Dr Michael East

Gynaecologist

Oxford Clinic, Christchurch Women's Hospital, Christchurch

FULLY BOOKED

Friday, August 12, 2016

(Room 3)

14:00 - 14:55 WS #32: Dysmennorhea and Pelvic Pain

15:05 - 16:00 WS #42: Dysmennorhea and Pelvic Pain (Repeated)

Chronic Pelvic pain and Dysmenorrhoea

michael east


fortéhealth

Back to basics

- What is it that a patient wants from a consultation?

- To feel better walking out than when walking in!!

How do we achieve that?

- Listen (he/she never listened to me)
- Sincerely offer to help
- Form a plan of investigation
- Form a plan of management

Causes of pain

- Inflammation
- Stretch
- Neural dysfunction
- Musculoskeletal dysfunction
- ischaemic

Systems

- Gynaecological
- Urological
- Gastrointestinal
- Musculoskeletal

Function related

- After eating
- Related to defaecation
- Related to micturition
- Related to menstruation
- Related to intercourse

Pathology bell ringers

- MENSTRUAL DISTRESS ALWAYS ABNORAL
- MID CYCLE DISTRESS ALWAYS ABNORMAL
- PAIN WITH DEFAECATION ALWAYS ABNORMAL
- PAIN WITH MICTURITION ALWAYS ABNORMAL
- PAIN WITH SEX ALWAYS ABNORMAL
- PAIN PREDATING MENSTRUAL FLOW AND LOCALISED DYSMENORRHOEA SUSPICIOUS.

Pain with defaecation

Perceived location

- Perianal
- Vaginal /rectal (proctitis fugax)
- Pelvic

- abdominal

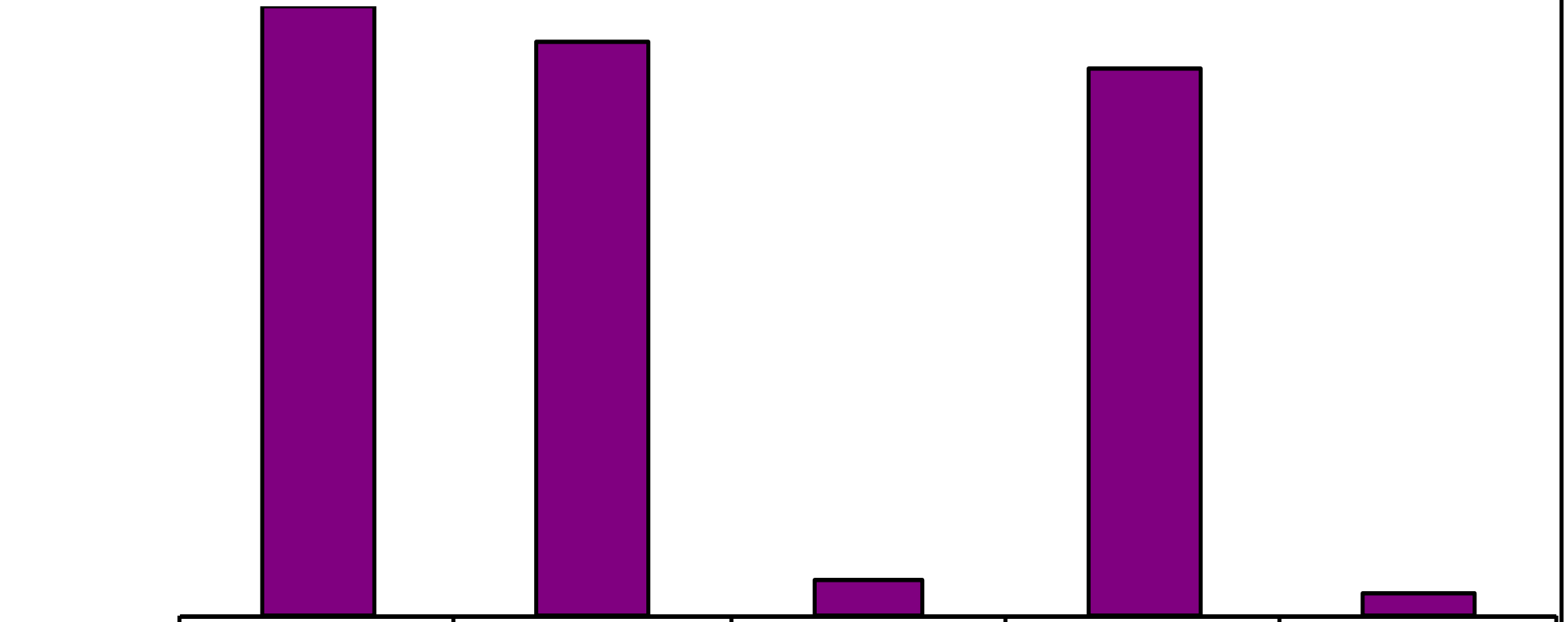
Possible eitiology

- Haemorrhoids / fissures
- Haemorroids / fissures / endometriosis (R/V septum)
- Endometriosis POD / Rectosigmoid / colitis / neoplastic

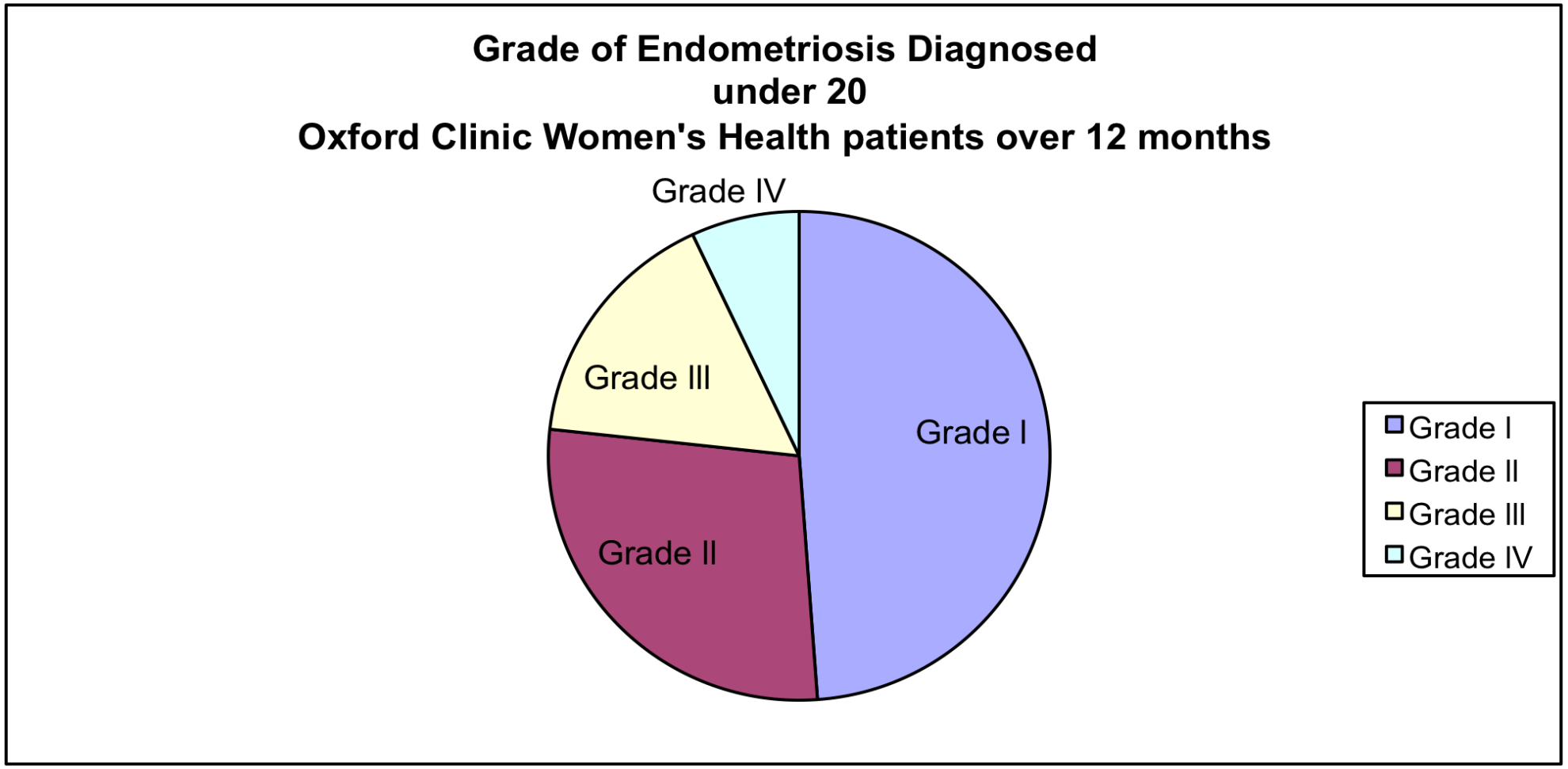
- Colitis / neoplastic / adhesions / musculoskeletal

- 50% of patients presenting with chronic pelvic pain have endometriosis.

