



MANAGEMENT	5
<p>Gynaecological causes, cyclical pain; Trial of ovarian suppression for 3-6 months:</p> <ul style="list-style-type: none"> • COCP • Progestogens • IUS (Mirena) • POP • Implant <p>For pelvic pain if:</p> <ul style="list-style-type: none"> • 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 <p>Offer appropriate analgesia:</p> <ul style="list-style-type: none"> • NSAIDs if not contraindicated +/- paracetamol and opioids <p>There are alternatives to HRT. Please see link here for further information</p> <p>Please consider psychological therapies if psychological component – Talk Changes</p>	



SPECIALIST REFERRAL	6
<p>If pain not explained to woman's satisfaction or pain inadequately controlled 2 week wait referral if malignancy suspected</p>	
<p>Refer to Community Gynaecology (refer via e-RS) For exploration and explanation:</p> <ul style="list-style-type: none"> • 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 <p>Refer to Gynaecology (refer via e-RS)</p> <ul style="list-style-type: none"> • If non-endometriosis gynaecological cause for pain suspected: e.g. fibroids/ovarian cysts seen on imaging (see link to Fibroids and PCOS pathways) consult Gynaecology Advice & Guidance to assess whether review needed • Chronic PID may require laparoscopy <p>Refer to Endometriosis Clinic (refer via e-RS)</p> <ul style="list-style-type: none"> • If endometriosis suspected: dysmenorrhoea, dyspareunia, endometrioma or adenomyosis on scan, bowel/bladder problems e.g. dyschezia, cyclical rectal bleeding, cyclical haematuria/dysuria. <p>Refer to Psychosexual Services</p> <ul style="list-style-type: none"> • Anorgasmia • Vaginismus/dyspareunia (<u>endometriosis excluded</u>) • 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