

**Clinical Guideline:** Chronic Pelvic Pain Site: FPH

* Pain: Site, nature, periodicity, exacerbating & relieving factors, referred pain, associated symptoms
* Relation to periods
* Vaginal discharge, bleeding
* Gynae. history: Endometriosis, infection, previous pelvic surgery
* Urinary or bowel symptoms

History

General Information

* Bowel dysfunction: high fibre diet 3/12, which may initially exacerbate symptoms
* Treat UTI and chronic PID with antibiotics (chronic PID may respond to 3/12 of appropriate antibiotics). Discuss with lab. In light of swab results
* Non-specific ?hormone related pelvic pathology (inc. pain) consider a trial of Zoladex x 3/12

Advice and Treatment

**Consider referral if:**

* History or examination suggestive of endometriosis or PID.
* Associated sub-fertility.
* Pain persisting despite conservative measures

Referral Guidelines – red flag signs

* Urinalysis/MSU
* Endocervical swab inc. chlamydia for significant discharge.
* Consider plain AXR to demonstrate a loaded colon
* Laparoscopy is the definitive investigation of endometriosis, ultrasound is rarely helpful

Investigation

* Abdominal palpation: superficial or deep tenderness (peritoneal irritation). Abdominal mass (palpable colon/caecum)
* Pelvic examination: cervical excitation tenderness, tender uterus or adnexae, nodularity in Pouch of Douglas. Adnexal mass

Examination

* Endometriosis is extremely common may affect fertility. Cervical excitation tenderness is a good sign of significant gynae. Pathology.
* Constipation/bowel dysfunction is common in women pain in LIF & RIF, spasmodic, ass. with bloating & nausea. Palpable left colon.