# Managing Female Pelvic Pain

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**&** Beacon Hospital

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# ANXIETY DEPRESSION ANGER



Leading cause of years lost to disability

Depression, reduced work ability, domestic tasks

Substantial use of healthcare, often with disappointing outcomes

Focus on peripheral-end-organ mechanisms, such as inflammatory or infective conditions - mechanisms for the CPP modulated in CNS

UK 2017 - prevalence of chronic pelvic pain of 14.8% in women over 25-55 years



#### Chronic Pelvic impact

#### Significantly associated with being of reproductive age

Multiple non-pain somatic symptoms

#### Two clusters of CPP cases - little/no psychosocial distress and those having high psychosocial distress

Moderate/severe depression



Fatigue





#### Common causes of pelvic pain

Dysmenorrhea

Dyspareunia

Endometriosis

Uterine leiomyoma





#### Adenomyosis



#### Endometriosis – Central Sensitisation





- Gynaecology management and possible surgery
- Physio
- Trigger Point Injections (MSK)
- Pharmacological

#### Modest improvement in pain is aim



Botox: only indication prevention of chronic migraine

Helpful for women with refractory myofascial pelvic pain (max 100iu), unable to do PT pelvic floor exercises

Cannabinoids: no RCT to date, anecdotal case studies, "modest effect on pain levels with an acceptable safety profile", currently not licensed in Ireland for chronic NeP pain



#### Interventions – short term and long term

- Caudal
- PRF such as: GOI
- Pudendal neuralgia
- Neuromodulation (SNS)





### Superior Hypogastric Nerve Block





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SR March 2023 - reasonably effective treatment of chronic pelvic pain



Significantly reduces pain and increases patients' quality of life



Immediate to long-term effects



#### Post procedure

5% risk of flare-up

Prescription for 2 weeks

70% patients expect at least 50% pain relief

Steroid used, frequency?

Repeated procedures



# Advanced pain treatments available

Procedure based but not permanent

Important role for Women's Health Physio



# Thank you

