



Ultrasound patient information

Assessment of Deep Infiltrating Endometriosis

What is endometriosis?

Endometriosis is one of the most challenging gynaecological disorders, affecting 10% of premenopausal women. It is a condition where tissue similar to the lining of the uterus (endometrium) grows outside your uterus (endometrial implants). Like the uterine lining, this tissue thickens, breaks down and bleeds with each menstrual cycle. However, there is no natural outlet for the blood discarded from these implants. Instead, it becomes trapped, causing cysts and inflammation. The repeated irritation leads to the development of scar tissue and adhesions in the area of the endometrial implants.

What is Deep Infiltrating Endometriosis?

Most endometriosis implants remain superficial on the surface of the peritoneum (the lining of the abdomen) but in about 20% of women implants may extend into the bladder, bowel and vaginal walls. This is called deep infiltrating endometriosis or DIE. We now know that DIE can be recognised with transvaginal (internal) pelvic ultrasound if a more extensive examination (compared with typical pelvic evaluations) is undertaken. Your doctor is concerned that you may have deep infiltrating endometriosis in your pelvis, and has requested this more detailed examination to help provide as much information as possible prior to consideration of surgical evaluation and treatment.

How is the ultrasound done?

The ultrasound will be performed initially by the transabdominal approach with the ultrasound probe placed on your tummy. It is necessary to have a full bladder for this part of the scan. Following this you will be asked to empty your bladder and further assessment will be done by the transvaginal approach, i.e. with a slender ultrasound probe being passed into the vagina.

How long will it take?

The whole procedure usually takes about 30-45 minutes depending on the degree of difficulty of assessing your pelvis. Gel is sometimes inserted into the top of your vagina to aid views of the vaginal wall.

Why do I need a laxative?

The best method to assess the potential areas of deep infiltrating endometriosis using ultrasound involves preparation of the bowel to reduce the amount of faeces (stool) and gas in the colon and rectum prior to having the ultrasound. This improves the quality of the images obtained.

To prepare the bowel you will need to take:

1. Two tablets of Bisacodyl the evening before your scan (This is a mild laxative)
2. A Microlax enema administered by yourself (This enema is expected to have an effect in most people within 10-15 minutes)

Detailed instructions for bowel preparation are enclosed in the medication pack. The medication is supplied by the KEMH Pharmacy. Please contact the Ultrasound Department on 6458 2830 to arrange collection of the medication pack prior to your appointment.

What if I can't hold my bladder?

You will be asked to have a full bladder for the initial, abdominal part of the scan. Before the vaginal (internal) scan is performed, you will be asked to empty your bladder. If you find that it is not possible to hold your bladder, either due to needing to use the toilet for your bowels, or if you have been kept waiting, it is ok to empty some or all of it.

Will I have pain during the scan?

The examination may be associated with more discomfort or pain than a typical pelvic ultrasound due to extra pressure on the bowel. If you are concerned about pain, you may like to consider taking an analgesic shortly before you leave home e.g. Panadol, Nurofen, Naprogesic, Ponstan or Advil. If necessary, you can take a dose of analgesia following your scan.

Does the timing of my scan matter?

It is best if your scan is scheduled in the 2 weeks leading up to your expected period. The release of the egg often results in a small amount of fluid being visible in the space between the uterus and bowel at this time, which can aid views. Although a scan can be performed during a period, this is likely to be a time of increased pain for women with endometriosis, and avoiding a scan at this time is therefore recommended if possible.

Can I choose the scan time?

When arranging an appointment for your scan, do let the clerical staff know if you already have an appointment scheduled to see your referring doctor and they will try to accommodate your scan on the same day if possible. This may be particularly helpful if you are from the country. However, please note that it is not always possible for us to schedule medical appointments at the most ideal time for you.

When do I find out results?

The information obtained from the scan will be given to your referring doctor for discussion with you at your next appointment. We will often inform you of findings during the scan, but we do not advise on management of any findings.

Will I be able to go back to work after the scan?

Yes. Other than the laxative, this test is not really any different to a normal pelvic scan. You can return to your normal activities after you leave the appointment.

For further information about ultrasounds at KEMH

Ultrasound Department - (08) 6458 2830



This document can be made available in alternative formats on request.

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