

SELF SCAN VAGINAL ULTRASOUND (PULSENMORE FC) USED BY ART PATIENTS – A PILOT STUDY

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BACKGROUND

Follicle number and size and endometrial thickness are a key parameter for clinical decisions in ART. Both are measured repeatedly in serial sonographies, imposing a significant burden on patients and clinics.



AIM

To evaluate the feasibility and accuracy of patient self-acquired scans using the Pulsenmore FC home vaginal ultrasound device (PFCVD) for the management of an IVF cycle.

PARTICIPANTS/METHODS

IVF patients were trained to visualize the uterus and ovaries using the PFCVD. Before each standard scan participants obtained their pelvic scan with the PFCVD that were read blindly and compared to the standard sonographies for follicles number and size and endometrial thickness.

RESULTS

We present the results of a pilot study (n=4) and a larger study is ongoing. All women succeeded in obtaining adequate clips of the ovaries and uterus during ovarian stimulation. A leading follicle 13mm on day 5 of stimulation was identified in the PFCVD clips in full concordance with standard sonography. Prior to triggering, the number of follicles 14mm in PFCVD clips was within ± 1 and the number of follicles 17mm was within ± 2 in comparison to standard sonography. The PFCVD and standard sonography were concordant concerning the decision to trigger. The number of mature oocytes was compatible with the number of follicles 14mm in the PFCVD. Endometrial thickness differences between PFCVD and standard sonography were on day 5 -0.1 to $+0.37$ mm, and on trigger day -0.2 to $+0.8$ mm. The study is ongoing, and we expect to present results from significantly more patients at the meeting.

DISCUSSION

Reliable folliculometry and endometrial measurements can be obtained based on patient self-use of PFCVD, utilizing safe remote management of ovarian stimulation, reducing costs, discomfort and travel time for patients.