

Welcome to Project ECHO Population Health Network: Reproductive Health Series

Series 1: Session 3

“Persistent Pelvic Pain along the continuum: Clinical practice guidelines in practice in primary care”



Supporting general practice, commissioning health services into gaps and driving service integration.

phn
WESTERN VICTORIA
An Australian Government Initiative

Acknowledgement of Countries



Ask the question. Do you identify as Aboriginal or Torres Strait Islander?

I'd like to begin by acknowledging the Traditional Owners and custodians of the lands and waterways from which we are all zooming in from today.

- the Wadda Wurrung, Gulidjan, Gadubanud, Keeray Wurrung, Peek Wurrung, Gunditjmara, Djab Wurrung, Wotjobaluk, Dja Dja Wurrung, Jadawadjarli, Wergaia, Jaadwa and Jupagalk peoples

We recognise their diversity, resilience, and the ongoing place that First Peoples hold in our communities.

We pay our respects to the Elders, both past and present and commit to working together in the spirit of mutual understanding, respect and reconciliation.

We support self-determination for First Nations Peoples and organisations and will work together on Closing the Gap.

Etiquette/Zoom use

- Clearly name yourself with first name and surname.
- Introduce yourself / Role / Region / Organisation in “chat”
- Use chat to ask questions
- Please remain on ‘mute’ except when speaking
- **Please turn video on**
- In-session Evaluation at the end



- These sessions will be recorded for ongoing training and quality improvement purposes.
- The didactic presentations ONLY will be disseminated on our learning channel.
- Discussions will be de-identified where used for QI or research purposes.
- Please let us know if you would not like your comments recorded.



WVPHN – Your CPD Centre



We are here to help you complete your CPD requirements for the 2023-25 Triennium

Project ECHO

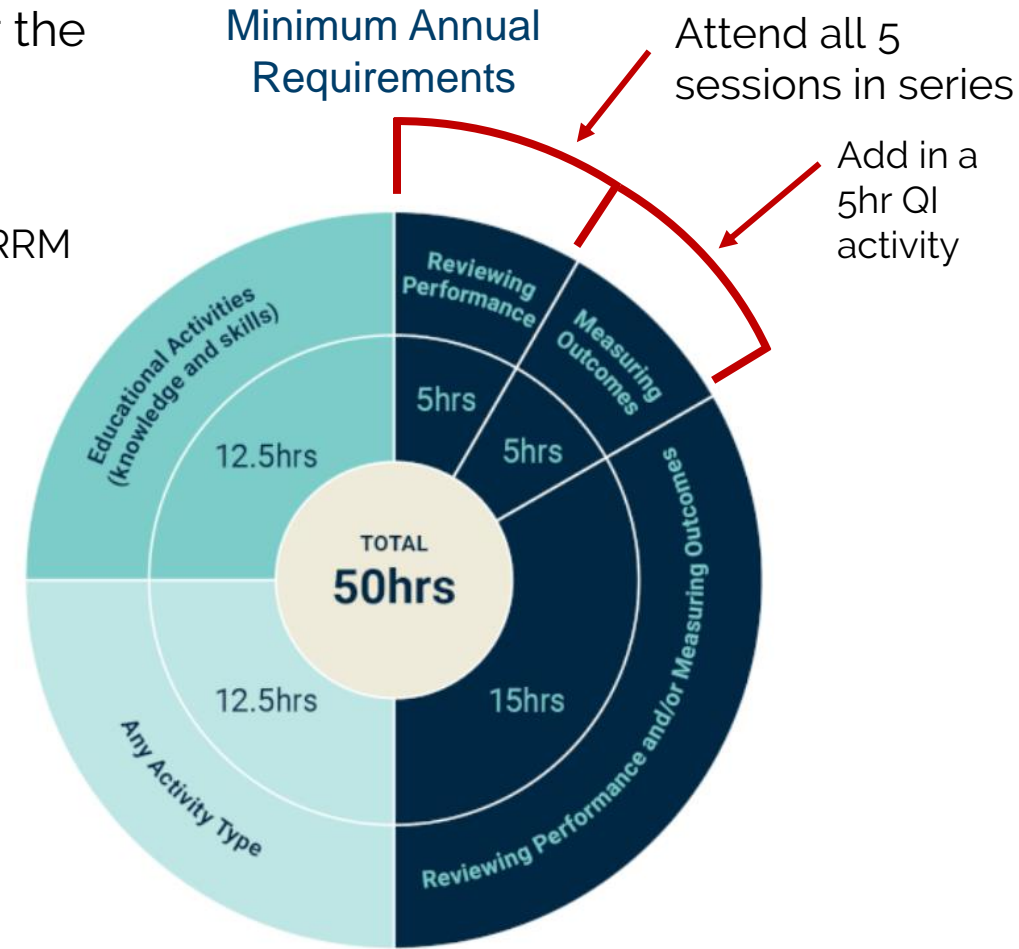
- accredited as a Peer Group Learning (PGL) Activity with RACGP and ACRRM
- eligible for *Reviewing Performance* hours

