NHS Lothian Multidisciplinary Pelvic Pain Service

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NHS Lothian
NHS Lothian Multidisciplinary Pelvic Pain Service

Pain specialist
(John Wilson)

Gynaecologist
(Andrew Horne)

Psychologist
(Shona Brown)

Psychiatrist
(Robby Steel)

Specialist nurse
(Helen Dewart)

Lecturer in Integrative Medicine
(Ooi Thye Chong)
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

**Organic Disease**
- Urological MSK Gi
- Other speciality clinic
- ?Malignancy
- RAC
- General GOPD
- Non endometrioma cystic disease
- Consider in the Community
  - Ovarian suppression
- Consider in the Community
  - Pelvic USS (Urgent if 125>35)
- PDQ Questionnaire
- ?Malignancy
- General GOPD
- Consider in the Community
  - Ovarian suppression
  - Amitriptline
  - Gabapentin

**Non organic Disease**
- HADS questionnaire
- PPC
- Previous full Ix/Mx
- Consider in the Community
  - Ovarian suppression
  - Amitriptline
  - Gabapentin
- Consider in the Community
  - Ovarian suppression
  - Amitriptline
  - Gabapentin

**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.

Amitriptline 25mg increased every two weeks to 50 - 150mg.

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

Research

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

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