

# managing pelvic pain



THE UNIVERSITY  
of EDINBURGH

MRC

Centre for  
Reproductive  
Health



## **NHS Lothian Multidisciplinary Pelvic Pain Service**

***Professor Andrew Horne  
Consultant Gynaecologist  
University of Edinburgh***

***Dr Shona Brown  
Clinical Psychologist  
NHS Lothian***



# NHS Lothian Multidisciplinary Pelvic Pain Service



Pain specialist  
(John Wilson)



Gynaecologist  
(Andrew Horne)



Psychologist  
(Shona Brown)



Specialist nurse  
(Helen Dewart)

*Lecturer in Integrative Medicine  
(Ooi Thye Chong)*



Psychiatrist  
(Robby Steel)



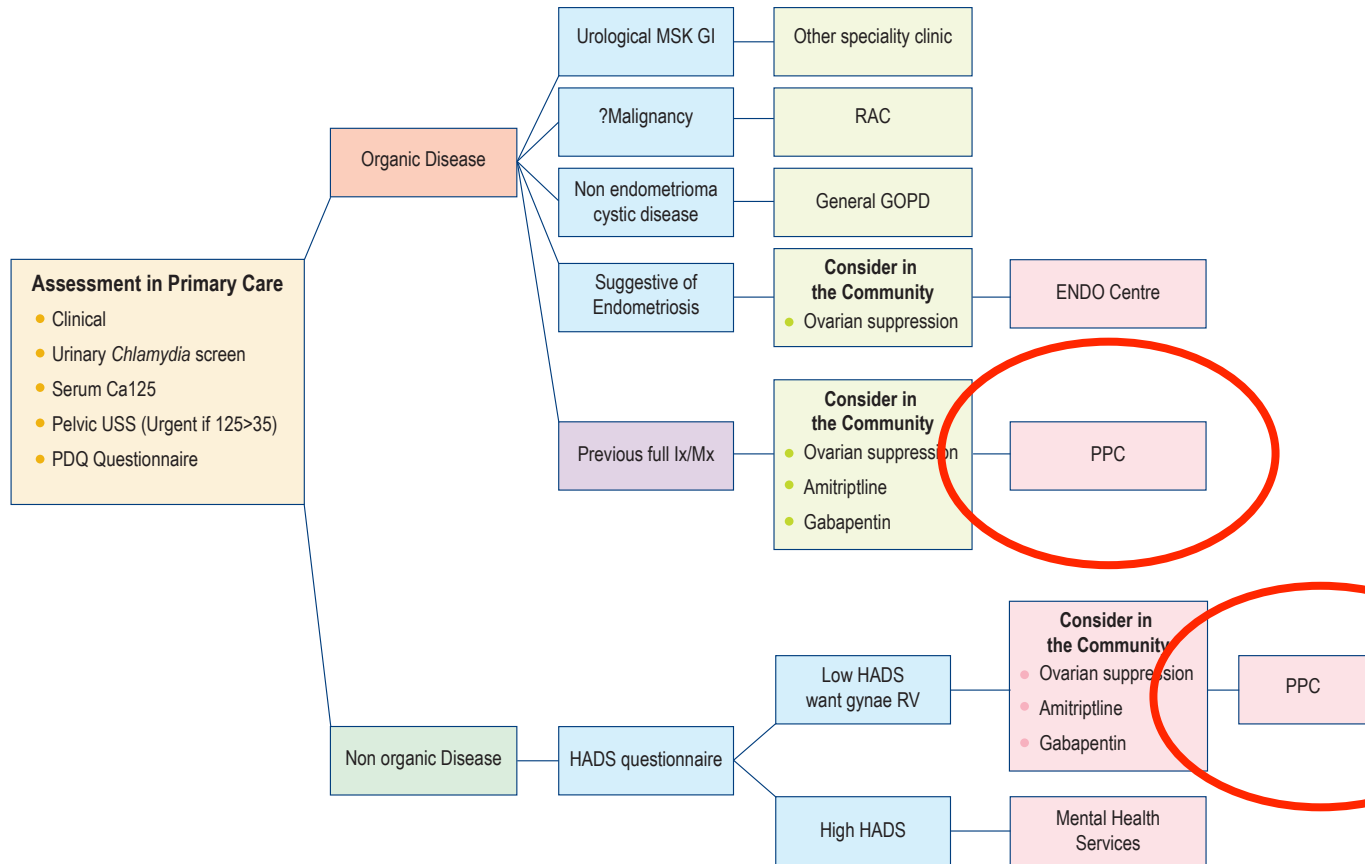
# Aims of service

- timely access to satisfactory explanations of pain
- appropriate evidence based interventions
- patient-centred care
- a holistic approach to care including quality of life issues in order to promote the health of women with persistent pelvic pain

