

City and Hackney Chronic Pelvic Pain Pathway



Patient presents with

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- Pain in lower abdomen or pelvis >6 months
- Bladder/bowel symptoms

History

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- Pain diary across menstrual cycles menstrual variation?
- Level of function (e.g. time off work, avoiding activities)
- Psychological co-morbidity and impact of pain
- Ideas and concerns about original cause of pain
- Effect of movement and posture
- Note dysmenorrhoea in adolescents
- Dyspareunia, shallow or deep pain?
- History of sexual abuse or intimate partner violence

Red Flag Symptoms

- Bleeding per rectum
- New bowel symptoms >50 yrs
- New pain after menopause
- Pelvic mass
- Suicidal ideation
- Excessive weight loss
- Bloating, early satiety
- Irregular vaginal bleeding >45 yrs
- Persistent post-coital bleeding (>4weeks) in presence of normal STI screen and normal MCS

Patient Info

Give information and advice about:

(PIL)

RCOG Patient information

PIL

NHS Choices - Patient Info.

PIL

Endometriosis

Examination and Investigation

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- 1. Abdominal and pelvic examination
 - Focal tenderness
 - Uterine enlargement
 - Uterine prolapse
 - Highly localised trigger points

2. Tests to be carried out

- STI screening should be offered if not had up to date STI tests and sexually active
- Smear test if due
- Pelvic ultrasound:

Discuss with patient that often transvaginal

- Adnexal masses (e.g. endometriomas, ovarian cysts)
- Tubal pathology (e.g. hydrosalpinges)
- Uterine pathology (e.g. fibroids, adenomyosis)

3. Primary Care management of ovarian pathology

- Simple cysts or benign-appearing complex cysts < 6cm: rescan in 3 months if immediate referral not indicated for symptoms
- If a suspicious complex ovarian cyst +/- ascites is shown on ultrasound, perform CA125 and <u>refer 2WW pathway</u>

Differential Diagnoses

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Gynaecological

- Endometriosis
- Adenomyosis
- Adhesions
- Pelvic venous congestion
- Chronic pelvic inflammatory disease
- Pelvic organ prolapse
- Fibroids
- Gynaecological malignancy

Non-Gynaecological

- Musculoskeletal
- Neuropathic/nerve entrapment
- Irritable bowel syndrome
- Interstitial cystitis
- Depression, anxiety, somatisation

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MANAGEMENT

Gynaecological causes, cyclical pain;

Trial of ovarian suppression for 3-6 months:

- COCP
- Progestogens
- IUS (Mirena)
- POP
- Implant

For pelvic pain if:

- Cyclical/menstrual related try COCP / Mirena / POP / implant
- Dysmenorrhea mefenamic acid / ibuprofen
- Endometriosis suspected refer to clinic for GnRHa plus Gynae review for diagnostic laparoscopy
- Adenomyosis pill/mirena
- Menopausal-related dyspareunia/vaginal atrophy please see Menopause pathway

Offer appropriate analgesia:

• NSAIDs if not contraindicated +/- paracetamol and opioids

There are alternatives to HRT. Please see <u>link</u> here for further information

Please consider psychological therapies if psychological component – Talk Changes

SPECIALIST REFERRAL

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If pain not explained to woman's satisfaction or pain inadequately controlled 2 week wait referral if malignancy suspected

Refer to Community Gynaecology (refer via e-RS)

For exploration and explanation:

- Insertion of Mirena if appropriate and acceptable and not available in primary care
- Menopause-related dyspareunia/vaginal atrophy if not helped after 3 months with HRT:
 use Community Gynaecology Advice and Guidance Service

Refer to Gynaecology (refer via e-RS)

- If non-endometriosis gynaecological cause for pain suspected: e.g. fibroids/ovarian cysts seen on imaging (see link to <u>Fibroids</u> and <u>PCOS</u> pathways) consult Gynaecology Advice & Guidance to assess whether review needed
- Chronic PID may require laparoscopy

Refer to Endometriosis Clinic (refer via e-RS)

 If endometriosis suspected: dysmenorrhoea, dyspareunia, endometrioma or adenomyosis on scan, bowel/bladder problems e.g. dyschezia, cyclical rectal bleeding, cyclical haematuria/dysuria.

Refer to Psychosexual Services

- Anorgasmia
- Vaginismus/dyspareunia (endometriosis excluded)
- FGM related sexual difficulties
- Issues around sexual intimacy; sexual difficulties following abuse; fear of sex
- Difficulties with sex following illness or age-related issues (including menopause)

ADVICE AND GUIDANCE
Available on e-RS

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