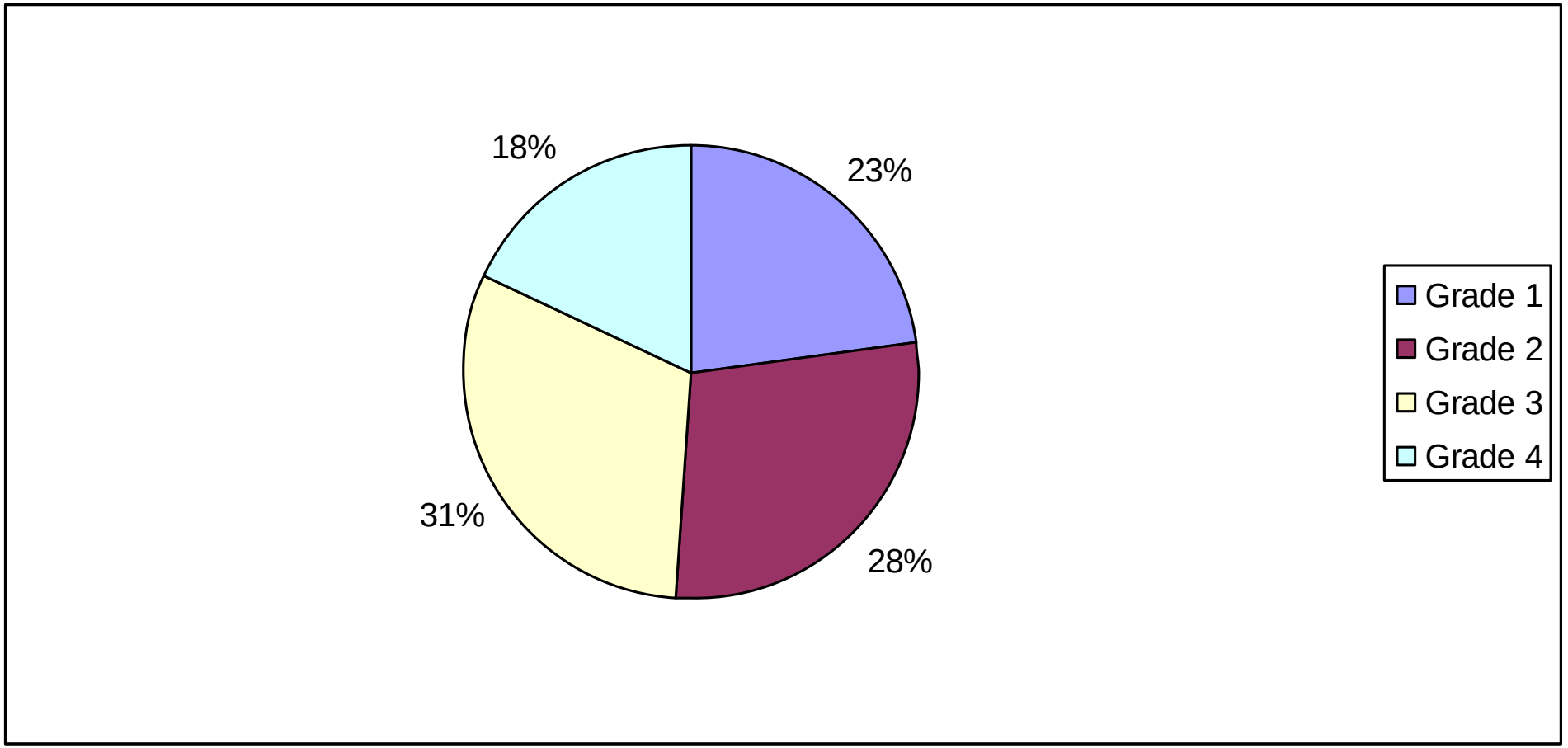
Outcomes for patients under 20 years



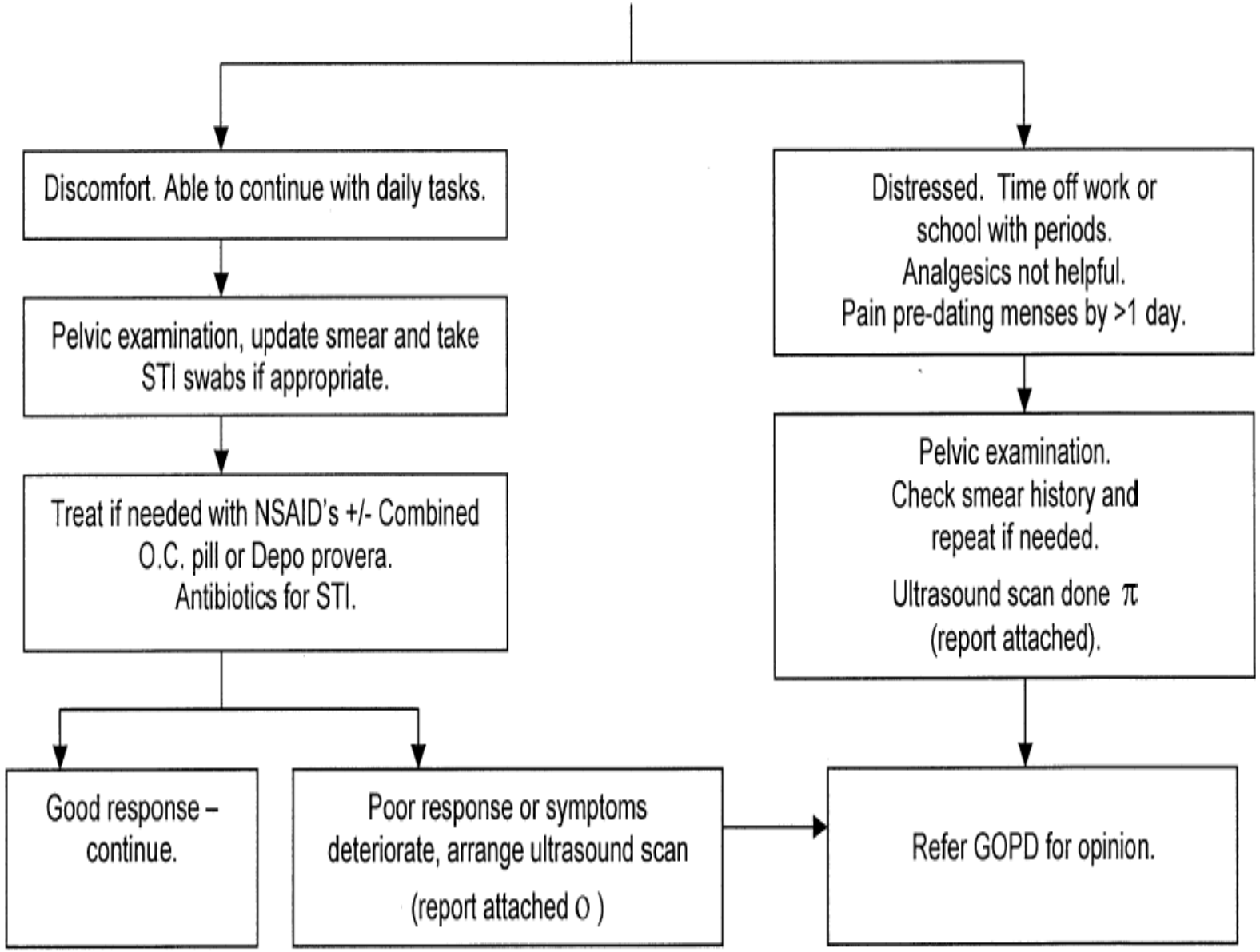
	patients presenting	laparoscopic review	awaiting public surgery	diagnosed endometriosis	not diagnosed with endometriosis
Results	100%	94%	6%	90%	4%


Grade of Endometriosis Diagnosed
under 20
Oxford Clinic Women's Health patients over 12 months
Grade IV
Grade III
Grade I
Grade II
Grade I
Grade II
Grade III
Grade IV

Grade of endometriosis diagnosed
30 – 35 years
Oxford Clinic Women's Health patients over 12 months



DYSMENORRHOEA



Pragmatic

- Dealing with things in a practical and sensible way.

Evidence

- Information indicating whether something is true or valid.

Perfect management

- When evidence based medicine is pragmatic!
- When the opportunity to deliver optimum management exists because the resources are accessible.
- Sadly we don’t often have both together

Pragmatic management

- Applies to the person needing help in front of you.
- Depends upon resources available.
- Many people do not fit neatly into a care algorithm and thus can be left wanting.
- Draws from evidence based research.
- Draws upon past clinical experience and observation.
- Draws upon knowledge and understanding of 1st principles of the clinical sciences.

The need to make a diagnosis

- Firstly we need suspicion
- Secondly we need to be brave enough to act upon that suspicion (overcoming Pandora's box phobia)
- Thirdly we need access to laparoscopy
- But do we?

