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**Pelvic and Perineal Pain:  
Beyond Endometriosis and Pregnancy**

Jason Chow

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Heartsink!




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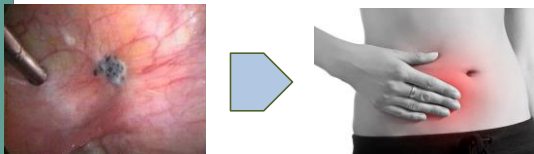
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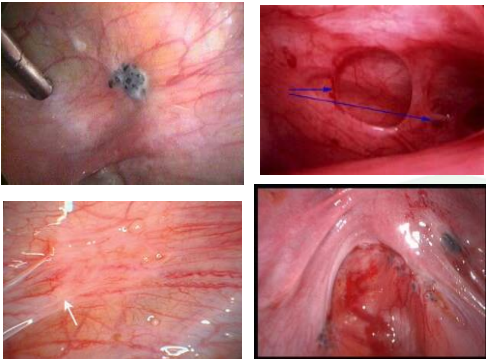
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Background




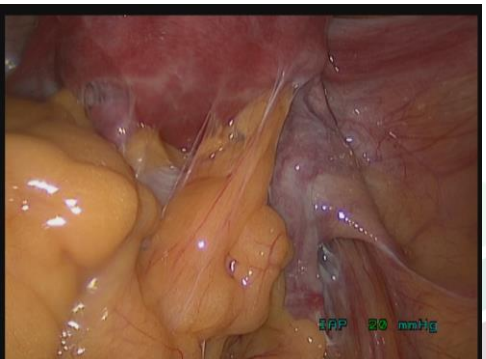
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### Surgery

- 20% no response to surgery
- 32% placebo response



Abbott et al 2004

- 1<sup>st</sup> surgery 83% reduction in pain
- 2<sup>nd</sup> surgery 53% reduction in pain

- 20% recurrence disease

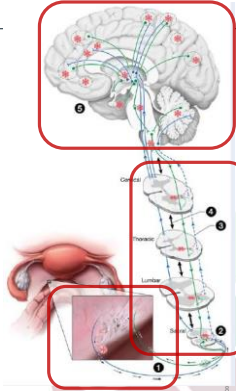
Vercellini et al 2009

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### More...

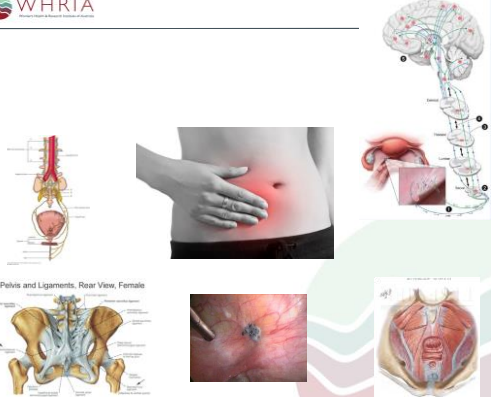
- Nerve fibres
- Sensitisation
  - Cross sensitisation
  - Central sensitisation
- Prostaglandins
  - Anti-angiogenic
  - Anti-inflammatory
  - Immunomodulatory



Stratton and Berkley 2011  
Fenton 2007

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Pelvis and Ligaments, Rear View, Female

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### Challenge

- Central mechanisms
- Peripheral triggers
  - Not just visceral based
- Psychological effects
- Functional effects

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### Case 1

#### Natalie

- 25yo
- G0
- Dysmenorrhoea
- Non menstrual pelvic pain
- Dyschezia
- Chronic neck pain
  - Work - Bunning's
- Same sex
  - No current partner
- Ultrasound - normal

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### Case 1: Natalie

#### Assessment

- Normal neurological exam
- No pelvic girdle tenderness
- Abdominal wall hyperaesthesia
- High tender cul de sac
- Pelvic floor myalgia

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Case 1: Natalie

Management

- Amitryptiline
- NSAIDs
- COCP
- Opioids?
  - Tapentadol
  - Buprenorphine
- Physiotherapy
- Internet based CBT
- Laparoscopy

