COLLABORATIVE MENTORSHIP NETWORK

for Chronic Pain and Addiction

Pelvic Pain 101: It's Not All Endo

Hosted by: Dr. Cathy Scrimshaw

Speaker: Dr. Magali Robert

February 24, 2022

Disclosure

- Host: Dr. Cathy Scrimshaw

- Relationships with financial sponsors:
  - Grants/Research support: N/A
  - Speakers Bureau/Honoraria: N/A
  - Consulting Fees: N/A
  - Patents: N/A
  - Other: I am a part time paid employee of the Alberta College of Family Physicians

Disclosure

- Moderators: Dr. Leah Phillips, Kerri McNabb, Maia Mudric & Jared Leeder
- Relationships with financial sponsors:
  - Grants/Research support: N/A
  - Speakers Bureau/Honoraria: N/A
  - Consulting Fees: N/A
  - Patents: N/A
  - Other: Paid employees of the Alberta College of Family Physicians

Disclosure of Financial Support

- This program receives financial support.
  - Financial support is received from the Alberta College of Family Physicians through a Health Canada Substance Use and Addictions Program contribution.
- This program does not receive in-kind support
  - This program is presented by the Alberta College of Family Physicians without in-kind support.

Housekeeping

- To capture your attendance, please click on the survey link in the chat log to enter your name and email.
- We will be using the chat log to collect questions.
- You may use the “raise hand” feature to verbally ask a question.
- There will be a dedicated time for Q&A at the end of the session.
- An evaluation survey link will be posted in the chat log near the end of the session.

Bio

Speaker: Magali Robert, MD, MSc.

Bio: Dr. Magali Robert is the Medical Director of the Calgary Chronic Pain Program. She is a Professor in the Dept of Obstetrics and Gynecology and also the Department of Anesthesia. Initially trained as a urogynecologist, she was drawn to pelvic pain at a time when there were minimal options, and it was not spoken about. Dr. Robert has been treating pelvic pain for over 20 years. This also included a period of time treating male pelvic pain. She is a strong advocate for women's health and access to pain services.

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Dr. Magali Robert

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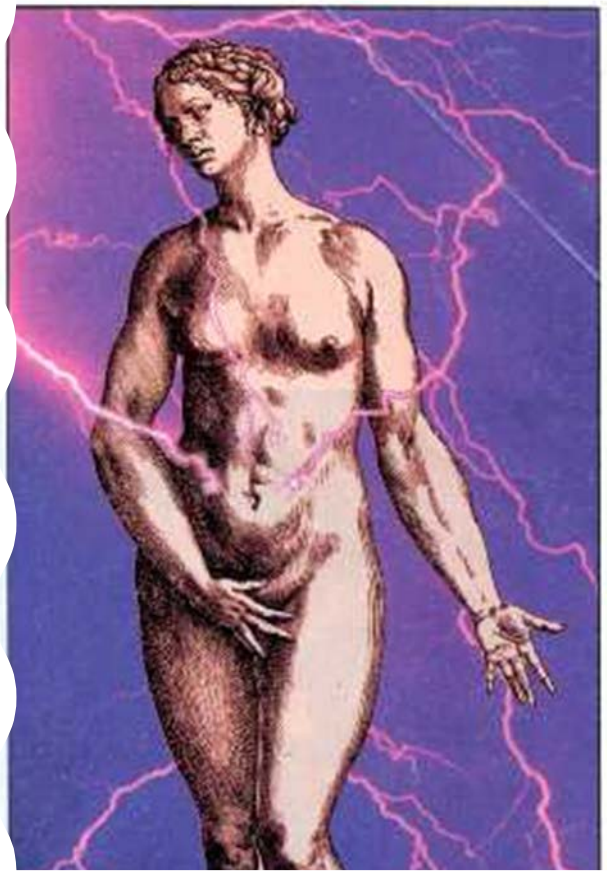
I would like to acknowledge the traditional territories of the people of the Treaty 7 region of Southern Alberta.
Calgary is also home to the Metis Nation of Alberta, Region III.

Faculty/Presenter Disclosure

- Speaker: Dr. Magali Robert
- Relationships with financial sponsors:
  - Grants/Research support: N/A
  - Speakers Bureau/Honoraria: N/A
  - Consulting Fees: N/A
  - Patents: N/A
  - Other: I received a small honorarium from the Alberta College of Family Physicians for this presentation.

Objectives: Aperçu

- Develop a differential diagnosis of pelvic pain
- Apply different aspects of the biopsychosocial model of pain to pelvic pain diagnoses
- Integrate a differential diagnosis into a comprehensive plan



What are the most common chronic pain conditions?

- Low back pain: 7.3% (disabling) Hartvigsen Lancet 2018
- Migraines: 14.4%. *Lancet Neurol* 2018;17(11):954–76 in US: 11.7% (17.1% in women vs 5.6% in men)
- Fibromyalgia: 2-6% of population (Rhaman Medicine 2022)

- Pelvic pain 26% of female population (Lamvu JAMA 2021)
  - 8% of men, likely underreported. (Kreuger 2008)
  - 17% of population

Why are we silent?

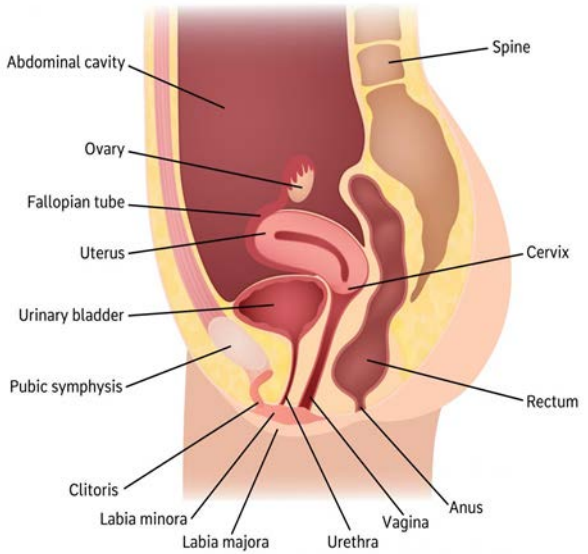
Gender Lens:

- Socially stigmatized
- Private areas of the body
- Heavily-laden with meaning (identity, parenting, sex/pleasure)

Why are we silent?