If a GP attends

- Each of the 5 ECHO sessions in a series
- We upload 5 **Reviewing Performance** hours to your CPD Dashboard

Add in a Mini audit

- Related to the ECHO series
- Developed and supported by PFs
- 5 **Measuring Outcomes** hours



Learning outcomes

Series learning outcomes

- Discuss the use of practice level and population health data to inform quality improvement plans
- Discuss the use of digital tools to develop innovative approaches to health service issues.
- Consider challenges and barriers to providing best practice care for reproductive health in the primary care setting
- Participate in a community of interest, learning and practice.
- Opportunity to review and discuss emerging COVID-19 information relevant to general practice

Session 3 Learning outcomes

- Discuss the relationship between cyclical pain and heavy bleeding and persistent pelvic pain syndromes
- Describe the difference between endometriosis and persistent pelvic pain and how an appreciation of this distinction can enable management tailored to the needs of the patient
- Demonstrate best practice approaches to management of persistent pelvic pain +/- Endometriosis along the care continuum
- Evaluate when to assess and manage in primary care and when to refer to specialist services

Don't forget to fill out our session evaluation at the end of the session.



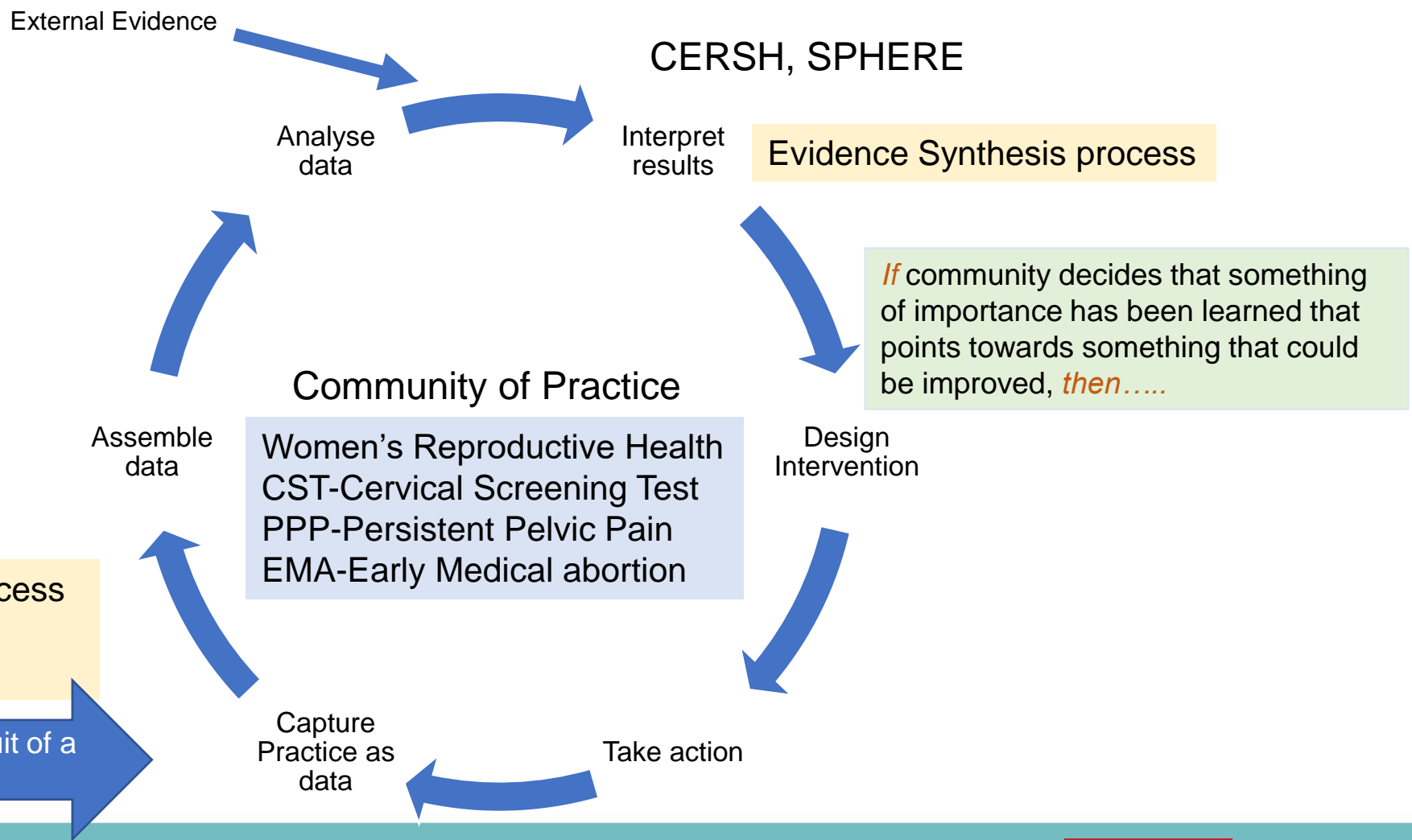
Learning Health System Improvement cycle

