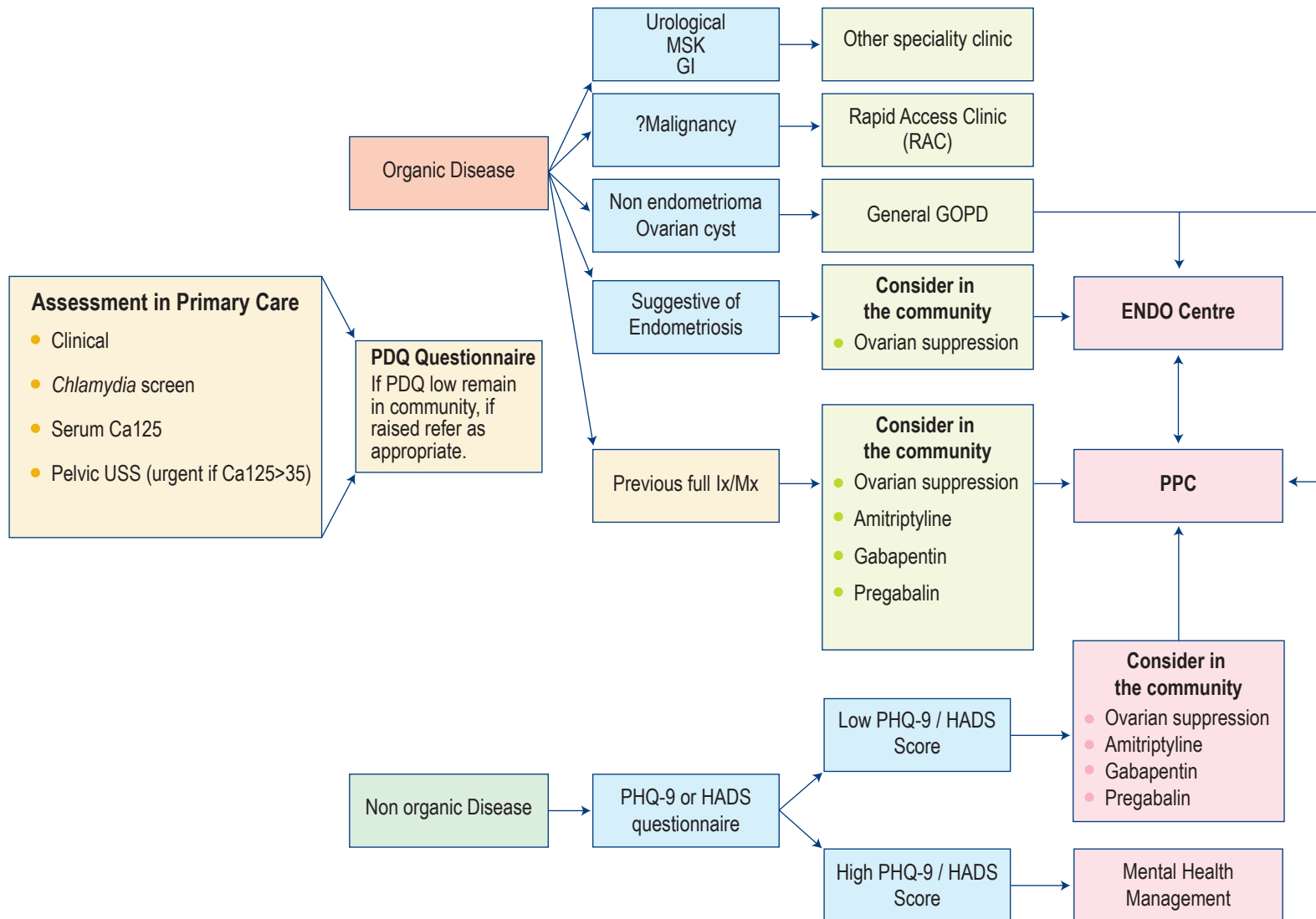


Referral Pathway for Women presenting with Chronic Pelvic Pain in the Community



'RED FLAG' symptoms and signs (May require specialist referral)

- Bleeding per rectum
- New bowel symptoms over 60 years of age
- New pain after the menopause
- Pelvic mass
- Suicidal ideation
- Excessive weight loss
- Irregular vaginal bleeding over 40
- Postcoital bleeding

IBS - Rome III Criteria

Continuous or recurrent abdominal pain or discomfort on at least three days/month in the last three months, with the onset at least six months previously, associated with at least two of the following:

- improvement with defecation
- onset associated with a change in frequency of stool
- onset associated with a change in the form of stool

Malignancy

As per Lothian Primary Care CAL25 guidance.

Ovarian cysts

Simple and 5 - 7cm – rescan in 3/12. Refer GOPD if persistent. Dermoid – refer clinic if >4cm.

Suggestive of Endometriosis

Strong cyclical symptoms, dyspareunia, endometrioma.

Community Treatment

OCP, progestogens and Mirena IUS all equally as effective for pain relief but different side effects profiles.

Amitriptyline 25mg increased every two weeks to 50 - 150mg until >50% reduction in pain.

Gabapentin 300mg increased weekly to 600 - 900mg TDS (three divided doses) until >50% reduction in pain.

Pregabalin 75mg BD, increasing up to 150mg BD

PDQ questionnaire

Assessment of physical functioning. Very high score – expedite PPC referral.

PDQ-9 / HADS

Assessment of mental wellbeing.