- Own bias
- Realm of gynecologist
  - Endometriosis
  - Dysmenorrhea
  - Abuse

- Urinate
- Defecate
- Menstruate
- Sex
- Childbirth



- Excretion and Reproduction

- **CPP is not gynecologic in 80% of patients**
  - Allaire C, Williams C, Bodmer-Roy S, et al. Am J Obstet Gynecol. 2018;218(1):114.e1-114e12

Complex

- Psychosocial
- Visceral
  - Bladder, uterus, bowel
- Hormonal
  - Predominance of women, modulated (endo)
- Musculoskeletal
  - Lumbopelvic region
  - Core muscles
- Neurological
  - Somatic
  - Sympathetic

What is the of the most common chronic pelvic pain diagnosis after dysmotility disorders?

(recognizing that up to 50% of women will have multiple diagnosis)

a cyclical pain (endometriosis & dysmenorrhea)

b musculoskeletal disorders

c vulvar pain

d painful bladder syndrome (interstitial cystitis)

e pudendal neuralgia

From: **Chronic Pelvic Pain in Women: A Review**

JAMA. 2021;325(23):2381-2391. doi:10.1001/jama.2021.2631

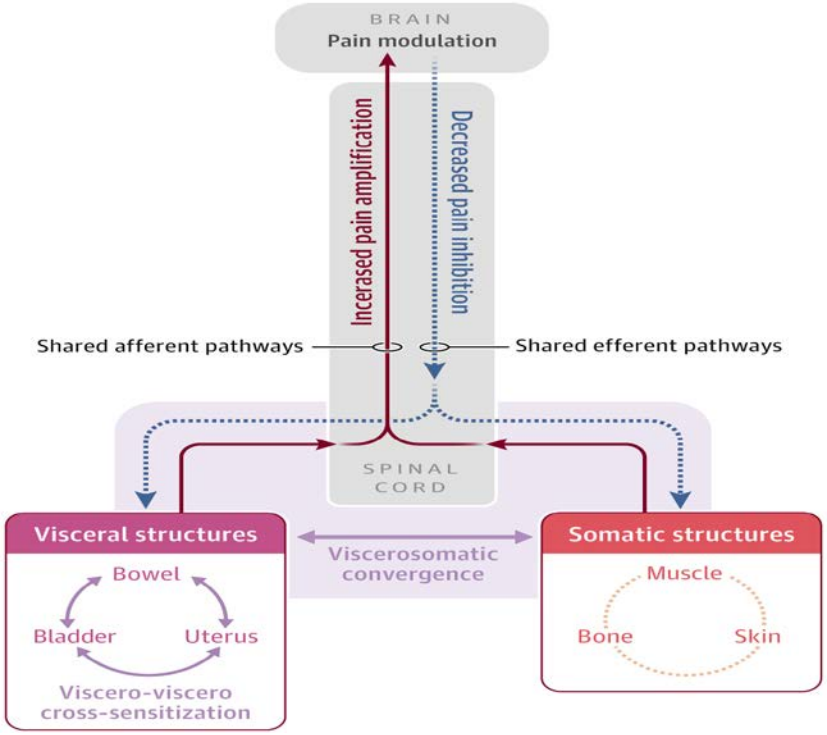


Figure Legend:

Viscero-Viscero Cross-Sensitization and Viscerosomatic Convergence Pathways

- 50% to 90% of women have pain originating from musculoskeletal structures
- 48% of women with bladder pain syndrome have endometriosis
- 30% to 75% of individuals with bladder pain syndrome have irritable bowel syndrome.
- 38.5% of women with CPP have irritable bowel syndrome and 24% have urinary symptoms
- Cyclic pain
  20 - 50%

Trauma

- Pain is more prevalent in women with a history of abuse, mental illness, and social stressors
- “Findings revealed very low quality evidence of increased risk of pain among victimized compared to non-victimized youth” PHD dissertation TERESA J. MARIN 2020
- CPP:
  - childhood physical abuse (OR, 4.3; 95% CI, 1.8-10.4)
  - sexual abuse (OR, 4.0; 95% CI, 1.8-8.8)
  - verbal or emotional abuse (OR, 3.2; 95% CI, 1.5-6.8)
- Arthritis: 75,000 Baiden 2021
  - childhood physical abuse (*ARR* = 1.36, 95% CI = 1.28–1.46)
  - Childhood sexual abuse(*ARR* = 1.74, 95% CI = 1.54–1.97)

