

Chronic Pelvic Pain and Endometriosis

Introduction

Chronic pelvic pain is a common and distressing condition, yet it is frequently difficult to diagnose an exact cause, and treatment is often unsatisfactory.¹ Chronic pelvic pain can have a serious impact on the quality of the sufferer's social, family and working life, as well as substantial costs for healthcare organisations, often without satisfactory outcomes.² Pelvic pain and associated lower abdominal pain are still considered areas for clinical development.¹ A multi-disciplinary approach is important as well as a broad view to understanding the cause of the pain.² Chronic pelvic pain is a symptom, not a diagnosis, and can be defined as:

“intermittent or constant pain in the lower abdomen or pelvis of a woman of at least six months in duration, not occurring exclusively with menstruation or intercourse and not associated with pregnancy.”³

Endometriosis is a chronic inflammatory gynaecological condition with the presence of endometrial tissue outside the uterus. It is estimated that 10% of women in their reproductive years have the condition.⁴ Diagnosis of the condition is often delayed with an average of seven years between onset of symptoms and diagnosis.⁵ Women with endometriosis will miss 11 hours of work per week which is similar to those who have chronic conditions such as type 2 diabetes, Crohn's disease and rheumatoid arthritis.⁴

As there is often a long delay between onset of symptoms and diagnosis, the cases in this module may present more details about the patients' history, in comparison to other modules. In keeping with the PBSGL programme's long term aims about patient diversity and inclusivity, this module deals with additional issues relating to the case presentation of chronic pelvic pain.

Module aims:

- Increase awareness and understanding of chronic pelvic pain, including endometriosis, and the impact pain can have on quality of life
- Present a systematic approach in assessment, early diagnosis and symptom management (including pharmacological, non-pharmacological and surgical treatments) using a person-centred approach
- Encourage a trauma informed model of care
- Consider the influence physical, psychological, social and cultural factors can have on a woman's experience of pain and the importance of adopting a multi-disciplinary team (MDT) approach in managing symptoms