Pragmatic for many then is to start medical management in their teens

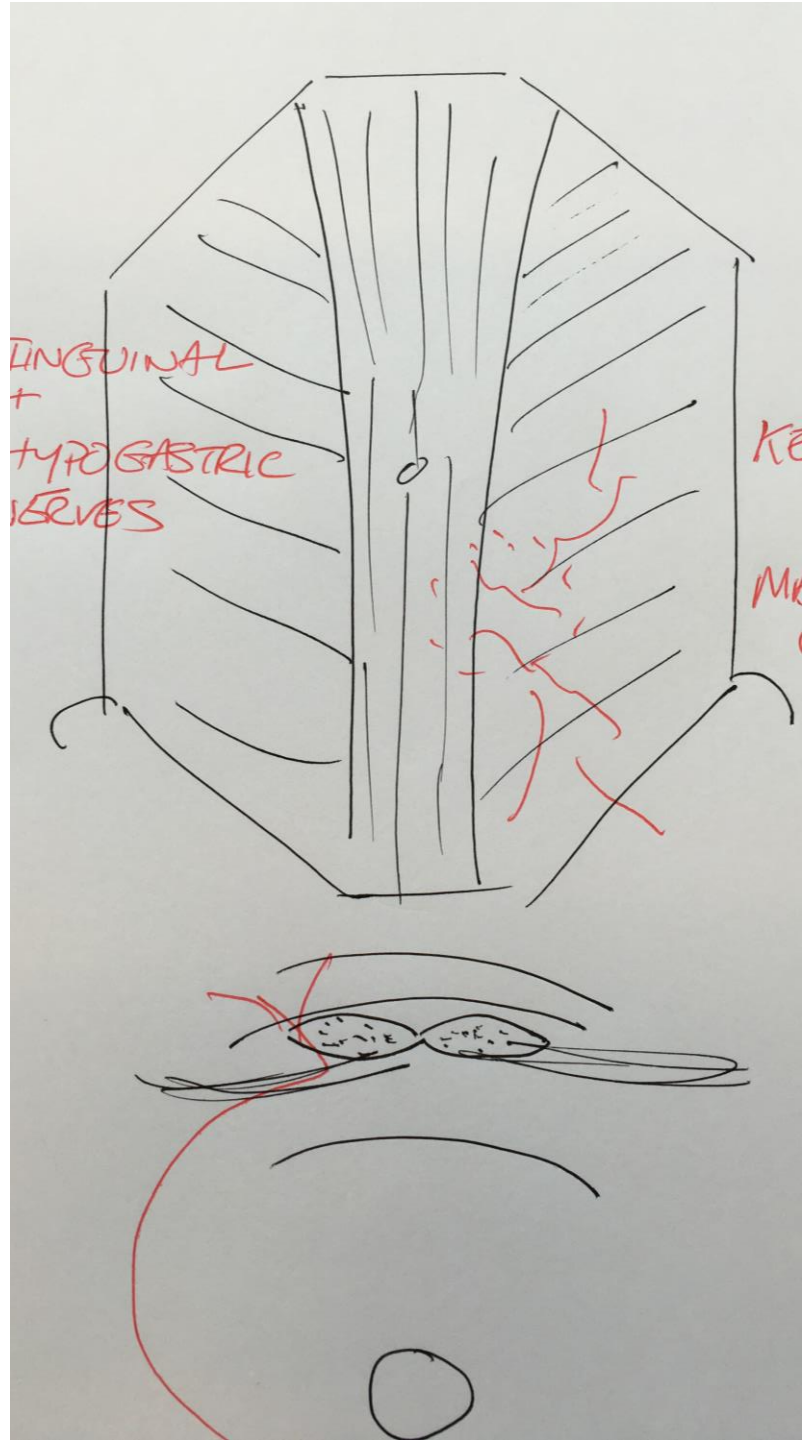
- Make a diagnosis on Medical / Historical grounds
- Start medical management. It should be cheep and affordable by all
- Mirena helpful (not funded!)
- Cerezette helpful (not funded!)
- Cyproterone Acetate helpful (funded)
- Depo Provera, Implanon helpful but not easily stoped
- COC’s may hide symptoms but allow disease progression.
- Surgical treatment needed when medical management fails

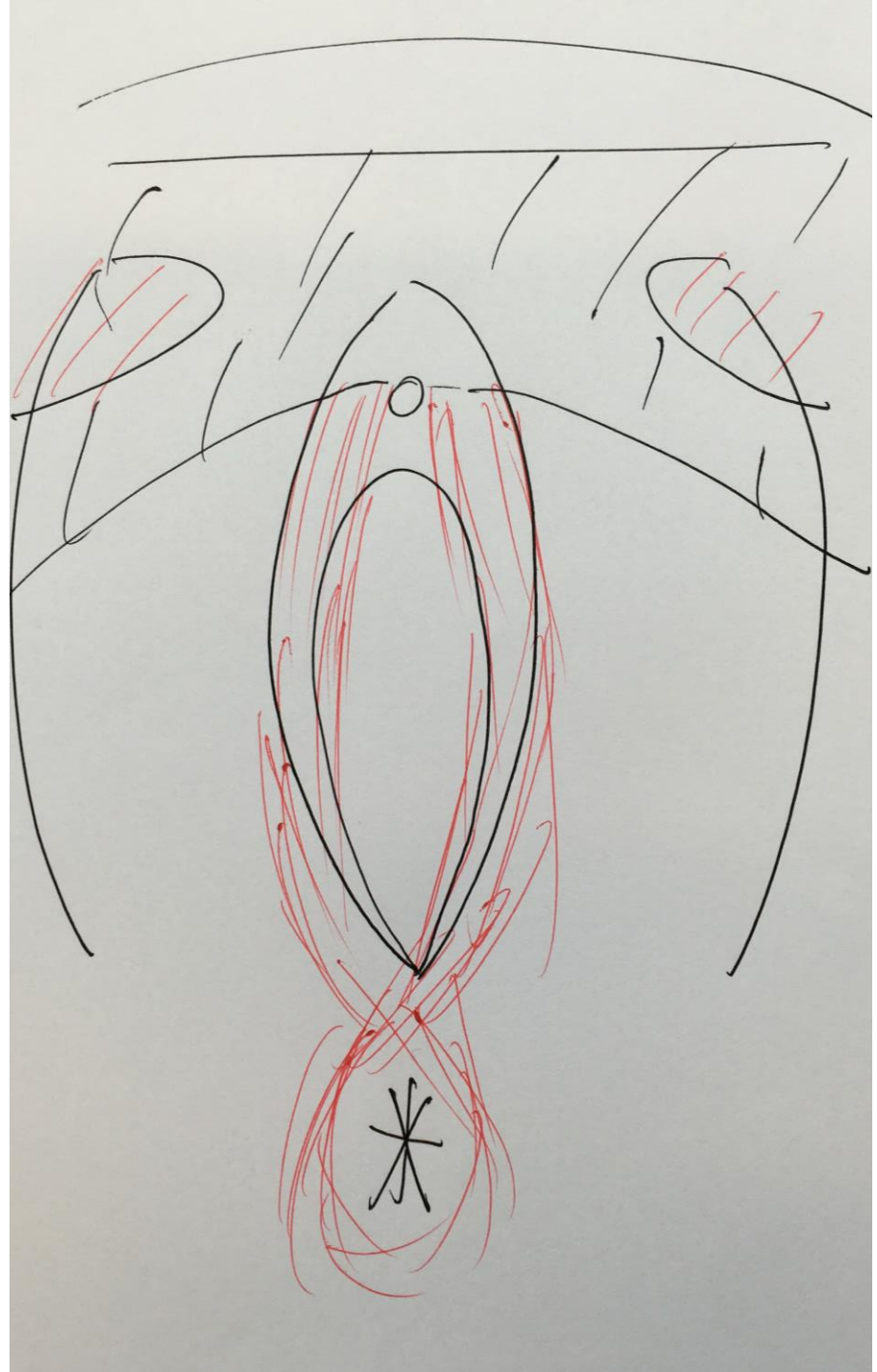
What about pain relief?