need to identify and address in treatment plan

But its the person’s meaning, their context and perspective which is important

Trauma informed care: creating a safe environment

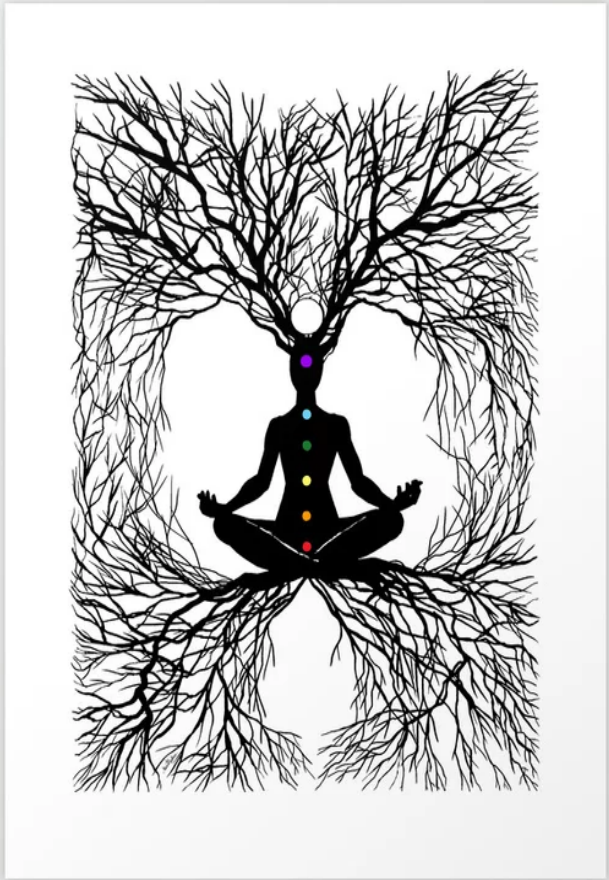
1. screening for trauma, abuse, and distress
2. taking the history with the patient dressed
3. explaining the steps of the examination and the reasons for performing a pelvic examination
4. obtaining consent before starting or resuming the pelvic examination
5. having a chaperone or assistant present during the examination
6. giving the patient the option to stop the examination at any point and resume at a later time
7. giving the patient the option to ask questions or to choose what will be done
8. offering the option of using a mirror to allow the patient to visualize

- Never say RELAX
- Never say “spread your legs”
- Observe verbal and nonverbal cues
- Permission to stop

- **Empower**

Tree of life (pain)

- Psychosocial comorbidities
- Nociplastic pain (somatosensory dysfunction in the absence of a nociceptive stimulus or a somatosensory nervous system lesion)
- Nociceptive pain (actual or perceive stimulus)



https://society6.com/product/tree-of-life-i1d_print

Nociceptive pain

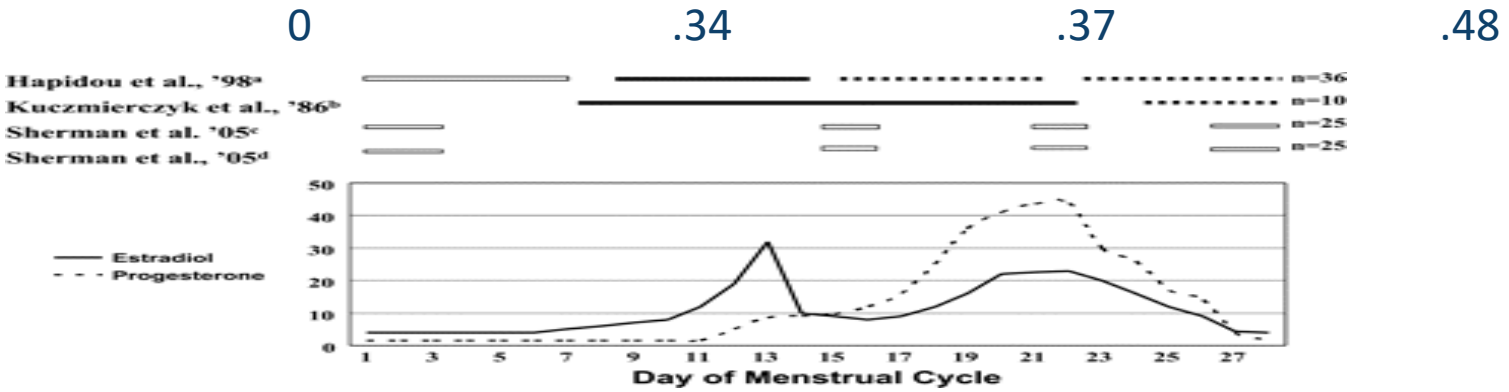
- Pain history (telling)
- Bowel
- Bladder
- Cyclic
- Sexual
- Musculoskeletal (LBP, hip, other pain)
- Psychosocial
- Other

- Dysmotility disorders
  - 50 - 80%
- Musculoskeletal disorders
  - 30 -70%
- Cyclic pain
  - 20 - 50%
- Urologic diagnoses
  - 5 - 10%
- Multiple diagnoses
  - 3 - 50%

Cyclical Pain

Would you wax your legs just before your period?

- Experimental Pain
- Thresholds pressure, cold pressor, thermal heat, ischemic pain
- Follicular>periovulatory>luteal>premenst.



Cyclical pain

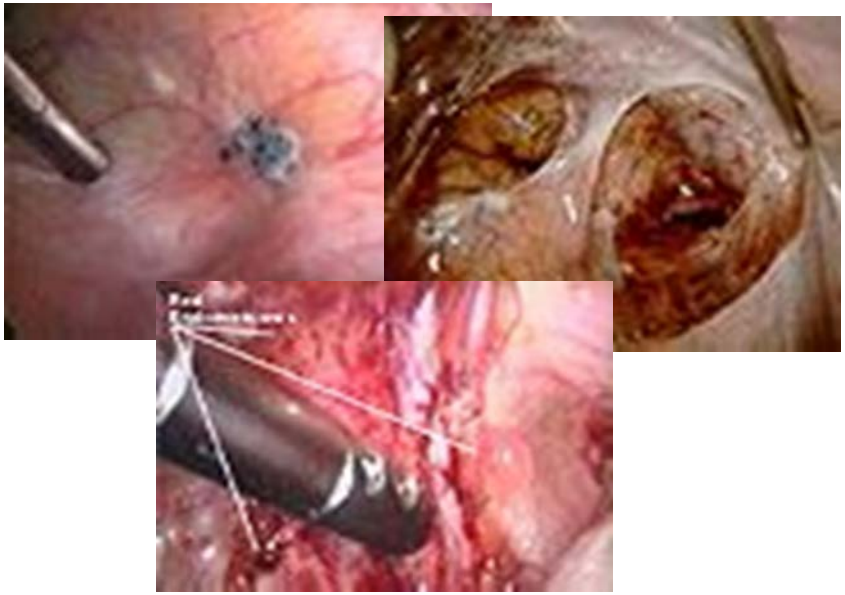
- Dysmenorrhea
- Painful periods usually begins just prior and ceases by end of menstruation
- Causes:
  - Primary
- Secondary
  - endometriosis or adenomyosis

