os and where funneling will happen first.