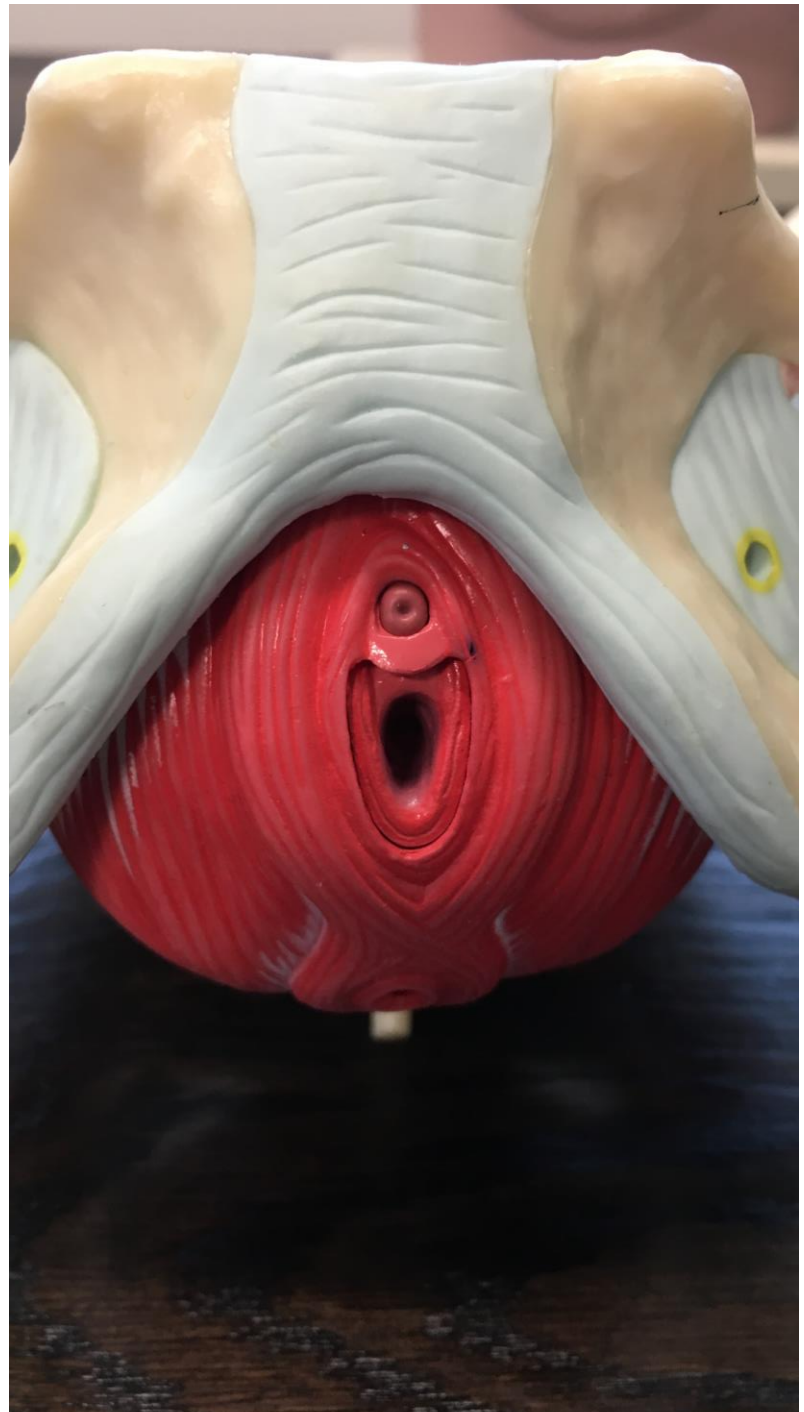
- Anti-inflammatory analgesics
- Paracetamol
- Tramadol
- Amitriptyline / Nortriptyline
- Gabapentin

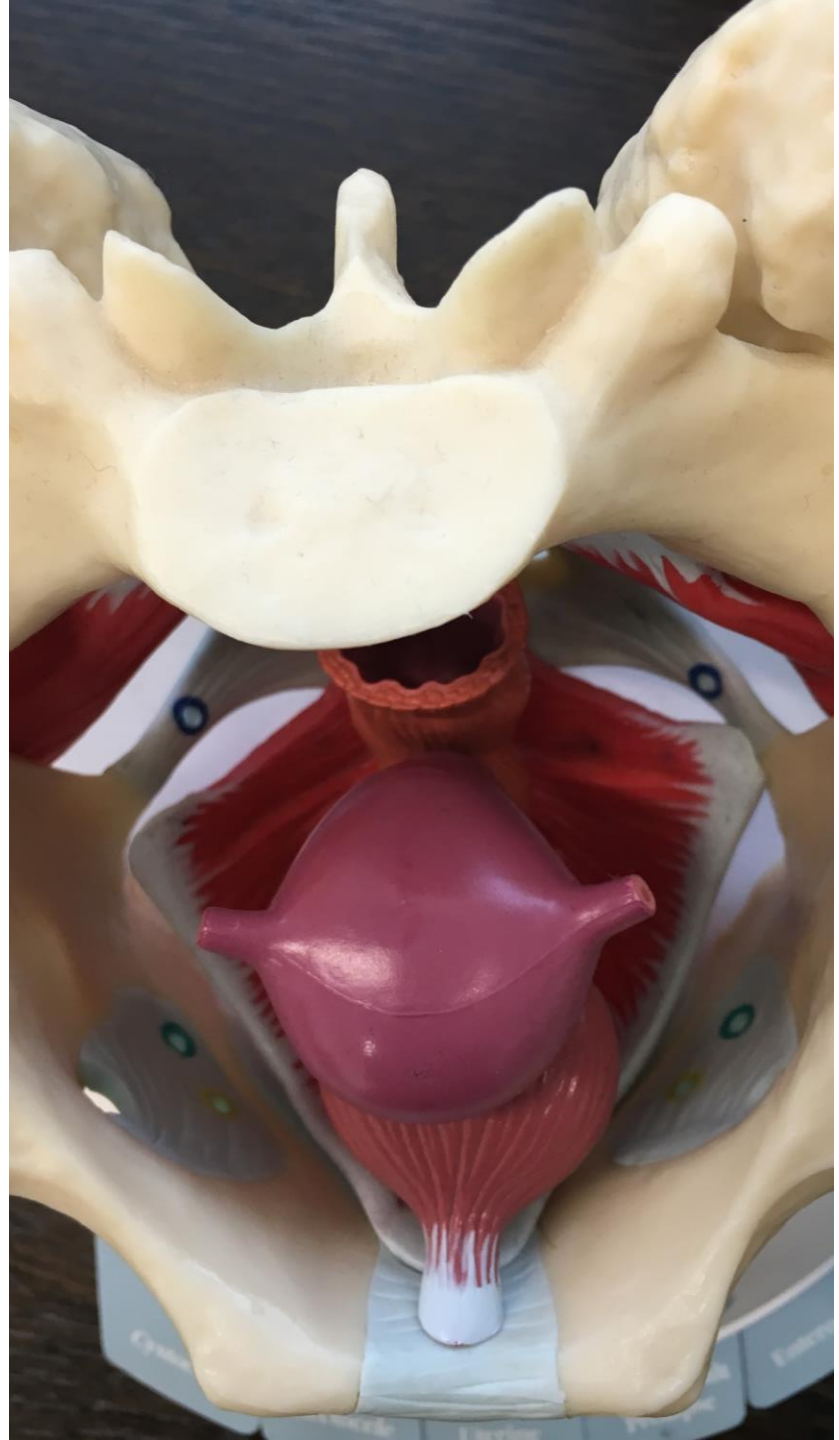
Secondary Musculoskeletal pain

- Ilioinguinal nerve blocks with Kenacort and Marcain
- Pudendal nerve blocks with Kenacort and Marcain
- Botox to pelvic floor muscles