- Mittleschmerz
  - Pain at ovulation

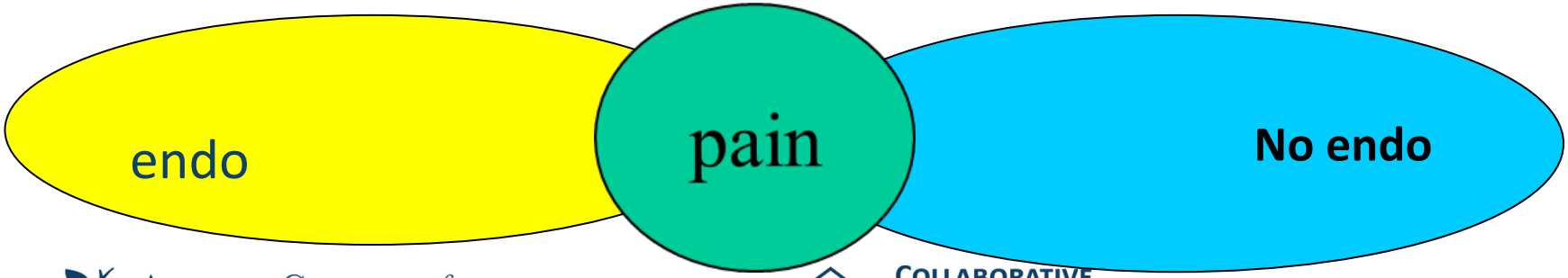
- Endometriosis
- Ectopic endometrium
- Usually begins as dysmenorrhea and then progresses in duration
- Triad of dysmenorrhea, pelvic pain and dysparunea (Schliep et al., 2015; Stratton & Berkley, 2011).
- (Bleeding from bladder, bowel)

Endometriosis

chronic pelvic pain 28-32%
asymptomatic 15-43%



- Lack of correlation between lesions and pain
  (Vercellini et al., 2009)
- Hormonal suppression insufficient pain relief
  (Stratton & Berkley, 2011)
- Conservative laparoscopic helps for only 6 to 12 months after surgery



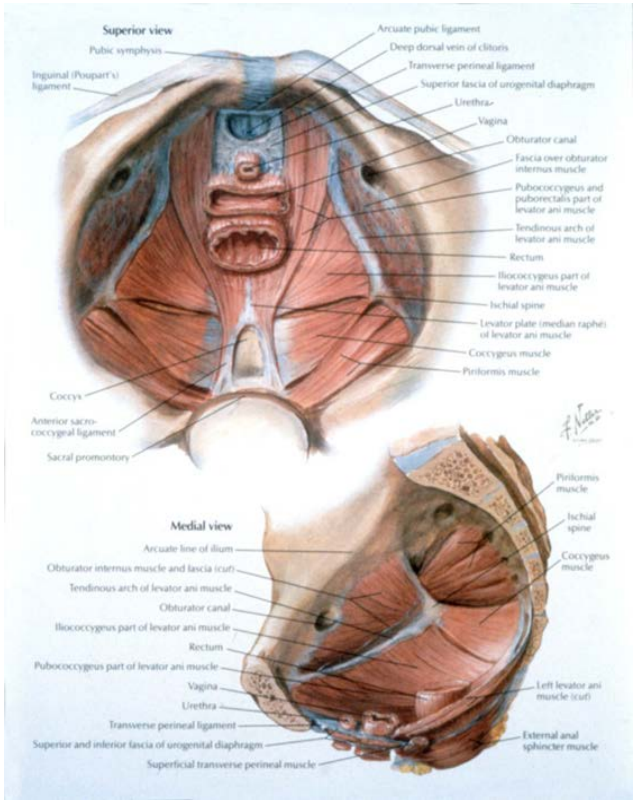
Not always Endo!

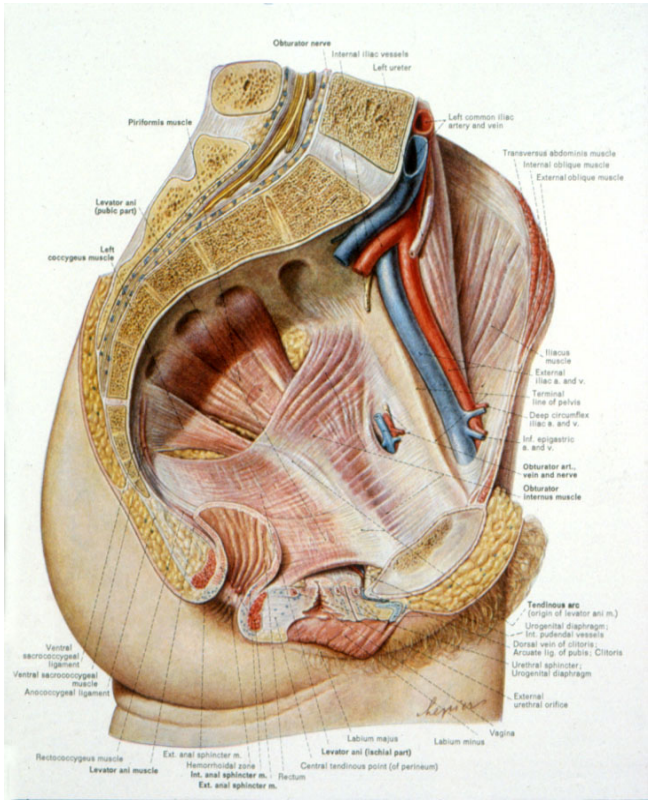
- neuroplastic changes, perpetuating pain (Aredo et al., 2017; Berkley et al., 2005; Stratton et al., 2015)

- other cause?
  - myofascial

- All participants:
  - pelvic floor muscle spasm
  - 77% had a spasm in at least four of six pelvic floor muscles examined
- **All acknowledged as a major focus of their pelvic pain**
- 57% had abdominal pain
- 30% women had sacroiliac joint pain
- (Phan 2021)

