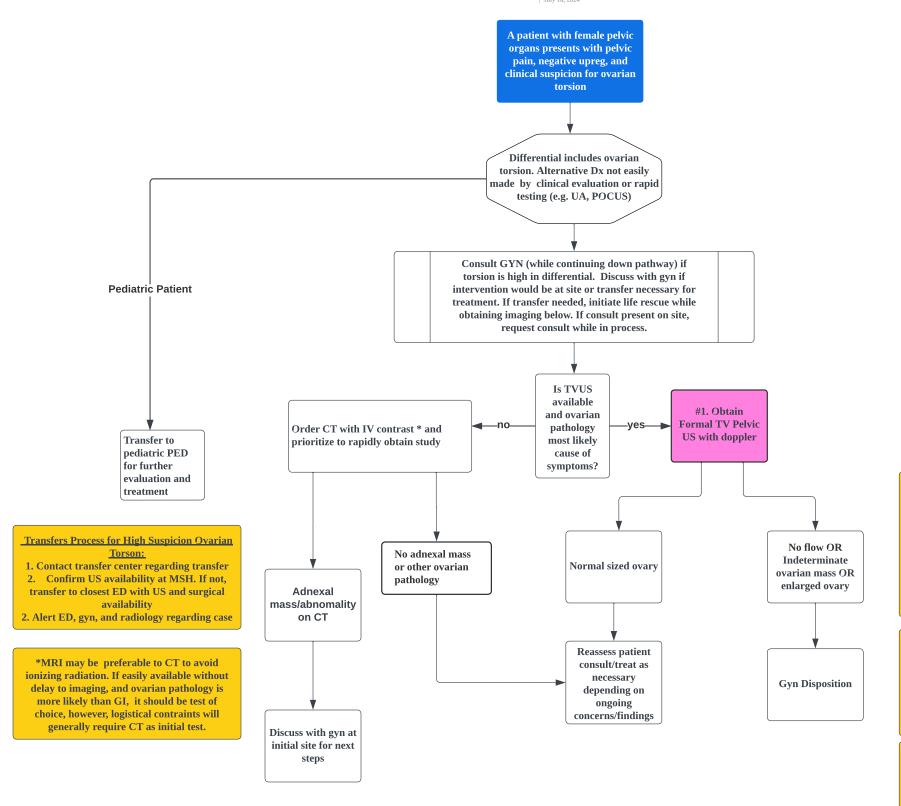
### **Workflow for the Evaluation of Ovarian Torsion**



#### **Special Circumstances:**

- Pediatric patients <18 yoa should be transferred to facility with US availability and avoid CT imaging.
- 2. Patients with a recent visit for a similar presentation/s and prior imaging might not need repeat imaging and urgent gyn consult should be obtained as clinically indicated
- 3. Any discrepancy in management should be escalated to an attending to attending discussion

# <u>High Risk Features for Ovarian Torsion:</u> -ovary > 3x size of contralateral ovary without

other expanation (eg. endometrioma), •
Ovarian cyst > 5cm, teratoma/dermoid
cyst

Refractory pain. Nausea + vomiting (present approx. 70% of the time)

## Appendix:

- Predisposing factors for ovarian torsion: menarche, ovulation induction, or pregnancy
- 2. Weigh US availability against transport times in decision making

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