LINGUINAL
+
HYPOGASTRIC
NERVES

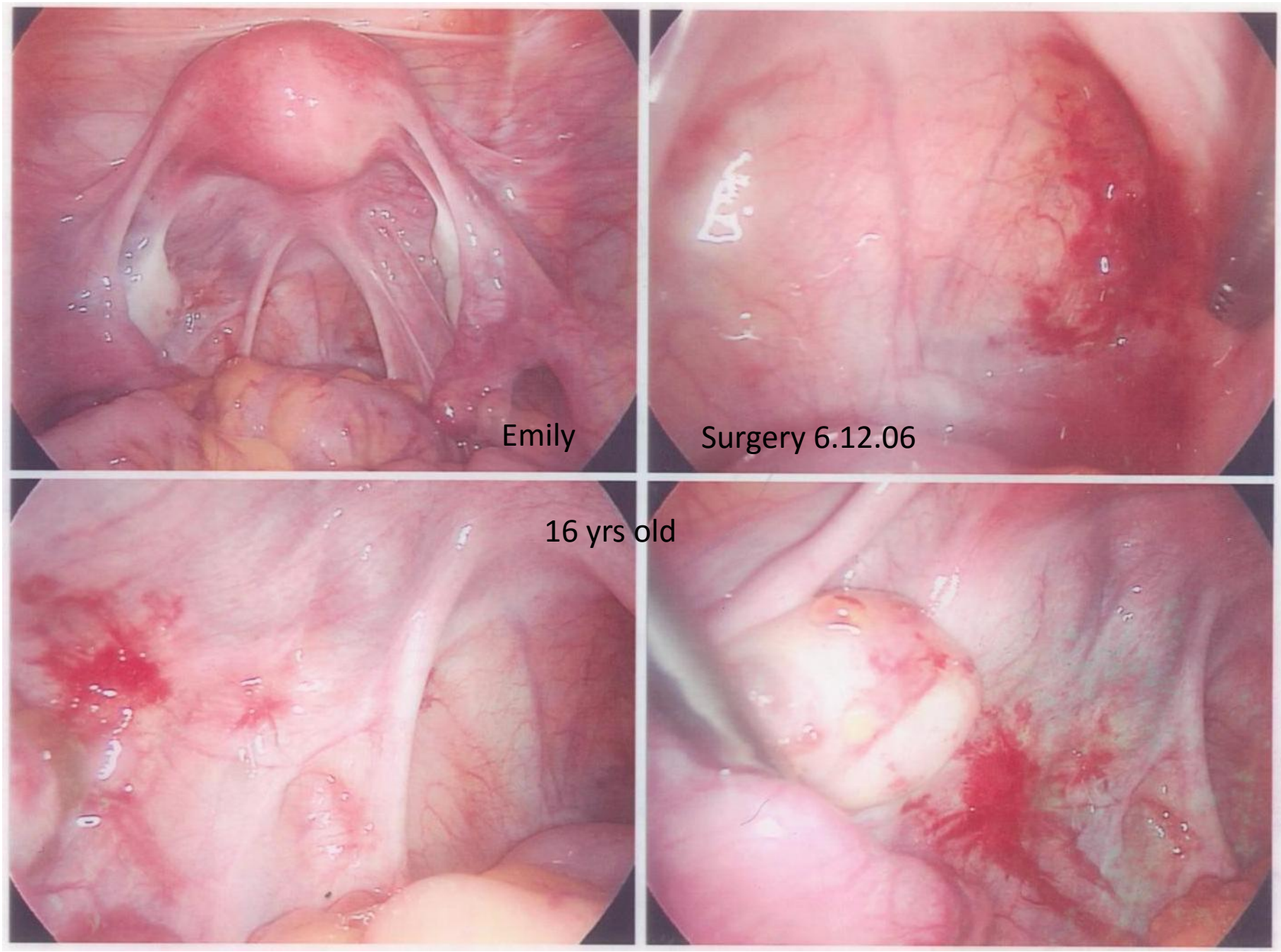


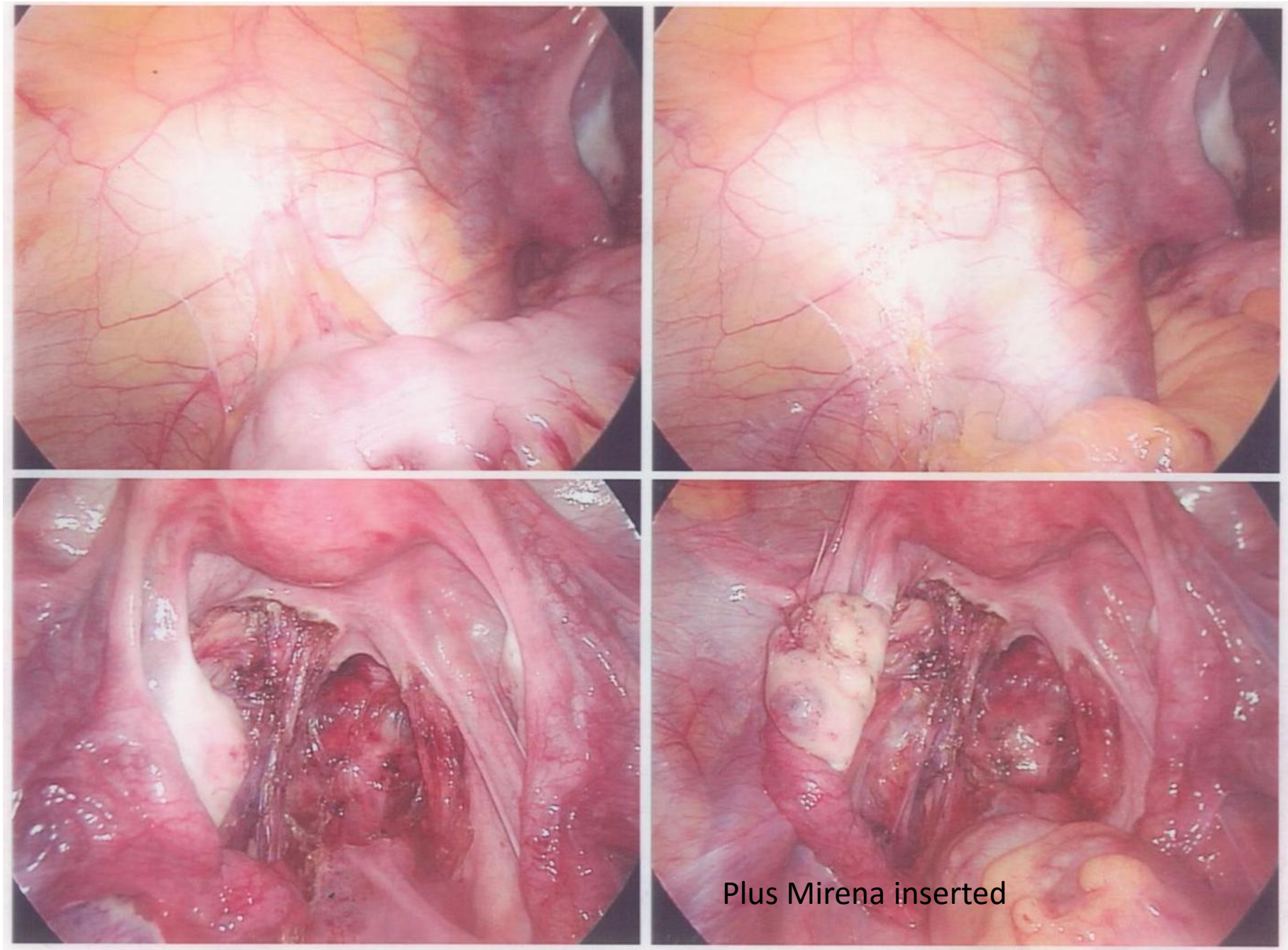




Emily

- Menarche at 12. menses /28 and OK
- @ 13$_{1/2}$ periods now painful and cycle deteriorated to /16-18. pain max L side and needing time off school.
- COC started @ 15. Periods now regular and not painful.
- However has pain random in cycle. Drops her to her knees and can't function. Still max on L.
- No provoking factors. Not yet sexually active.