# Joint clinic appointment

- Prior to first appointment:
  - Pelvic Pain Service information leaflet
  - Pelvic pain proforma
  - PDQ (pain disability questionnaire)
  - PHQ-9 (patient health questionnaire)
- Day of first appointment
  - 45 minutes
  - Joint appointment with gynaecologist, pain specialist, psychologist, specialist nurse
- Subsequent appointments
  - Individual
  - Variable

# Referral Pathway for women presenting with Chronic Pelvic Pain in the Community



## Assessment in Primary Care

- Clinical
- Urinary *Chlamydia* screen
- Serum Ca125
- Pelvic USS (Urgent if 125>35)
- PDQ Questionnaire

## 'RED FLAG' symptoms and signs

- Bleeding per rectum
- New bowel symptoms over 50 years of age
- New pain after the menopause
- Pelvic mass
- Suicidal ideation
- Excessive weight loss
- Irregular vaginal bleeding over 40
- Postcoital bleeding

## IBS - Rome III Criteria

Continuous or recurrent abdominal pain or discomfort on at least three days/month in the last three months, with the onset at least six months previously, associated with at least two of the following:

- Improvement with defecation
- onset associated with a change in frequency of stool
- onset associated with a change in the form of stool

## Malignancy

Refer to RAC if USS features suggestive of malignancy - raised Ca125 and normal USS does not require RAC RV.

## Ovarian cysts

Simple and < 5 - 7cm – rescans in 3/12. Refer GOPD if persistent. Dermoid – refer clinic if >4cm.

## Suggestive of Endometriosis

Strongly cyclical, dyspareunia, endometrioma.

## Community Treatment

OCP, Progestogens and Mirena IUS all equally as effective for pain relief but different side effects profiles.

**Amitriptyline** 25mg increased every two weeks to 50 - 150mg.

**Gabapentin** 300mg increased weekly to 600 - 900mg TDS.

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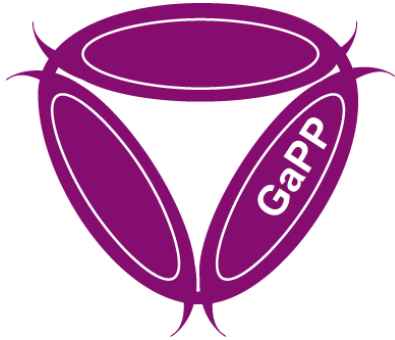
## Welcome to 'Managing Pelvic Pain'

This website has been designed by pelvic pain clinic staff at NHS Lothian and the University of Edinburgh to provide you with up-to-date factual information about pelvic pain and possible treatments.

PLEASE NOTE: This website is undergoing improvements to better inform you.

**News Release: Endometriosis: the hidden threat to Women's Health – Report from Scottish Parliament Event**

# Research



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GaPP: A pilot randomised controlled trial of the efficacy and mechanism of action of gabapentin for the management of chronic pelvic pain in women

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PI: Horne; Co-I: Critchley, Bhattacharya (Aberdeen)

Mechanistic fMRI study to assess mechanism of action of gabapentin in management of chronic pelvic pain

PI: Horne; Co-I: Murray, Whitaker, Seretny, Pernet, Vincent (Oxford)

# Pelvic Pain System Proforma Data





## Participating practices

Tertiary service - referrals from gynaecology  
126 GP Practices with out of area referrals

## Prevalence

Number of first assessments?  
Number seen in secondary care in Lothian?  
Not coded for in hospital codes currently

## Pelvic Pain questionnaire

Clinic proforma, PDQ, PHQ-9  
Do other services use IPPS?

# Primary care

Unable to determine how many PP patients are identified in primary care in NHS Lothian



Urgency not specified in referral process – tertiary referrals

All referrals must be seen within 12 weeks in Scotland



# Multidisciplinary Care

Other specialties

Ease of accessing this from hospital codes?



Multidisciplinary working

Discuss all referrals to service

Timing of further discussion varies based on clinical need

Regular review by clinician(s) involved in patient's care

Monitoring outcomes  
Satisfaction audit  
Repeat outcome measures

Information and support  
Access to 'local' website  
[www.crh.ed.ac.uk/pelvicpain](http://www.crh.ed.ac.uk/pelvicpain)  
Information leaflets

Service links with local and national support groups  
Service user involvement e.g. website development



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