UCD / BMUS
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# Gynae Reporting from The Pilot Study:

# A Sonographer's Perspective

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# Overview

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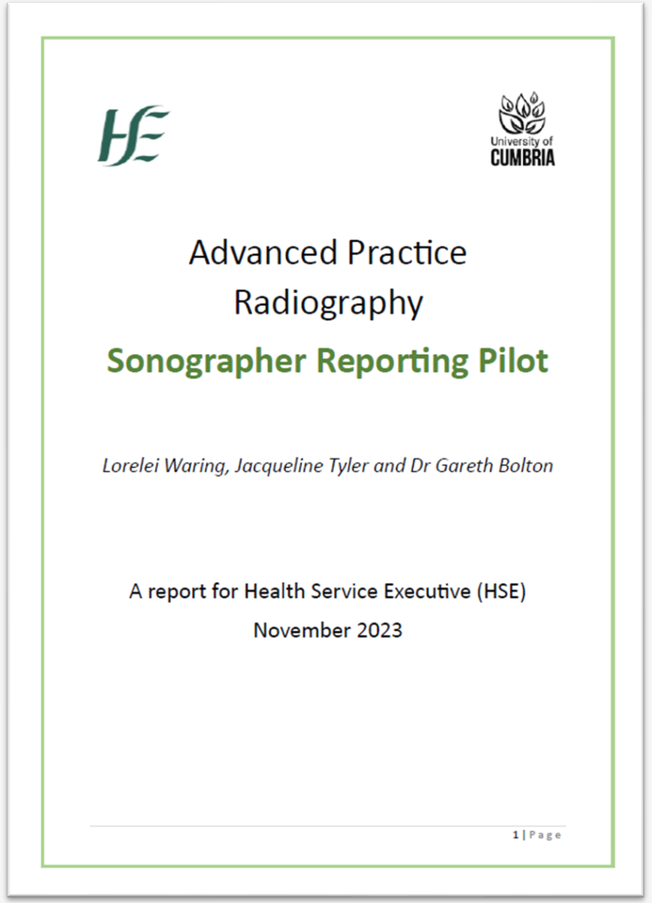
# Advanced Practice Ultrasound

- The British Medical Ultrasound Society (BMUS) issued a statement in 2017, highlighting that the person performing the ultrasound examination should also interpret and report the results, due to the dynamic nature of ultrasound scans and skillset involved.
- Supporting this, clinically based evidence from the UK has demonstrated a successful model of independent sonographer reporting for over 30 years (Gibbs Edwards and Harrison, 2017).
- In Ireland, Sonographers are currently restricted to providing provisional reports, for Radiologist sign off.
- The number of ultrasound examinations on waiting lists continues to increase – gynaecology being one of the most common ultrasound examinations requested by physicians.

# Advanced Practice Sonographer Reporting Pilot



Advanced Practice
Radiography

**Sonographer Reporting Pilot**

*Lorelei Waring, Jacqueline Tyler and Dr Gareth Bolton*

A report for Health Service Executive (HSE)

November 2023

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Clinical audit methodology followed, with independent review.

16 Sonographers participated across

16 sites

Included sonographers from 6 out of 7 hospital groups.

Sonographers provided data on 400 randomly selected exams over 6-month period

Radiologists assigned agreement scores using the Riley et al grading system (2010).

| Agreement Score | Description of Agreement Score |
|---|---|
| **Grade 1** | Agree completely with the sonographer's report |
| **Grade 2** | Minor discrepancy unlikely to alter patient care |
| **Grade 3** | Potentially significant discrepancy |
| **Grade 4** | Definite, significant discrepancy likely to have adverse consequences for patient |

# Standard Gynaecology Reporting

Summary of clinical information:
Previous examinations:
Technique: Transabdominal / transvaginal (include if TVUS was offered or declined)
Consent: Verbal / written
LMP:
Additional information: (any information relating to medication (e.g. OCP, HRT, Tamoxifen).