Emily
Surgery 6.12.06
16 yrs old

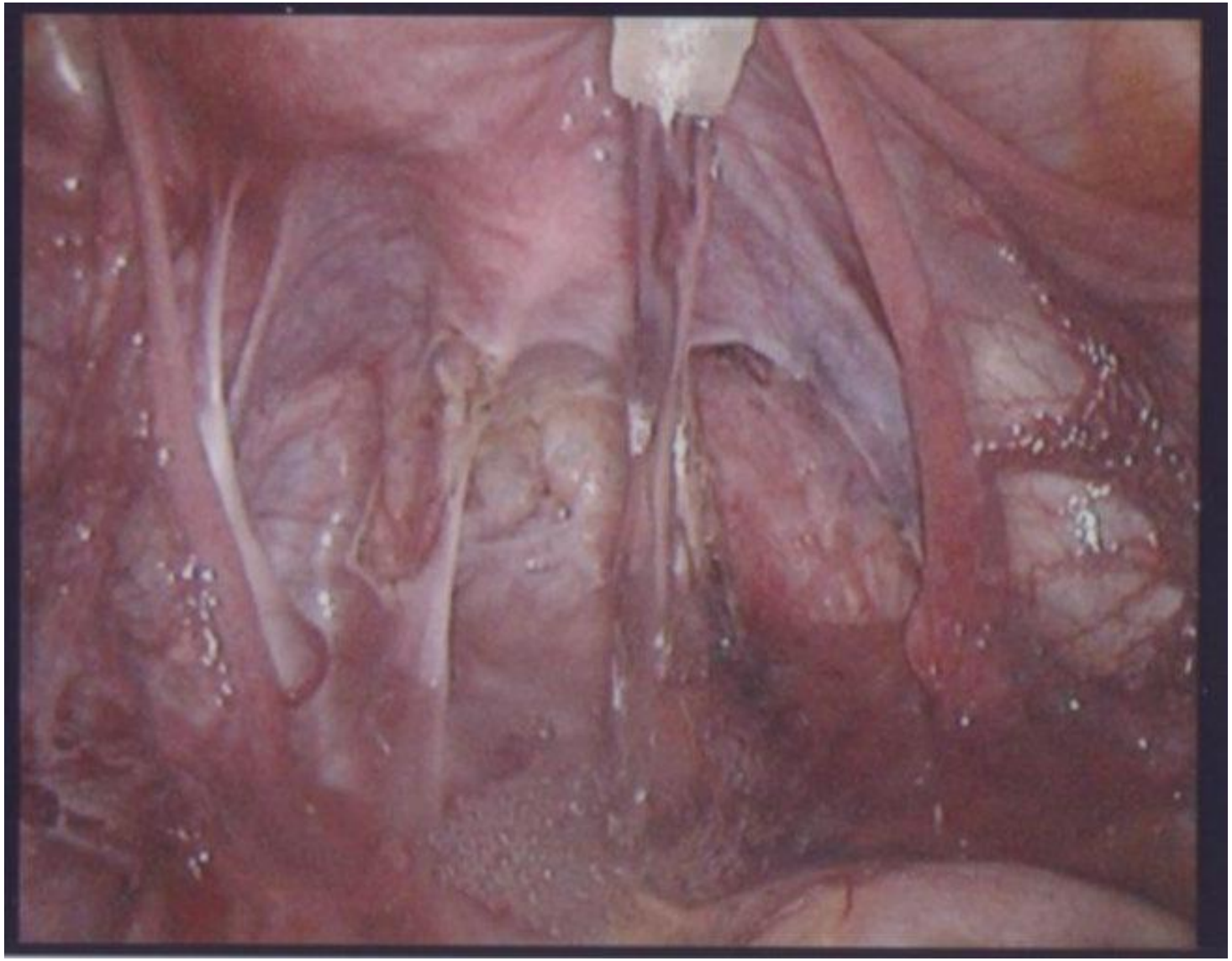

Plus Mirena inserted

Final review

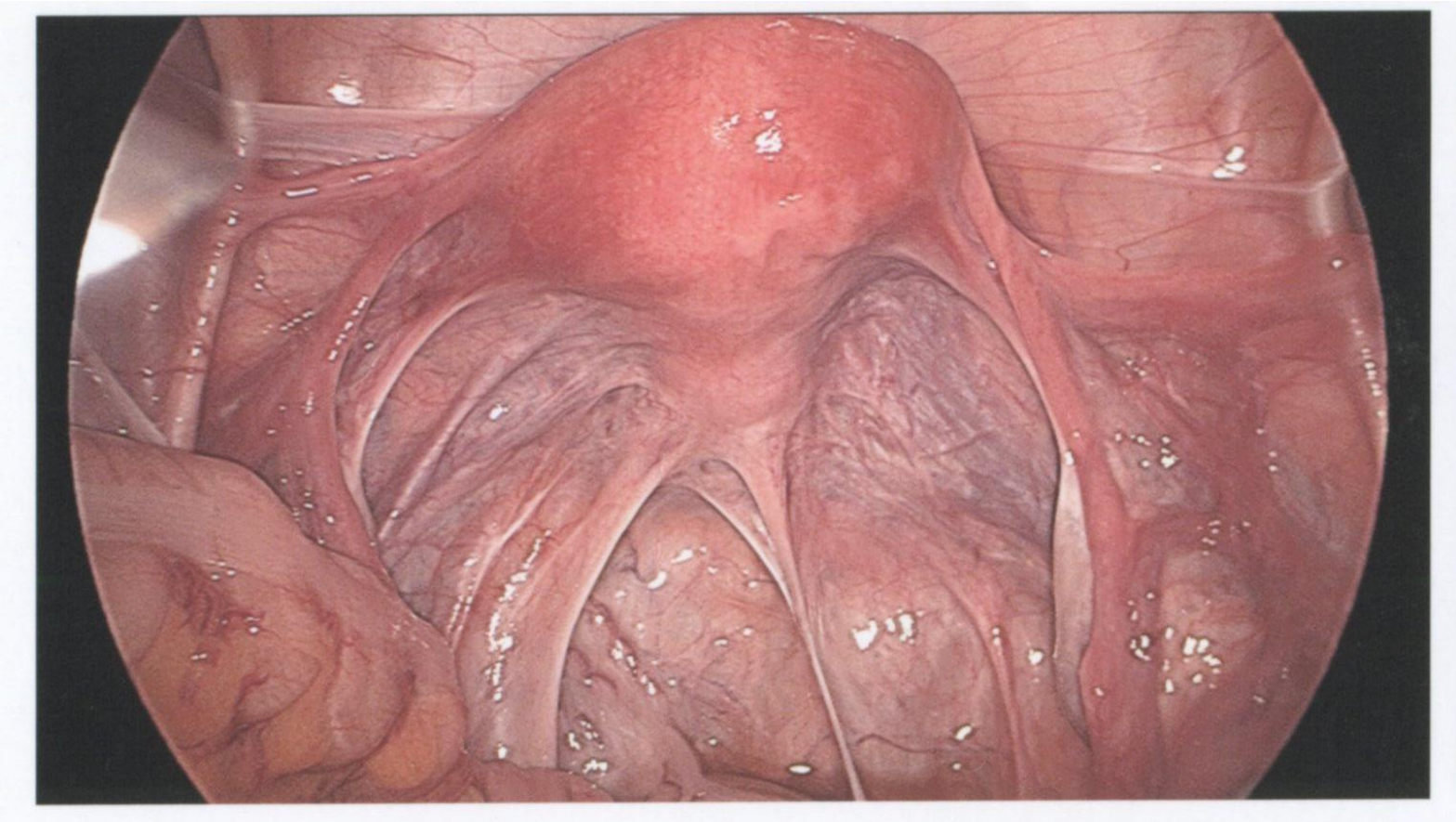
- June 2007. ‘Emily is now completely free of pain and happy with the outcome of surgery and I have thus discharged her from ongoing care.’
- Phoned Emily’s Mum July 2008 and Emily remains well and free of pain.
- Phoned again in December 2013 and still pain free.

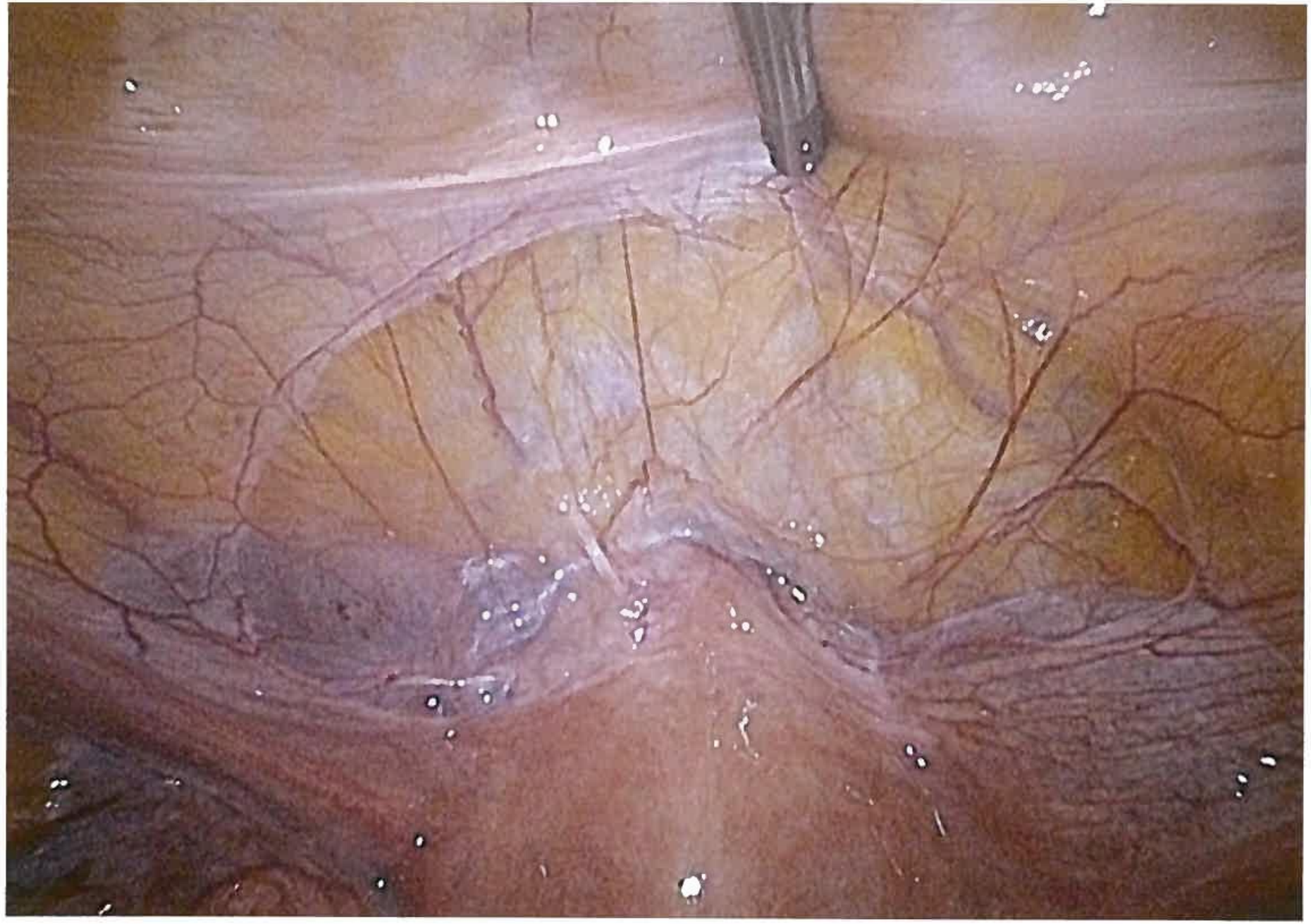
Do we do harm with surgery?

1st excision 2009



2nd laparoscopy 2013
no endometriosis





Aim and hypothesis

- To investigate the location and pattern of the recurrence of endometriosis after excisional surgery for stage one and two disease.

- Stage one and two endometriosis does not recur at the same location.