Musculoskeletal Pelvic Floor





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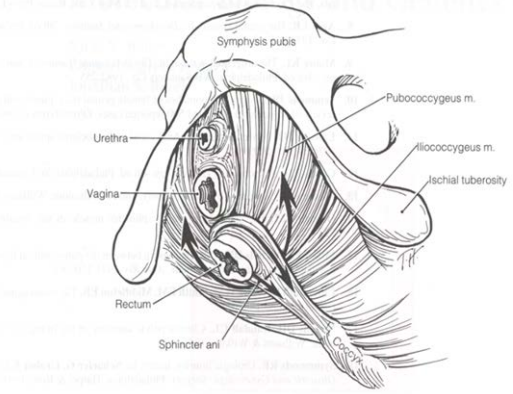
Symptoms:
dull ache, worse with mov't or end of the day

- Urinary
  - Retention
  - Overactive bladder
  - Urethral syndrome
- Vaginal
  - Dyspareunia, lingers
- GI
  - Anismus
  - Dyschezia
  - Constipation
  - Hemorrhoids
- Prolapse

- Obturator internus
  - Hip pain
  - Pelvic floor pain
  - Urinary frequency and urgency



History simplified?????

	MSK	Endometriosis	Painful Bladder syndrome/ Interstitial cystitis	Vulvodynia	Pudendal neuropathy
pain	√√√√	√√√√	√√√√	√√	√√√√
	everything, worse with mov't	cyclic initially	dysuria	touch	sitting
Bowel	√√√	√			√
Bladder	√√√	√	√√√√	√	√√
Cyclic	√	√√√√	√√	√√	√
Sexual	√√√√	√√√√	√√√√	√√√√	√√√√

Dysparunea

- Vaginal dryness
  - Poor lubrication
  - Burning
  - May linger
- Vulvar pain
  - Pain on entry
  - Burning
  - Pain with touch
- Myofascial pain
  - Not positional
  - Deep or on entry
  - Bowel and bladder symptoms
  - Linger
- Endometriosis
  - Deep
  - Positional
  - Dysmenorrhea
- Painful Bladder Syndrome
  - Positional
  - Frequency, urgency, dysuria

Physical Exam

- Watch how walk and move
- How sit
- Low back exam and abdominal exam
- OLS
- ASTL
- Some impression of core stability

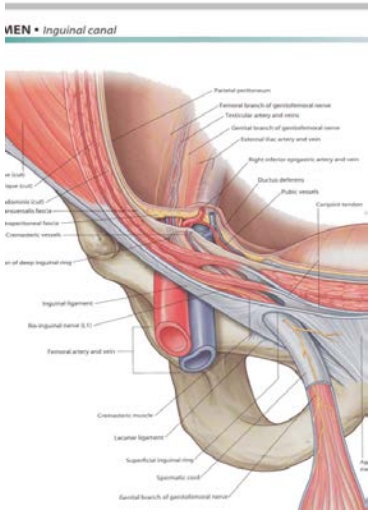
- Provocative test on SI AND +ve ASLT =SI joint

https://www.themanualtherapist.com/2016/03/a-rant-on-straight-leg-raises-slr.html

Abdominal Exam:

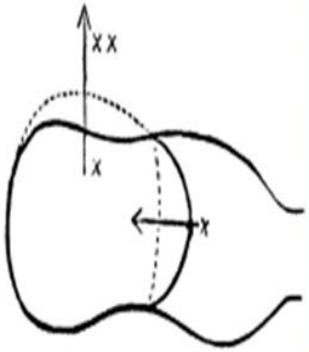
central sensitization, myofascial, neuropathic, visceral

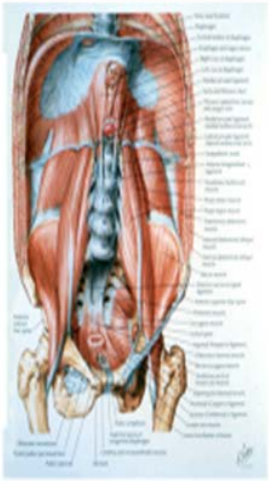
- Inguinal area
  - Ilioinguinal nerve
  - Genitofemoral nerve
  - Obliques
  - Hernia



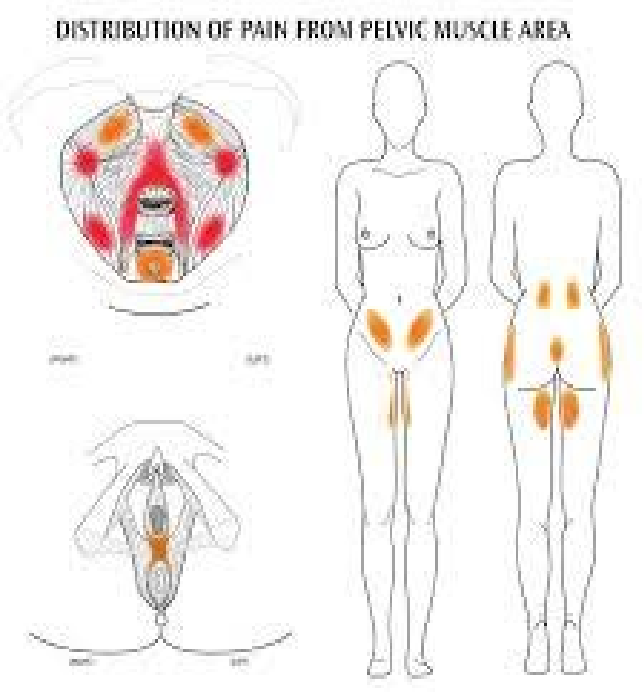
Abdominal exam

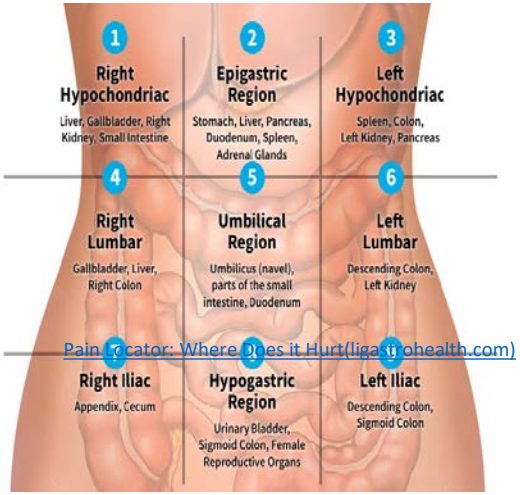
- Bloating
- Gentle palpation
  - Hyperalgesia
  - Tone
  - Guarding
- Psoas