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Case 1: Natalie

Management

- Improvement
  - Dysmenorrhoea
  - NMPP
  - Neck pain
- Dyschezia predominant
- Laparoscopy
  - Stage 3 endometriosis
  - Pararectal space
  - Weaning Endep at 6 months
  - Physiotherapy

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Case 2: Melissa

Pregnancy

- 31yo
- G1P1 6 months postpartum
- LSCS
- Right sided abdominal pain
- Sacral pain
- Apareunia

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Pregnancy

- Challenging!
- Pain is not normal
- Unexplained
  - Visceral bias
- Early recognition
- Multifactorial

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Persistent Postpartum Pain

- Dyspareunia
- Pelvic girdle
- Coccyx
- Neuralgia
  - Perineal tear/episiotomy
  - Caesarean

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### Red Flags

- Infection
- VTE
- Neurological
- Sacral fractures
  - Osteoporosis
- Postnatal depression

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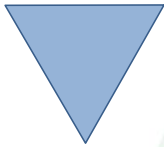
### Pelvic Girdle Pain

- Between PSIS and gluteal fold
- Posterior thigh
- Reduced ability to stand/walk/sit
- Exclude lumbar causes

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Abdominal Wall      Pelvic Girdle



Pelvic Floor

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Postpartum

### Dyspareunia

- Hypo oestrogenism
- Skin split
- Cotton tip
- Single finger exam
- Pelvic floor
- Pudendal nerve


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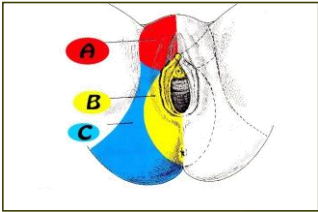
WHRIA Case 3

Helen

- 69yo
- Right labial pain
  - Sitting
- Spontaneous
  - 9 months
- Hysteroscopy
- Vulval biopsy
- Simple ovarian cyst

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A: Ilio-inguinal, Ilio hypogastric, Genito-femoral nerves  
 B: Pudendal nerve  
 C: Inferior Cluneal nerve

WHRIA Case 3: Helen

History

- Sjogren's
- Alcohol
- Endone
  - Unintentional overdose
- Music
- Port Macquarie

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WHRIA Case 3: Helen

Examination

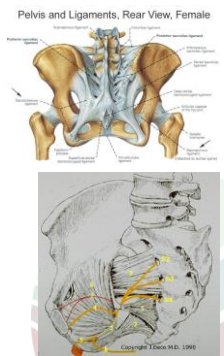
- Distressed
- MMSE
- Romberg's positive
- Punctate allodynia right labia
- Levator myalgia

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WHRIA Case 3: Helen

Management

- Neurology
- Rheumatology
- Pudendal nerve block
  - Transgluteal



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WHRIA Case 3: Helen

Criteria of Nantes

- Pain in distribution of pudendal nerve
- Pain worse with sitting
- No pain at night
- No sensory impairment
- Pain relieved by pudendal nerve bl

Labat J et al 2008  
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Case 3: Helen

Management

- On mirtazepine
  - Tricyclic?
  - SNRI?
  - Sjogren's
- Buprenorphine
- Gabapentinoid
- Valproate

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Case 3: Helen

Management

- Physiotherapy
  - Sit cushion
  - Limited self management
- Psychology
  - Pacing
  - Catastrophisation

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Case 3: Helen

Progress

- Pudendal nerve block
  - Positive
  - 1 week
  - Repeat

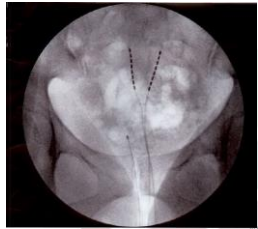
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Case 3: Helen

Progress

- Neuromodulation
  - Sacral
  - Pudendal



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Challenge

- Central mechanisms
- Peripheral triggers
  - Visceral
  - Pelvic floor
  - Pelvic girdle
  - Nerves
- Psychological effects
- Functional effects

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Case 4

Ruby

- 32yo
- Urinary tract infection
  - Treated
- Recurrent
  - MSU?
  - Pain provokes voiding
  - Frequency, urgency, nocturia

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A slide with the WHRIA logo in the top left corner and the text "Case 4" in the top right corner. The main content area contains the name "Ruby" and a bulleted list of clinical details. The slide has a decorative border on the left and bottom right.