Methods

- Retrospective cohort study

- Selection criteria:
  - Those operated on, diagnosed with and treated for stage one or two endometriosis over a ten years period from 2001 to 2010.
  - The initial treatment: laparoscopic endometriosis excision.
  - The repeat surgery: up until the end of 2012

- Exclusions: negative histology, previous surgery for stage 3 or 4 endometriosis

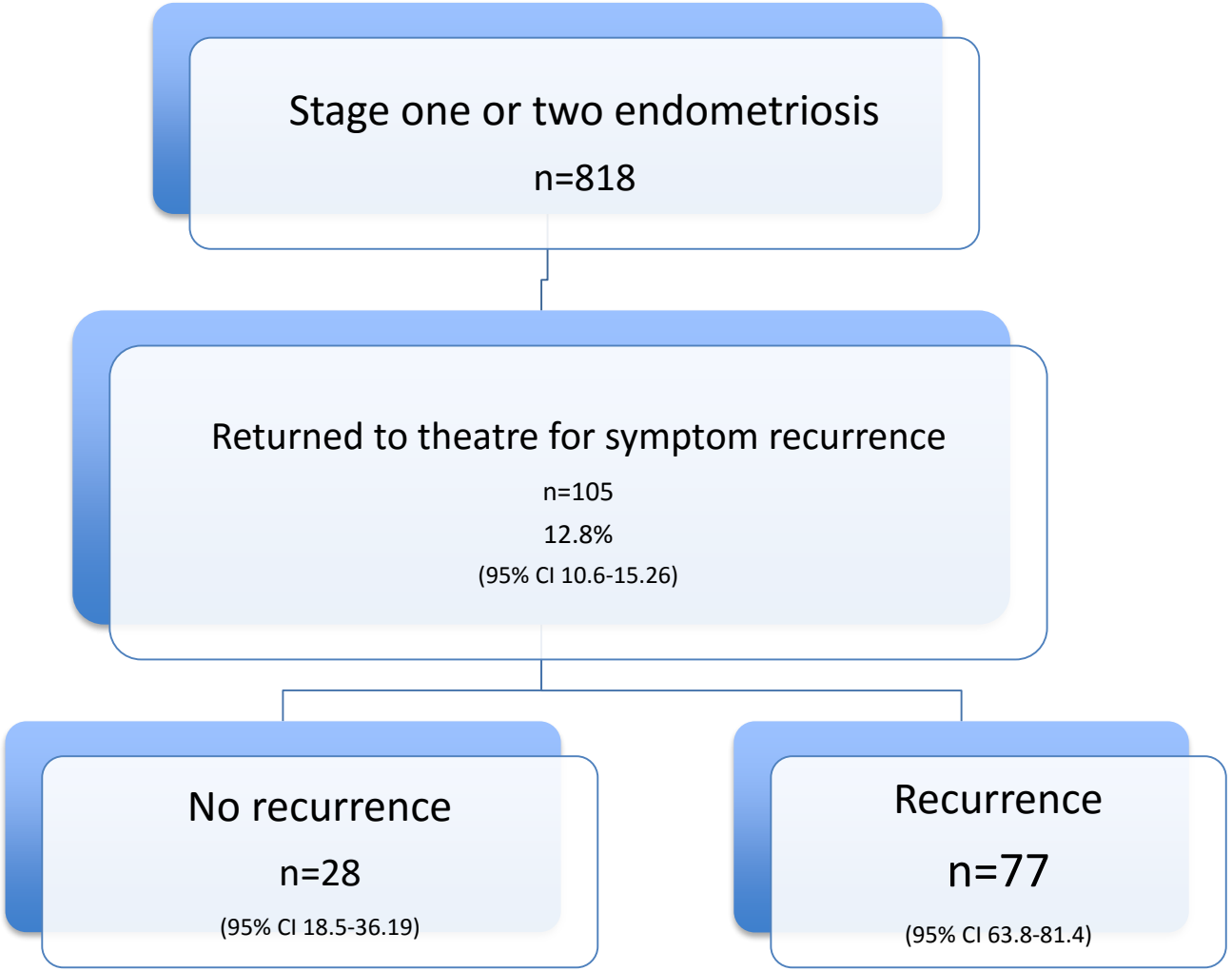
- Operative notes and photos were used to compare the endometriosis found at the initial and repeat surgery.
- All patients were operated on by Mike
- M.E. had no input into the data collection or results objectivity.

Data collected included:

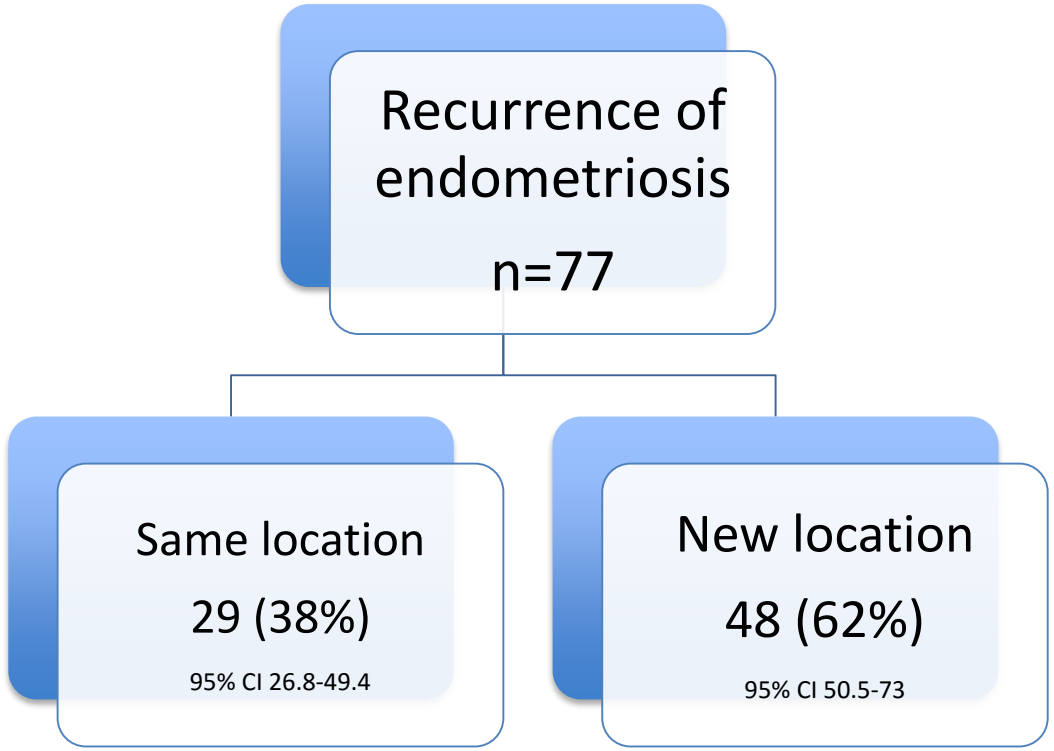
- Appearance and location of endometriosis at initial surgery
- Appearance and location of endometriosis at repeat surgery
- Histological confirmation at initial surgery
- Histological confirmation at repeat surgery
- Use of medical treatment following initial surgery eg Mirena
- Age at surgery
- The time lapsed between surgeries

A biostatistician performed chi square analysis of the data to identify statistically significant results, with p-values $<.05$.