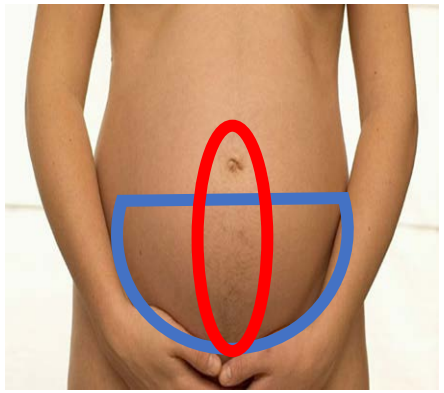


Referred pain





- Referred pain
  - Muscular
  - Visceral



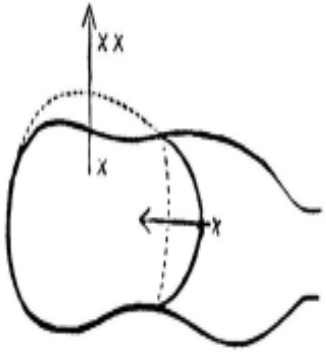
DOI: 10.34057/PPj.2020.39.01.002
Pelviperineology 2020;39(1):3-12

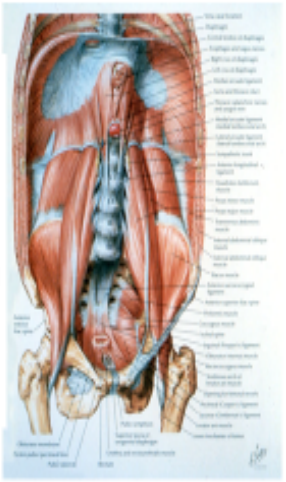
Physical Exam

- Watch how walk and move
- How sit
- Low back exam and abdominal exam
- Some impression of core stability

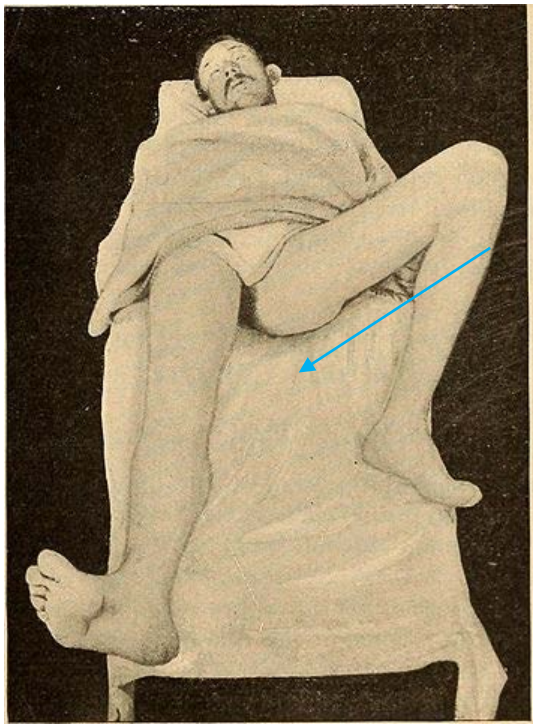
Abdominal exam

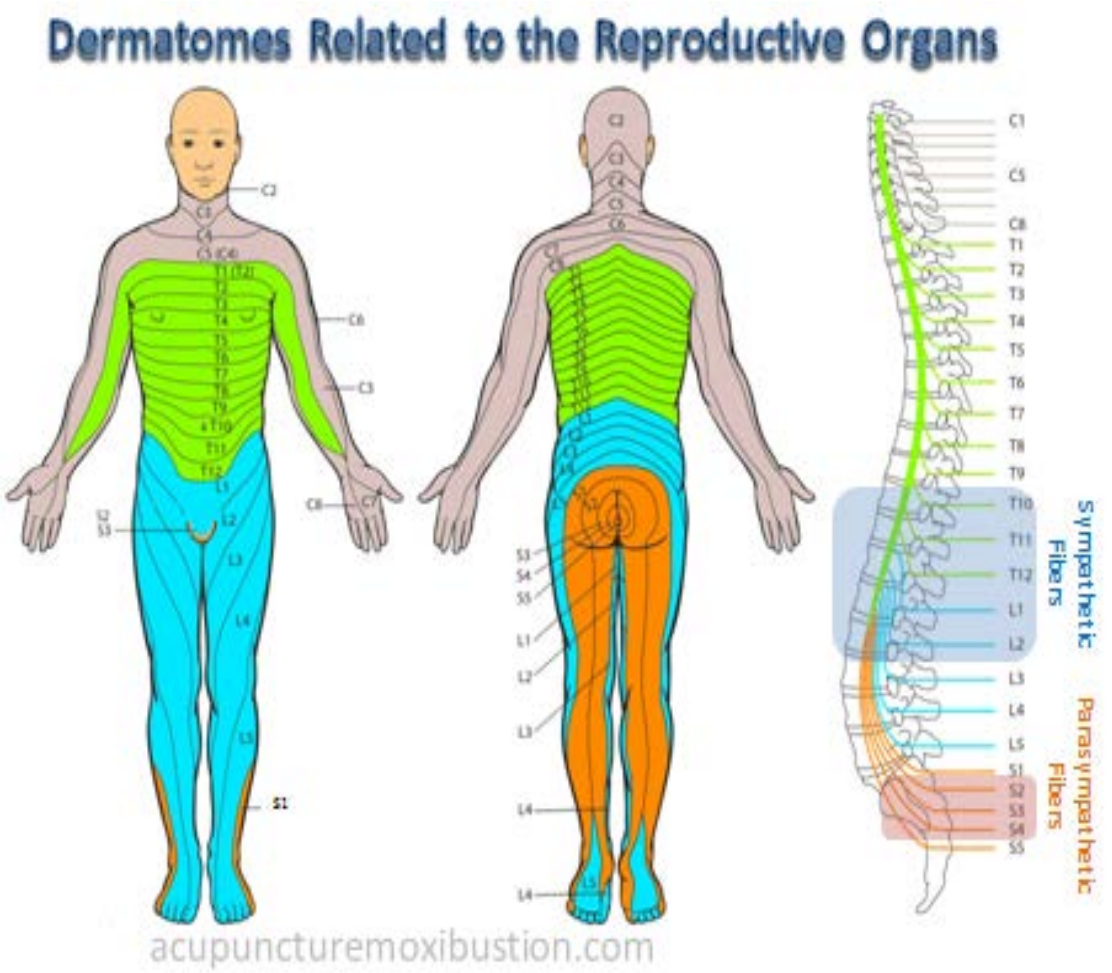
- Bloating
- Gentle palpation
  - Hyperalgesia
  - Tone
  - Guarding
- Psoas

