

Pathway Guide – Endometriosis / Chronic Pelvic Pain

Patient presents with Chronic Pelvic Pain. Initial assessment to include:

History:

- Pain - Duration, location, radiation, severity, alleviating factors, medications
- Menstrual - dysmenorrhoea, dyspareunia, dyschezia, other pelvic pain, hormonal treatments
- Bladder - frequency, nocturia, pain with full bladder, relief / pain with micturition
- Bowel - altered bowel habit, constipation, diarrhoea, abdominal bloating, relief with defecation
- Other past medical, gynaecological and obstetric history, BMI
- Desire for pregnancy (currently or in future)

Examination:

- Abdominal and bimanual examination (if possible), including assessment of pelvic floor muscle tenderness

Investigations:

- Consider pelvic ultrasound
- Consider screen for pelvic infections / UTI

Based on symptoms and examination – decide upon the likely underlying diagnosis.

Mainly:

- Dysmenorrhoea +/- menorrhagia
- Cyclical pelvic pain
- Non menstrual pain
- Dyschezia
- Cyclical bladder pain
- Lethargy
- Deep Dyspareunia

Examination:

- Uterine tenderness
- Nodularity
- Pelvic fixation
- Pelvic tenderness

Mainly:

- Abdominal pain
- Bloating (abdominal)
- Pain relieved by defecation
- Altered bowel habit (>3/day<3/week - BO)
- Altered stool form
- Pain worse on eating
- Lethargy

Examination:

- Abdominal tenderness
- PR? Constipated

Possible IBS / Gastroenterology cause

Mainly:

- Urinary frequency
- Urinary urgency
- Nocturia
- Pelvic/bladder pain
- +/- urge stress incontinence

Examination:

- Vaginal wall tenderness
- Pelvic floor tender
- Fixation / nodularity

Possible Painful Bladder Syndrome / Urological Cause

Mainly:

- Superficial Dyspareunia
- Pain worse at movement improved with rest
- Non cyclical abdominal / lower back pain
- Pelvic / abdominal / lower back
- Vaginal wall tender
- Pelvic floor tender / spasm of PC / RR muscles

Possible Musculoskeletal pain

Mainly:

- Non cyclical pain / constant pelvic / abdominal pain
- Not improved following surgical intervention / simple analgesia
- Lethargy
- Pain not limited to pelvis

Possible Neuropathic pain

Not trying to conceive:

- Commence regular NSAIDs and/or
- Commence hormonal treatment

treatment

- Review 3/12 – **if treatment not effective request Pelvic USS**

Trying to conceive:

- Commence NSAIDs during menstruation
- Consider fertility investigations

investigations

- Review 3/12 – **if treatment not successful request Pelvic USS**

Refer to Endometriosis clinic if treatment not effective

Patient Information

[RCOG](#)

Referral Proforma

N/a

Local Guidance

N/a

National Guidance

[NICE Endometriosis](#)