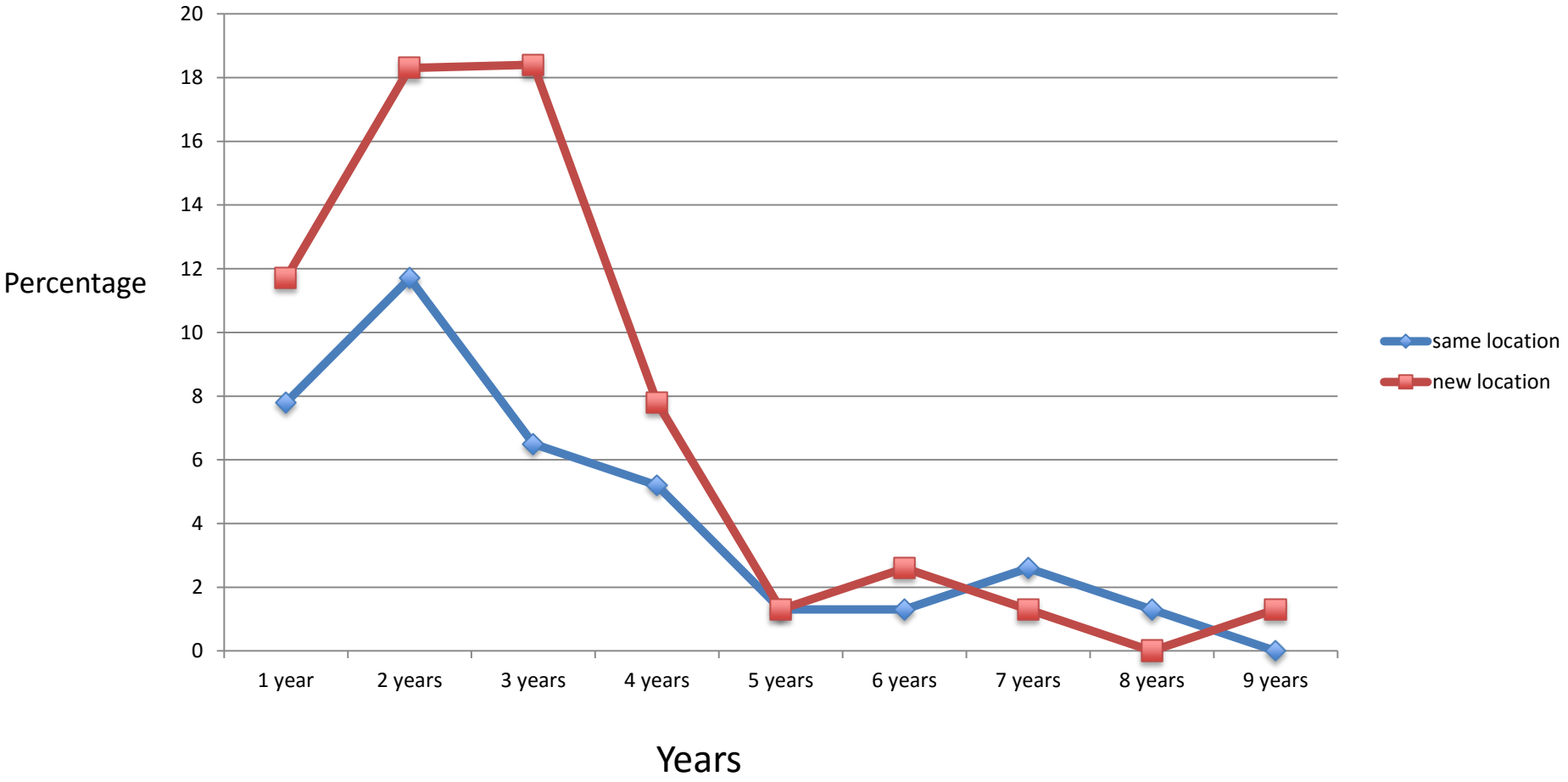
Initial results



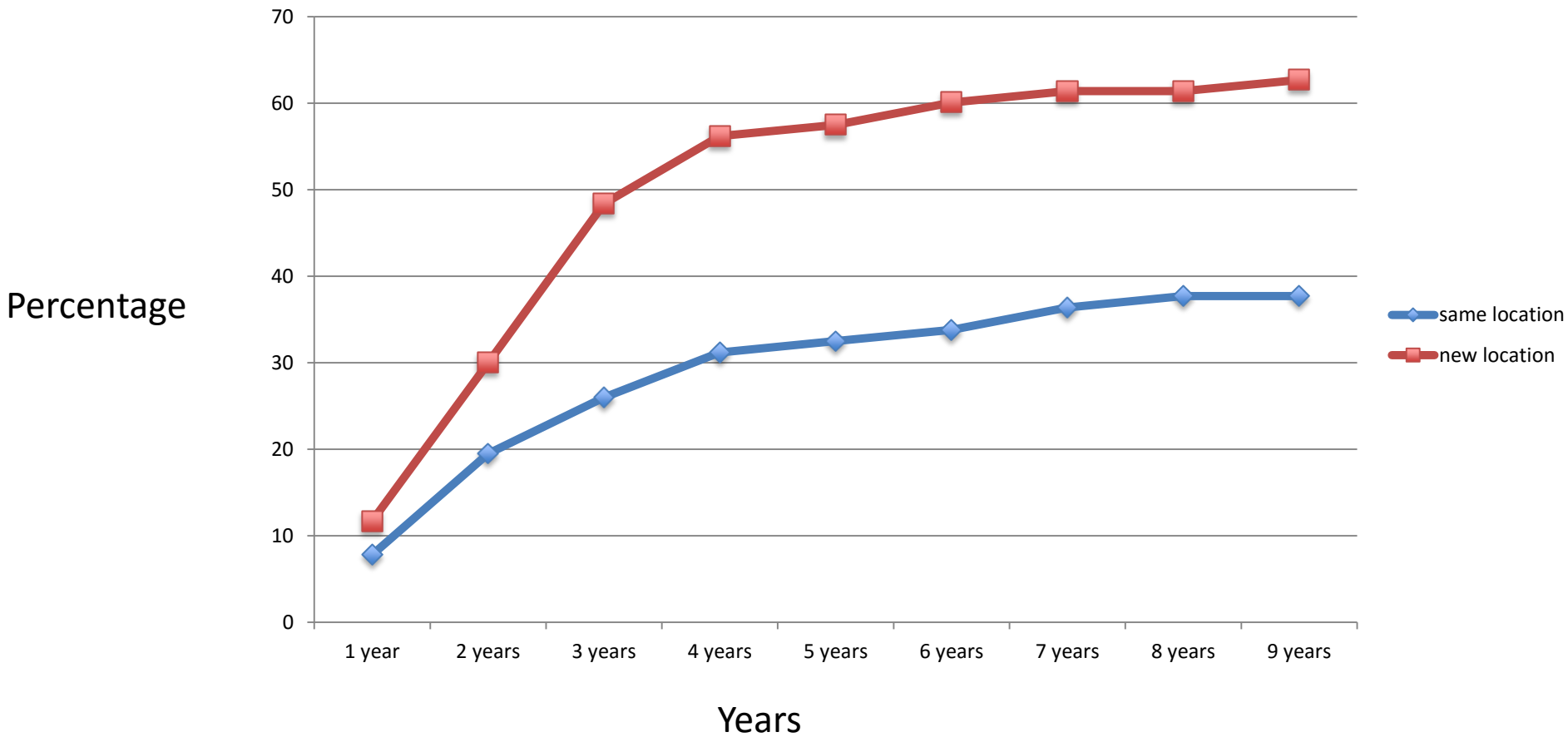
In the patients with recurrence, did the endometriosis recur in the same location in the pelvis?



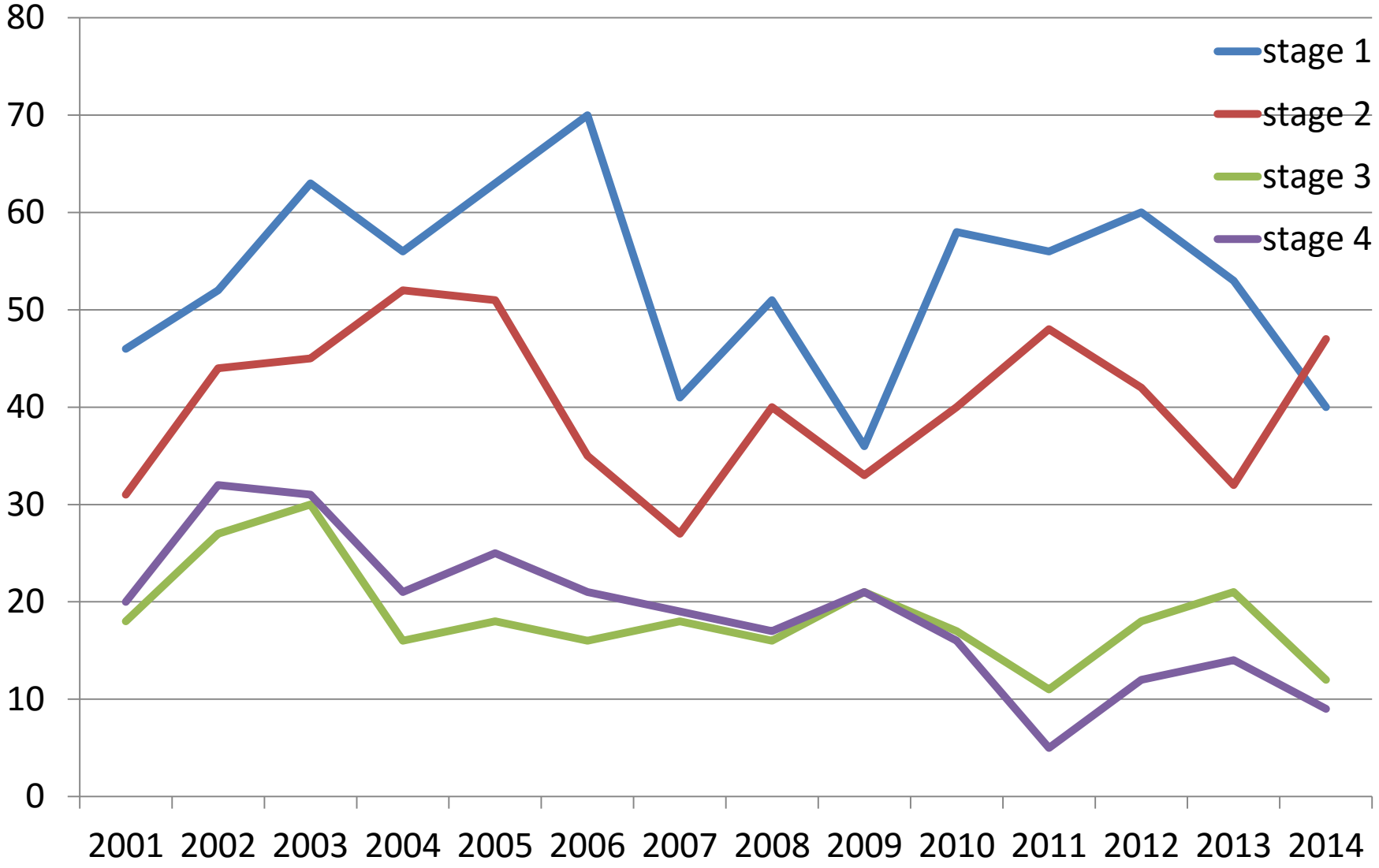
Recurrence rates versus time lapsed since initial surgery



Cumulative recurrence versus time lapsed since initial surgery



Number of endometriosis patients operated upon per year



Thank you