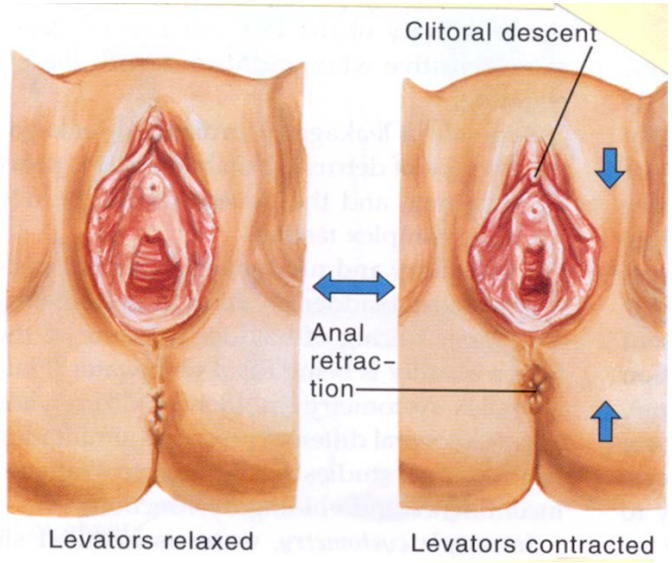


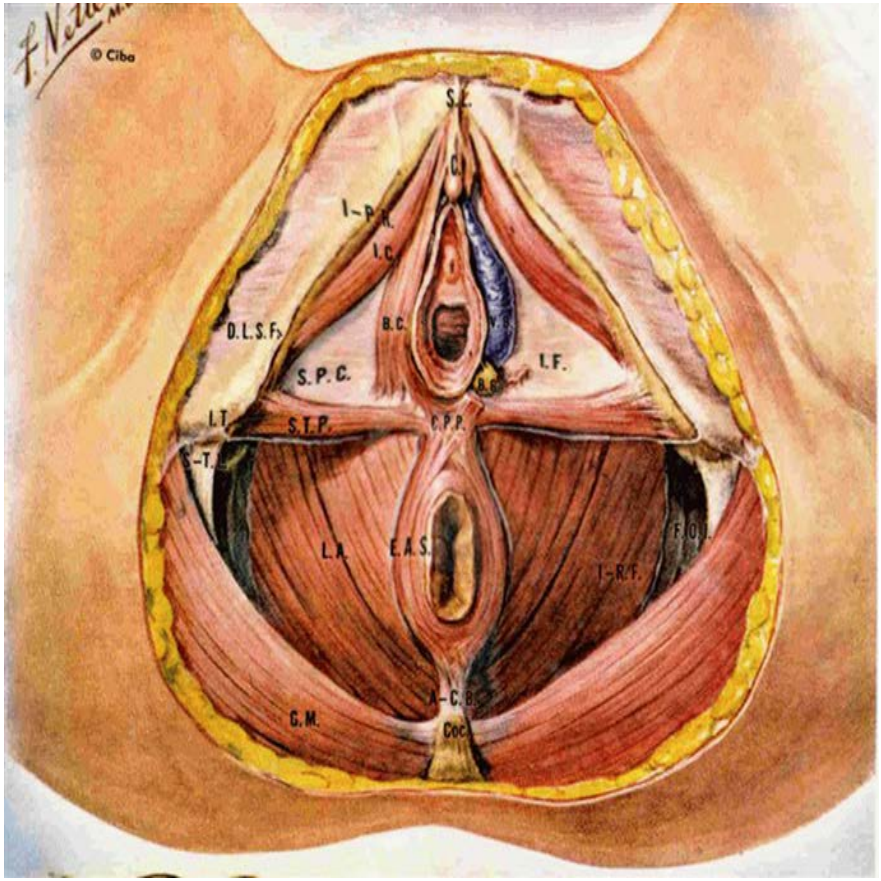


L2 to S4 (not L5,S1)






Clitoral descent
Anal retrac-tion
Levators relaxed
Levators contracted

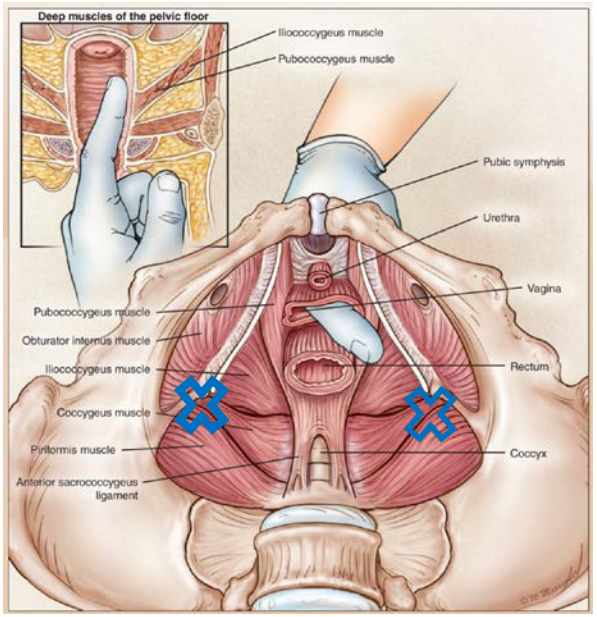

© Ciba
S.P.C.
L.F.
L.A.
E.A.S.
G.M.

