SONOVAGINOGRAPHY: NEW ULTRASOUND TECHNOLOGY TO DIAGNOSE ENDOMETRIOSIS
INTRODUCTION

Principally, it is characterised by chronic pelvic pain, especially associated with menstruation, pain during sexual intercourse and/or painful bowel actions at the time of the period.

A greater awareness of the symptoms of endometriosis is VITAL.

The disease can be found in many sites throughout the pelvis, in particular the ovaries (called “endometrioma”), pelvic peritoneum, Pouch of Douglas, rectum, recto-sigmoid, rectovaginal septum, uterosacral ligaments, vagina and urinary bladder.
As a rule, this is not a normally developing pregnancy and in most cases does not contain an embryo. Ectopic pregnancies are commonly called “tubal pregnancies” and as the ectopic pregnancy grows the fallopian tube may eventually burst. The reason for this is because the tube does not have the same capacity as the womb to grow and accommodate a pregnancy. A burst tube can cause severe internal bleeding and in turn endanger the mother’s life.

The presentation of ectopic pregnancy can be varied from minor non-specific symptoms of bleeding and/or pain to the sudden collapse of the expectant mother. The symptoms of an ectopic pregnancy very often mimic miscarriage. In this circumstance a urinary pregnancy test is required, and if positive a woman will need to have a transvaginal – not transabdominal – ultrasound scan performed to rule this out.

Pelvic pain can have a number of different causes.

Acute pelvic pain is sometimes symptomatic of ectopic pregnancy as well as:

- Complications of ovarian cysts
- Pelvic infection
- Ovulation can even cause a surprising amount of discomfort

Chronic pelvic pain can be a result of:

- Previous pelvic infection
- Endometriosis

In a recent survey it was found that 73% of women do not visit the doctor when they are suffering chronic pelvic pain.

Endometriosis is one of the most common causes of chronic pelvic pain - and one of the more important reasons to have an ultrasound scan to ensure you are not suffering from this debilitating illness.
THE AVERAGE TIME TO DIAGNOSE ENDOMETRIOSIS IS EIGHT YEARS

The first step is greater awareness by GPs and by women who suffer from chronic pelvic pain.

Sadly, a staggering number of women who experience chronic pelvic pain do not do anything about it. Because seriously, outside of a dictionary definition who knows what constitutes chronic?

Everyone has a unique pain threshold. So, a good rule of thumb is this if your pain is interfering with your day-to-day activities then there is something wrong.

Therefore early referral by your GP to gynaecologists with an interest in endometriosis is very important.
Aside from the crippling pain and fatigue, one of the hardest things about having endometriosis is receiving the correct diagnosis. There are hundreds of stories in blogs and medical websites about not only the pain but also the social and psychological effects of endometriosis.

An aspect of this disease is that the pain does not even need to be crippling. Like many such diseases, endometriosis can either cause severe or mild pain and every degree of pain in between. Also the pain may not necessarily be indicative of the severity of the disease. For example, you might have mild symptoms but on an ultrasound or laparoscopy it turns out that you may have extensive disease and vice versa.
If you are worried about your symptoms and wish for a detailed examination, OMNI Ultrasound & Gynaecological Care in Sydney can provide transvaginal ultrasonography (TVS) with Sonovaginography to predict ovarian and/or deep infiltrating endometriosis.

Endometriosis is becoming more and more a medically managed disease and surgery can be avoided or delayed in a growing proportion of cases. TVS is today the first line imaging technique in the diagnosis of deep infiltrating endometriosis. Adding Sonovaginography to the routine pelvic ultrasound examination by an experienced operator improves the accuracy of diagnosis of pelvic endometriosis.

But the process starts with you. If you are suffering, do not accept that crippling pain is normal, even if it is “that time of month.” Any pain that forces you off your feet and away from school, university, work or looking after your children and family is not normal. Pain is your body’s way of telling you that something is wrong, and you need to ensure - for your own health - that you visit your doctor.

Due to the nature of this disease it is important that you speak frankly with your doctor about your symptoms.
OMNI’s role in diagnosing endometriosis

At our Sydney clinics we have the latest in ultrasound technology to give you the most accurate results. As mentioned we do provide a Sonovaginography for assessing all forms of endometriosis, however for a definitive assessment a procedure called a laparoscopy (“keyhole” surgery) can be carried out to visualise the presence of endometriosis in the pelvis.