# Standard Gynaecology Reporting

**Body of report:**

- Use concise language
- Tailor your report to the referring clinician
- Include only relevant information
- Comment on structures systematically, in keeping with the system of imaging you've used if possible
- Avoid ambiguous terminology
- Include pertinent negatives (ovarian mass, however no ascites or omental caking).
- Be definitive where possible
- O-Rads system to standardise and classify ovarian and adnexal lesions.

**Impression / Conclusion:**

- Address the clinical question
- Order findings by significance
- Clearly note actions and recommendations

# Sonographer Report

The right ovary is located in the pouch of Douglas and measures 135.5 mL and contains a 6.4 x 6.7 cm unilocular cyst with a thin septation, measuring approximately 2 mm.

**CONCLUSION**: 6.7 cm unilocular right ovarian cyst with thin septation (O-RADS 2). Six-month ultrasound follow-up recommended.

# Radiologist Report

The right ovary is located in the pouch of Douglas and measures 135.5 mL and is intimately related to a 6.4 x 6.7 cm unilocular cyst with a thin septation, measuring approximately 2 mm. This is unchanged from the CT study from February 2023, but has increased from the CT from April 2020.

**CONCLUSION:** 6.7 cm unilocular right adnexal cystic structure either represents a right ovarian cyst or more likely progressive right-sided hydrosalpinx given history and prior imaging findings.

Gynaecology opinion is suggested.

**Grade 3**

# Sonographer Report

Normal right ovary. Simple 2.8 cm left ovarian cyst (O-RADS 1). No adnexal mass.
No free fluid.

Impression:

Simple 2.8 cm left ovarian cyst (O-RADS 1), which typically does not require follow up.

Considering the patient's known family medical history (aunt RIP breast cancer), a repeat ultrasound in 12 months is an option if clinically required.

# Radiologist Report

Normal right ovary. Simple 2.8 cm left ovarian cyst (O-RADS 1), a benign finding not requiring follow up.
No adnexal mass.
No free fluid.

Impression: Normal pelvic ultrasound

Grade 2

# Sonographer Report

The right ovary contains a cyst with low level internal echoes measuring 0.8 cm. Appearances are in keeping with a haemorrhagic cyst or endometrioma.
A 1.8 cm simple right para-ovarian cyst also noted.

Impression:
1.8 cm para ovarian simple cyst on right side. (O-RADS US 2*).
Sub-centimetre right ovarian cyst in keeping with a haemorrhagic cyst or endometrioma (O-RADS US 2*).

Follow-up ultrasound in 8-12 weeks recommended.

*Andreotti R et al. O-RADS US Risk Stratification and Management System: A Consensus Guideline from the ACR Ovarian-Adnexal Reporting and Data System Committee. Radiology. 2020;294(1):168-85.

# Radiologist Report

There is a 0.8 cm right ovarian cyst with low-level internal echoes likely a haemorrhagic cyst or endometrioma.
1.8 cm simple right para-ovarian cyst also noted.

Impression:
Sub-centimetre right ovarian cyst likely a haemorrhagic cyst or endometrioma (O-RADS US 2*). **Follow up ultrasound in 8-12 weeks recommended in the first instance.**
Simple right para-ovarian cyst. **This does not require routine imaging follow up** (O-RADS US 2*).

*Andreotti R et al. O-RADS US Risk Stratification and Man A Consensus Guideline from the ACR Ovarian-Adnexal Repor System Committee. Radiology. 2020;294(1):168-85.

Grade 2

# Results

**Total Examinations:** 6,037

**Acceptable Reports:** Over 99% in Grades 1 and 2

Grade 1: 5,692 reports (94%)—“Agree completely with the sonographer’s report”
Grade 2: 324 reports (5%)—“Minor discrepancy unlikely to alter patient care”

**Grade 3:** 21 reports (0.35%)—“Potentially significant discrepancy”
Only 2 Grade 3 reports resulted in an upgraded classification of pathology.

**Grade 4:** No reports classified as “Definite, significant discrepancy likely to have adverse consequences for patient.”