Vulvar Pain

- Usually confined to hymenal ring
- Not extend to external labia
- Lateral to urethra
  - Skene's glands

- Can mimic painful bladder syndrome
- If pain apply 2% xylocaine prior to exam

Pelvic Myofascial Exam



- One finger
- Not up to vault of vagina
- Move lateral and posterior
- Along length of fibers
- Does it reproduce pain?
- Hyperalgesia
- Tone, bands

- Pudendal nerve

Then rest of the pelvis

- Bladder
- Urethra
- Posterior cul de sac
- CMT (be careful of pelvic floor)
- Adnexa
- Bimanual depending on abdominal exam

Rectal exam as needed

- Better for pudendal nerve exam
  - As it goes next to ischial spines
- Better for cul de sac
- Hyperalgesia in vagina or vulvar pain

Diagnosis:

- Psychosocial factors
- Nociplastic pain
- Nociceptive
  - Somatic, myofascial pain
    - Abdominal wall
    - Pelvic floor
    - Obturator internus
  - Visceral pain
    - Endo
    - Cyclic
    - Bladder
    - Bowel
  - (Neuropathy)

- Dysmotility disorders
  - 50 - 80%
- Musculoskeletal disorders
  - 30 -70%
- Cyclic pain
  - 20 - 50%
- Urologic diagnoses
  - 5 - 10%
- Multiple diagnoses
  - 3 - 50%

Complexity of Pelvic pain

- **Endometriosis and pain**
- Randomized them to waitlist or somatosensory stimulation (acupuncture) and psychotherapy
  - Maximal pain:-2.1 (-3.4 to -0.8)
  - Functional well being: 8.2 (3.1–13.3)
- Maintained at 24 mo.
- Meisner 2016

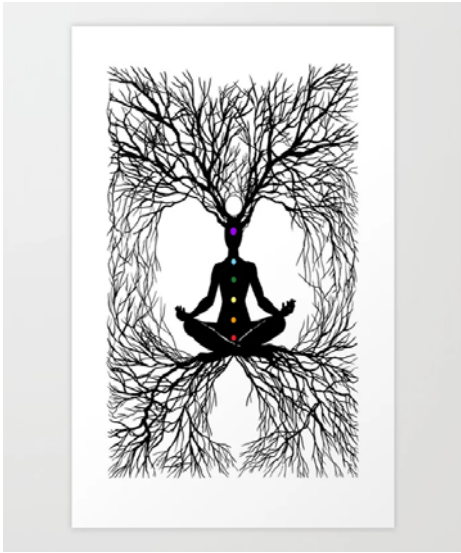
- **Vulvar Pain**
- 2.5-years follow-up, there were no longer any differences in pain during intercourse between women in the vestibulectomy and CBT groups (Bergeron 2001)
- corticosteroid cream or group CBT .
  - Sig. improvements in pain and sexual function from baseline to post-treatment in both
  - CBT group reported significantly greater improvements at the 6-months
  - (Bergeron 2016)

Opioids

- ACOG: does not recommend
- SOGC: under adequate supervision
  - Rewritten
  - Opioid guidelines, no evidence

Objectives: Aperçu – Practice Pearls Summary

- Develop a differential diagnosis of pelvic pain
  - Pain is complex
  - Commonly MSK +/-
  - Dysmenorrhea is not acceptable
- Apply different aspects of the biopsychosocial model of pain to pelvic pain diagnoses
  - Tree of Pain
- Integrate a differential diagnosis into a comprehensive plan
  - Pain is like a cake
  - Bake a cake not an omelette
  - Need all ingredients



https://www.baking-sense.com/2019/03/14/cake-recipes/

Thank you.
Questions?

Red Velvet Christmas Tree Cake — Style Sweet

Tree Cake, Online Orde rBooking of Plant Cakes Delivery - BuyQG

Alberta College of Family Physicians

Collaborative Mentorship Network for Chronic Pain and Addiction

March Collab Forum

Thursday, March 24th 7:30-8:30 pm

Opioid Use in Older Adults – Ideal vs Actual Patient Journeys

with Dr. Lara Nixon and Mareiz Morcos, PharmD

This session is also open to all interdisciplinary team members.

Alberta College of Family Physicians

Collaborative Mentorship Network for Chronic Pain and Addiction

Chronic Pain Gains in Alberta: *An ECHO Series*

- **What is ECHO®?**
  - Interactive online medical education program featuring real cases from YOU
  - "All teach, all learn" ideology
  - Active discussion around real cases to provide participants with feedback, guidance, and peer support
- **Additional benefits:**
  - Flexible
  - Free
  - Accessible
- **Who can participate?**
  - All Alberta-based primary care health care providers

Learn more at **www.cmnalberta.com/ECHO**

Alberta College of Family Physicians

Collaborative Mentorship Network for Chronic Pain and Addiction

Not a member of the CMN?

- Join today to get on the mailing list for upcoming events and resources!
- Membership is always free
- Participation is up to you – join as a general member, or participate in mentorship as a mentee, mentor, or both!
- Check out the website for more info:

https://cmnalberta.com/