It is important that you speak frankly with your doctor about the pain and symptoms you are experiencing. Do not suffer for years with debilitating pain, visit OMNI Ultrasound & Gynaecological Care in Sydney for an ultrasound.
Sonovaginography is a new technique based on TVS combined with the introduction of acoustic medium (20 mL ultrasound gel) into the vagina which creates an acoustic window between the tip of the transvaginal probe and the surrounding structures of the vagina. This allows for a detailed assessment of the bladder, vagina, cervix, rectum and recto-sigmoid colon.

Sonovaginography is a new technique in the prediction of posterior compartment deep infiltrative endometriosis. OMNI is the only ultrasound site in Australia performing this new state of the art diagnostic technique.

More importantly, if your Sonovaginography is normal, the likelihood of underlying severe endometriosis is very low indeed. This can be helpful for your doctor in deciding whether the use of non-hormonal and/or hormonal medicines is indicated.

**Who can have Sonovaginography?**

If you have any of the following symptoms:

- **Chronic pelvic pain**
- **Dysmenorrhoea (painful periods)**
- **Dyspareunia (painful sexual intercourse)**
- **Dyschezia (painful bowel actions at the time of your period)**
- **History of previous endometriosis with recurrent symptoms**
WHY IS SONOVAGINOGRAPHY USEFUL?

Many women with endometriosis at laparoscopy have had a normal pre-operative pelvic scan. Sonovaginography challenges the concept of a "normal pelvis" on ultrasound.

In other words, Sonovaginography gives extra diagnostic information over and above conventional sonography of the pelvis. This is extremely useful in planning your individualised management.

What are the benefits of Sonovaginography?

- If negative, Sonovaginography helps your doctor to decide whether you should consider hormonal therapies such as the oral contraceptive pill or hormonal IUD called the Mirena.

- If positive, Sonovaginography helps your GP to decide whether you should be referred to a general gynaecologist or an advanced laparoscopic endometriosis surgeon.

- If positive, Sonovaginography helps your O&G Specialist to decide whether they need input from an advanced laparoscopic endometriosis surgeon.

- If positive, Sonovaginography helps your advanced laparoscopic endometriosis surgeon to plan specific surgery and the need for Colorectal input pre-operatively.
Women who have deep infiltrating endometriosis diagnosed using Sonovaginography ideally should have their surgery done in a Tertiary referral Laparoscopic Surgical Unit.

Sonovaginography can negate the need for 2 laparoscopies and also exclude severe endometriosis before commencing fertility treatment.

If you are diagnosed with endometriosis at OMNI, this will help your referring GP or gynaecologist to plan your management which may include the use non-invasive hormonal approaches or in specific cases laparoscopic surgery for definitive treatment.

How safe is Sonovaginography?

Ultrasound uses sound waves unlike X-rays which use ionizing radiation.

No anaesthetic is required. No hospital stay is required.

Procedure will take up to 45 minutes.

You can resume normal activities after the procedure.

Do I need any preparation?

No, just come with an empty bladder and there is NO bowel preparation needed for the procedure.
References

Prediction of pouch of Douglas obliteration in women with suspected endometriosis using a new real-time dynamic transvaginal ultrasound technique: the sliding sign.

The prediction of pouch of Douglas obliteration using offline analysis of the transvaginal ultrasound ‘sliding sign’ technique: inter- and intra-observer reproducibility.

Consensus on current management of endometriosis.

Office gel sonovaginography for the prediction of posterior deep infiltrating endometriosis: a multicenter prospective observational study.

Systematic evaluation of women with suspected endometriosis using a 5-domain sonographically based approach.
Associate Professor George Condous is internationally renowned for his work in early pregnancy and endometriosis.

He wrote his MD on “The management of pregnancies of unknown location and the development of new mathematical models to predict outcome.”

**Associate Professor Condous performed the first Sonovaginography in Australia.**

OMNI Ultrasound & Gynaecology Care uses ultrasound for the first point of contact for women with emergency gynaecological as well as early pregnancy complications.

Associate Professor Condous is also responsible for the One-Stop Ultrasound based diagnostic clinics. These clinics review women with abnormal uterine bleeding, chronic pelvic pain (like endometriosis), adnexal pathology (ovarian cysts) as well as post-menopausal bleeding.

We are more than happy to answer any questions you might have about how we can help you.
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