Evaluation

Veteran presents with 3-6 months of pelvic pain associated with disability and distress

1 History and physical

History: Pain history including location, alleviators and exacerbators, pain burden, pain co-morbidities (e.g., low back pain, fibromyalgia), psychological factors, consequence and impact of pain on quality of life, general history (medical, surgical, gynecologic, sexual, medications, prior pain treatments).

Examination: General mood, affect, and mobility; external musculoskeletal and neurosensory evaluation;, external visual and neurosensory genital evaluation; internal single digit examination, speculum

2 Red flag symptoms present?

Fevers, vomiting, rectal bleeding, hematuria, unexplained weight loss, foul vaginal discharge, abnormal vaginal bleeding not related to menstruation, acute onset pain, pelvic mass, new onset pain after age 50.

YES: Begin evaluation for systemic or visceral disease.

NO: Begin evaluation for chronic pelvic pain

3 Basic diagnostic testing for pelvic pain

Pregnancy test, urinalysis, vaginal swabs and pap if needed, pelvic ultrasound. Cystoscopy, colonoscopy, endometrial biopsy indicated if red flag symptoms are present).

4 Consider conditions associated with pelvic pain based on symptoms

Gastrointestinal	Urinary	Musculoskeletal	Gynecologic	Neurologic
e.g., IBS, constipation	e.g., PBS/IC	e.g., Pelvic myalgia or dysfunction	e.g., Dysmenorrhea, Endometriosis	e.g., Neuralgias, neuropathy
Symptoms: pelvic pain before or after defecation ± changes in bowel movements frequency or appearance of stool	**Symptoms:** pelvic pain before or after urination ± urgency, frequency, dyspareunia, negative urinalysis	**Symptoms:** pelvic pain with activity, dyspareunia, ± urgency or frequency, ± constipation, myofascial tenderness	**Symptoms:** pelvic pain ± worsens with menstruation, ±dyspareunia,± irregular menstrual bleeding, uterine tenderness	**Symptoms:** pelvic pain ± burning sensation, radiates along dermatomes, ± hyperalgesia, ± allodynia

Signs of central sensitization: multiple pain sites / syndromes, hyperalgesia or allodynia, sleep and mood disturbance

Suggested Treatment Pathway for Chronic Pelvic Pain

5 Education

Pain neuroanatomy, reconceptualize fear of pain, assess learning style then recommend self education through www.pelvicpaineducation.com.

Establish treatment expectations for multi-modal therapy and multiple visits over time. Discuss short and long-term goals (functional goal setting) and self-care.

6 Multimodal treatment selection through shared-decision making

Pharmacotherapy	Interventional	Physical Rehabilitation	Psychological	Self-care
Analgesics	Neuromodulation	Physical therapy	Mood, mental health therapy	Diet
Disorder specific therapies	Trigger point injections	Occupational therapy	Sleep therapy	Exercise
Muscle relaxants	Anesthetic blocks	Massage	Sexual / couples therapy	Sleep
Hormone therapy	Bladder instillations	Chiropractic therapy	Coping mechanisms	Stress management, meditation, mindfulness
Targeted GI therapies	Acupuncture		Interpersonal relationships	Support systems
Mood stabilizers	Surgery		Environmental stressors	

Examples of Disorder Specific Therapies

IBS-constipation: fiber, water, stool softeners, laxatives, pro-biotics, Linaclotide, Lubiprostone, Tegaserod. **IBS-diarrhea:** fiber, loperamide, probiotics, antispasmodics (dicyclomine, peppermint oil), TCA antidepressants, Rifaximin, Eluxadoline, Alosetron. **IC/PBS:** avoid dietary irritants, pelvic physical therapy, amitriptyline, cimetidine, hydroxyzine, pentosan Polysulfate sodium (be aware of side effects), bladder instillations, hydrodistension, botulinum toxin A, neuromodulation. **Chronic low back pain:** NSAIDS, physical therapy, tramadol, duloxetine, muscle relaxants, radiofrequency ablation, neurostimulation. **Myalgias:** NSAIDS, muscle relaxants, physical therapy, trigger point injections (saline, lidocaine or botulinum toxin), acupuncture. **Neuralgias:** anticonvulsants, anesthetic blocks, physical therapy, neuromodulation, surgical decompression. **Fibromyalgia:** physical therapy, exercise, milnacipran, duloxetine, pregabalin. **Endometriosis:** continuous suppression with OCPs, progestins (pills, IUD), GnRH analogues (antagonists or agonists), aromatase inhibitors, ± laparoscopic excision, hysterectomy. **Vulvodynia:** pelvic physical therapy, cognitive behavioral therapy, topical anesthetic / analgesics.

7 Follow up

4-8 weeks after initial treatment, review adherence, goals and progress. If improved, continue therapy. If not improve, seek consultation from pain specialist and interdisciplinary team and re-assess every 4-8 weeks until improved.