### UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

# **PELVIC PAIN CLINIC**

## APRIL 2013-MARCH 2014

#### Introduction

This report provides information about the multispecialty, multidisciplinary clinic for chronic pelvic pain for women at the University Hospitals of Leicester.

This multispecialty clinic has been running in the same format for twenty years. It is staffed by a Consultant in Pain Medicine, a Consultant Gynaecologist, and a Consultant Clinical Psychologist. The clinic patients have input from Women's Health Physiotherapy, but Physiotherapy felt that a MDT clinic per se was not a good use of their time. A Clinical Nurse Specialist had input into the clinic but retired and was not replaced. All staff are NHS staff and there is no research or university input.

The clinic is held twice per month. It is designated as a tertiary Pelvic Pain clinic. Normally patients have been fully investigated and treated in gynaecology, urogynaecology, urology, genito-urinary medicine, dermatology and /or gastroenterology before referral. Direct GP referrals and referrals from other Pain Management Services either from the immediate area or from more distant locations are accepted.

The reason for this clinic being a tertiary service is that there are 19 Consultant Gynaecologists who work at the University Hospitals of Leicester. All of them will see women with pelvic pain. There is a specialised endometriosis service with which there is close liaison.

There are no available figures for the total number of women or men with pelvic or perineal pain who are referred to Gynaecology, Pain Management, Gastroenterology, Sexual Health, Dermatology and Urology at UHL.

The UHL Pain Management Service holds a specialised clinic for patients (men and women) with abdominal pain who tend to be referred by the Hepatobiliary Surgical or Gastroenterology Service. Obviously, there is some overlap with these patients.

UHL Pain Management Service also sees men and women with urogenital pain referred from Urology.

#### Costs

The cost to the CCG for UHL to see a woman in this multispecialty clinic is  $\pounds 171.00$ .

This is the same for a regular Pain Management Service appointment with one doctor. Because of this and because of the fact that clinics are only held twice per month, referrals are accepted after consideration by the Consultant Gynaecologist, or Consultant in Pain Medicine. There is a need for excellent administrative support. As some patients are referred from some distance and feel that there is little local understanding of the nature of persistent pelvic pain, there is much ongoing e-mail support needed from the Consultants for some people. This multispecialty clinic costs more than £171 per patient. There has been considerable pressures from management within UHL to close this service for some years.

#### Staffing

The clinic is staffed by four different specialists with a particular interest in pelvic pain. Dr Beverly Collett and Dr Karim Shoukrey are Consultants in Pain Medicine, Ms Cornelia Wiesender is a Consultant Gynaecologist, and Dr Hayley Poole is a Clinical Psychologist. Dr Shoukrey is also involved in the specialised endometriosis service

A Physiotherapist from Women's Health has been invited to attend. This has not been possible on a regular basis from a service viewpoint, although many referrals are made to this service and good links are maintained. It is an aim for the future. In the past, a Clinical Nurse Specialist was attached but due to staffing reductions, this was not continued on her retirement. A trainee Clinical Psychologist is attached to the Pelvic Pain Clinic depending on interest.

#### Referrals

There were 68 referrals in 2013/4, of which 3 Did Not Attend.

#### Pelvic Pain Referrals by CCG - 13/14

NHS LEICESTER CITY CCG	23
NHS WEST LEICESTERSHIRE CCG	19
NHS EAST LEICESTERSHIRE AND RUTLAND CCG	11
NHS CORBY CCG	2
NHS COVENTRY AND RUGBY CCG	2
NHS SOUTH WARWICKSHIRE CCG	2
NHS BURY CCG	1
NHS DONCASTER CCG	1
NHS MANSFIELD AND ASHFIELD CCG	1
NHS NENE CCG	1
NHS SOLIHULL CCG	1
NHS SOUTHERN DERBYSHIRE CCG	1
NHS SOUTH LINCOLNSHIRE CCG	1
NHS SOUTH WEST LINCOLNSHIRE CCG	1
NHS VALE ROYAL CCG	1
Total	68

#### **Demographic details**

The average age of the 68 female patients was 41 years (range 21-78 years).

#### Types of conditions referred

Patients were referred with a variety of conditions, the most common being pelvic pain. The majority of patients presented with multiple conditions.

**Diagnoses** 

Diagnosis	Number of patients affected (from 65)
Pelvic Pain-no diagnosis	16
Perineal pain	4
Back Pain	5
Symphysis Pubis Dysfunction	2
Vulvodynia	12
Endometriosis	6
Adhesions	5
Post-surgery	14
Pelvic Floor Spasm/Vaginismus	9
Dyspareunia	12
Pudendal Neuralgia	1
Viscero-Visceral Hyperalgesia	10
Viscerosomatic hyperalgesia	3
Irritable Bowel Syndrome	7
Severe Constipation	2
Painful Bladder Syndrome	5
Mental Health Conditions	13
Including NSE	
Intercostal Neuralgia	1

#### Treatment

A number of different treatment plans had been established, with most patients being advised on multiple options. The most common intervention suggested was medication, in the form of neuromodulators, closely followed by Clinical Psychology and Women's Health Physiotherapy. The prescription and use of Amielle dilators was also common.

#### Treatment plans suggested

Treatment Plans	Number of patients
Advice	4
Psychology	22
Physiotherapy	15
Neuromodulators	28
Amielle dilators	12
Exercise	12
Hormones	7
Injections	4
Laxatives	2
IAPT	5
Surgery	4

#### Pain Management Programme

A Pelvic Pain Pain Management Group and then a more formal Pelvic Pain Pain Management Programme has been running for the past eight years. This has been advertised in the Gynaecology clinics, in Pain Management Clinics, in Sexual Health Clinics, in Family Planning Clinics and in the Pelvic Pain Clinic. Most uptake has been from direct referral in the Pelvic Pain Clinic, followed by the Pain Management Clinic.

This programme is run using Cognitive and Behavioural principles, but with a focus on pelvic pain and sexuality.

The Clinical Psychologists will also see patients either alone or with their partners for work on specific issues and needs on an individual basis.

### CONCLUSION

- 1. There continues to be a need for a multidisciplinary, multispecialty specialised Pelvic Pain Clinic.
- 2. This type of clinic is not cost-effective given the current tariffs and there is a real need for this service to be reimbursed appropriately.
- 3. It is essential to have a full multidisciplinary team, including specialist Clinical Psychology, Nursing and Women's Health Physiotherapy to treat women with complex pelvic pain.
- 4. It is often difficult to come to one clear diagnosis.
- 5. Most treatment strategies are multi-faceted.
- 6. When patients come from a long distance, there is often ongoing e-mail dialogue with the patient and GP as patients often have lost confidence in local providers. The Trust does not fund this ongoing work.
- 7. It can be difficult to refer patients who come from distant locations to their local Women's Health Physiotherapists and even more difficult to refer to local Clinical Psychologists, who have an expertise in pain and especially pelvic pain and sexual functioning. These health care professionals are just not present in some locations in the UK.

Dr Beverly Collett, Consultant in Pain Medicine Ms Cornelia Wiesender, Consultant Gynaecologist Dr Hayley Poole, Consultant Clinical Psychologist Dr Karim Shoukrey Consultant Pain Medicine September 2014