

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

History:

- Pain - Duration, location, radiation, severity, alleviating factors, medications
- Menstrual history - dyspareunia, dyschezia, other pelvic pain, hormonal treatment
- Bladder / Bowel symptoms

- Other past medical, gynaecological and obstetric history
- BMI
- Desire for pregnancy (currently or in future)

Examination:

- Abdominal and bimanual examination (if possible)

Investigations:

- Pelvic ultrasound
- Screen for pelvic infections / UTI
- U&E

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

Endometriosis Symptoms:

- Dysmenorrhoea +/- menorrhagia
- Cyclical pelvic pain
- Non menstrual pain
- Dyschezia

- Cyclical bladder pain
- Lethargy
- Deep Dyspareunia

Examination

- Uterine tenderness
- Nodularity
- Pelvic fixation
- Pelvic tenderness

Management in Primary Care

Trying to conceive:

- Commence NSAIDS during menstruation
- Tranexemic acid for menorrhagia
- Consider fertility investigations if trying for > 12 months and age less than 35 years. Fertility investigations after 6 months of trying if age greater than 35 years.
- Refer to chronic pain team also if appropriate

Not trying to conceive:

- Commence regular NSAIDS and/or commence hormonal treatment - combined oral contraceptive back to back or mini pill
- Tranexemic acid for menorrhagia
- Review 3-6/12 – if treatment not effective refer to Endometriosis service Saint Mary's Hospital
- Refer to chronic pain team also if appropriate

Refer to Endometriosis and Fertility Assessment service at Saint Mary's Hospital all suspected endometriosis patients with recent pelvic ultrasound scan report, U&E. Screen for STI's if appropriate

Consider other causes of pain:-

- IBS/Gastroenterology
- Painful Bladder Syndrome/urological cause
- Musculoskeletal pain

Patient Information

[RCOG](#)

Patient Support

<https://www.endometriosis-uk.org/find-a-support-group>

National Guidance

[NICE Endometriosis](#)