# Results

- Participants reported as accurately as their UK counterparts who report independently.
- Sonographers in Ireland are educated to the same CASE accredited level as U.K. Advanced Practitioners.

# Recommendations

- Set standards for advanced clinical practice in sonography based on the HSCP Advanced Practice Framework (2023).
- Develop a portfolio of evidence for sonographers in Ireland allowing them to demonstrate how their practice maps to the enhanced and advance practice standards.
- Develop a continuous audit cycle. All sonographers who undertake independent reporting should undergo regular audit.
- Structured and explicit support mechanisms should be put in place to ensure reporting sonographers are provided with adequate and clear guidance on the scope and limitations of their reporting roles.
- Clear protocols and guidelines for all ultrasound examinations should be developed which include clear referral pathways.

# Four pillars of Advanced Practice

**Pillar 1:**

**Clinical Practice**

**Pillar 2:**

**Leadership & Management**

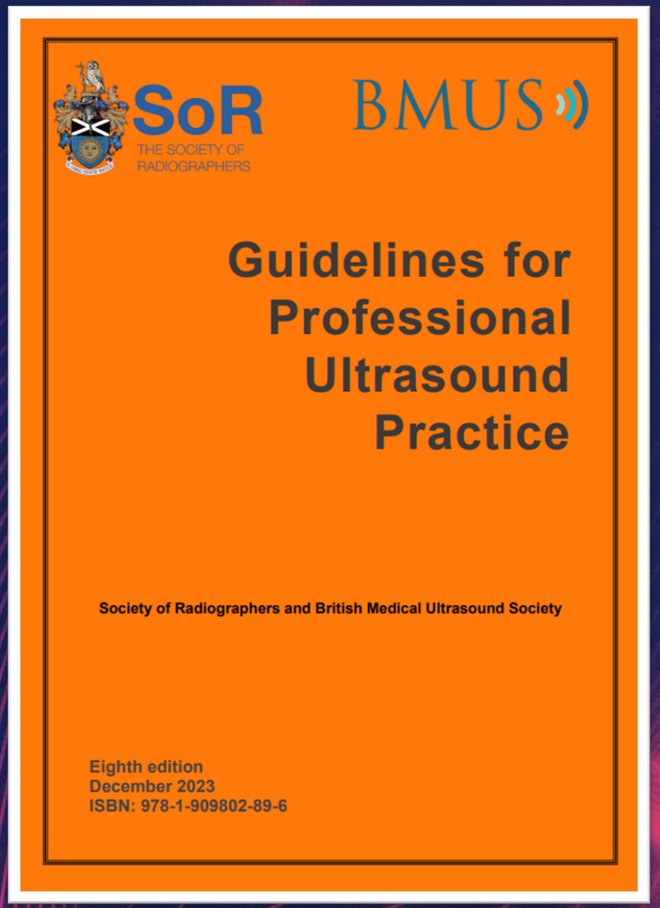
**Pillar 3:**

**Education & Facilitation of Clinical Learning**

**Pillar 4:**

**Evidence, Research & Development**

**HSCP Advanced Practice Framework, 2023.**


# Professional Guidelines

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# Thank You

*Any questions?*

# References and Resources


- Waring, L., Tyler, J. and Bolton, G., 2023. Advanced Practice Radiography: Sonographer Reporting Pilot. A report for Health Service Executive (HSE).
- HSE National HSCP Office, 2023. *HSCP Advanced Practice Framework: Health and Social Care Professions*.
- Gibbs, V., Edwards, H. and Harrison, G., 2017. Independent reporting sonographers: could other countries follow the UK's lead? *Imaging & Therapy Practice*, November, pp. 25-29.
- Phillips, C.H., Guo, Y., Strachowski, L.M., Jha, P., Reinhold, C. and Andreotti, R.F., 2023. The ovarian/adnexal reporting and data system for ultrasound: from standardized terminology to optimal risk assessment and management. *Canadian Association of Radiologists Journal*, *74*(1), pp.44-57.