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NHS Vale of York Clinical Commissioning Group

Referral Support Service

Gynaecology

GY02
Chronic Pelvic Pain

Definition

- Intermittent or constant pain in the lower abdomen or pelvis of at least 6 months' duration, not occurring exclusively with menstruation or intercourse and not associated with pregnancy.

Exclude Red Flag Symptoms

- >50 years with persistent / frequent (>12 times per month) symptoms of abdominal distension / bloating, feeling full and/or loss of appetite, pelvic or abdominal pain, increased urinary urgency and / or frequency check serum CA125.
- CA125 >35 IU/L arrange urgent pelvic USS
- Refer urgently if suggestive of ovarian cancer
    - Please Note: CA125 can be elevated in non-malignant conditions such as:
    - Benign ovarian tumour (eg, Meigs' syndrome)
    - Endometriosis
    - Pelvic inflammatory disease/salpingitis
    - Pregnancy and menstruation (CA 125 can increase two- to three-fold during menstruation)
    - Leiomyoma, including fibroids
    - Ascites with non-malignant causes eg liver disease (cirrhosis)
    - Diverticulosis
    - Pleural and pericardial disease
    - Pancreatitis
    - Heart failure

General Points

- There is frequently more than one component to chronic pelvic pain.
- Pain with a cyclical nature is more in-keeping with endometriosis or adenomyosis.
- Alternative causes include: IBS, adhesions from surgery or PID, MSK conditions and psychosomatic conditions.

Management

- Identify contributory factors: PID, endometriosis, IBS, interstitial cystitis, past surgery, abusive experiences.

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- Marked cyclical variation of symptoms would support endometriosis or adenomyosis diagnosis:
- Consider trial with hormonal therapy/ suppression of ovulation for 3-6 months.
    - ***Tri-cycling of COCP*** (three pill packs back-to-back, consider a 7 day break if break-through bleeding starts)
    - ***Mirena***
    - ***Depo-provera***
    - ***Implant or mini-pill*** (only if induces amenorrhoea)
    - ***GnRHa*** (can be started in primary care if clinician confident) +/- add back HRT.
- Treat any suspicion of infection (better to treat whilst awaiting swab results if in doubt, delayed treatment increases infertility risks and adhesion formation)
    - North Yorkshire Antimicrobial Policy: NY Antimicrobial Guidelines for PID treatment

Illness	When to Treat	Prescribing Notes and general advice	When antibiotics are needed
Pelvis Inflammatory Disease	• Refer women and contacts to GUM clinic. • Exclude pregnancy. • Start empirical antibiotics as soon as a presumptive diagnosis of PID is made clinically. Do not wait for swab results. Delay of effective treatment can increase risk of tubal damage. • Always culture for gonorrhoea and chlamydia. If gonorrhoea is likely use **ceftriaxone regimen** (28% of gonorrhoea isolates are now resistant to quinolones) or refer to GUM clinic. • For further treatment options, seek specialist advice from GUM or a clinical microbiologist.	• Provide pain relief with **ibuprofen** or **paracetamol**. • Advise of the need to use a barrier method of contraception (such as a condom) until both the woman and her partner(s) have completed treatment.	**First line: Ofloxacin** *400mg BD for 14 days* ***PLUS*** **Metronidazole** *400mg BD for 14 days* **Alternative IF HIGH RISK OF GONORRHOEA:** **Ceftriaxone IM** *500mg IM stat* ***PLUS*** **Metronidazole** *400mg BD for 14 days* ***PLUS*** **Doxycycline** *100mg BD for 14 days*

- Excellent CKS summary about PID and management options.
- Explore women's perceptions about cause of pain.
- Laparoscopy should be regarded as second line investigation, when hormonal therapy and pain management unsuccessful.
    - Carries risk of death 1 in 10,000 and bowel damage 2.4 in 1,000

Referral Information

Information to include in referral letter

- Describe problem and possible triggers

- Current contraception/ hormonal therapy
- Details of hormonal therapy and impact on pain symptoms
- Smear history
- Examination findings
- Relevant past medical/surgical history *if not on proforma*
- Current regular medication *if not on proforma*

Investigations prior to referral

- Chlamydia screening
- High Vaginal Swab
- Pelvic USS
- Nb. DO NOT perform a cervical smear if outside the screening programme.

Desirable Information

- Psycho-social factors relevant to symptoms
- Expectations of referral and patient counseled about laparoscopy and risks.

Patient Information Leaflets/PILS

- NHS Choices information: Pelvic Pain
- Endometriosis UK
- IBS Network
- Cystitis and Overactive Bladder foundation
- Women's Health [www.womens-health.co.uk] or [www.womenshealth.gov]
- Pelvic Pain Support Network [www.pelvicpain.org.uk]

References

- RCOG Greentop Guideline No 41 May 2012 'The initial management of chronic pelvic pain'
- NICE Guideline April 2011 Ovarian Cancer The recognition and initial management of ovarian cancer
- https://www.nice.org.uk/Guidance/CG122
- http://patient.info/doctor/cancer-antigen-125-ca-125