-A community of learning and change



Stakeholder value alignment process
PHN, BSWPHU, GPHU,
GWH, BSWWH

Community comes together in pursuit of a Health Problem of interest



A Vision for Women's Reproductive Health

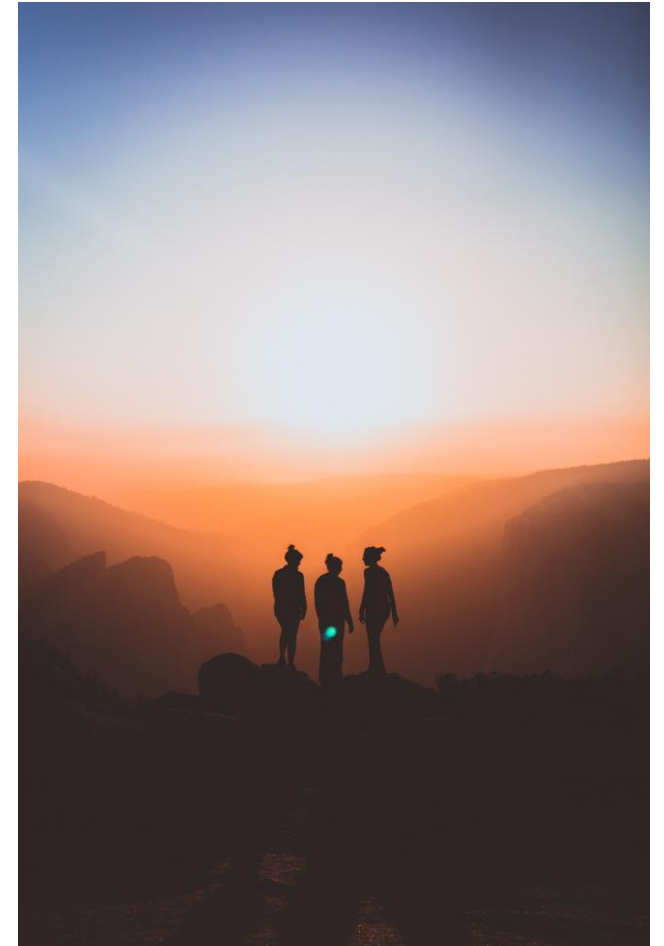
- **Accessible** -Women (and PWU) *are able to* obtain the health services that are available.
 - *In a timely manner*
- **Acceptable** -Women (and PWU) *are willing to* obtain the health services that are available.
- **Equitable** -*All Women (and PWU),* not just selected groups, are able to obtain the health services that are available.
- **Appropriate** -The *right health services* (i.e. the ones they need) are provided to them
- **Effective** -The *right health services are provided in the right way,* and make a positive contribution to their health.

Our Problem Statement for the coming sessions

- *Women and people with uteruses need access to prevention, early recognition and management of persistent pelvic pain*
- *But they face a challenge and barriers*

Through this "knowledge sprint" we'll be reflecting on the following questions

- What are their challenges?
- What barriers do they face?
- What challenges do providers face in bringing about best practice and high quality care?



Agenda– Reproductive Health Series 1: Session 3

“Persistent Pelvic Pain along the continuum: Clinical practice guidelines in practice in primary care”

Facilitator: Dr Bianca Forrester, Clinical Lead of Innovation and Learning, Western Victoria Primary Health Network

Naomi White, Senior Manager Regional Partnerships and Public Health – Grampians, Western Victoria Primary Health Network

- Health Alerts and New announcements

Sonia Grover, Director Gynaecology, Royal Children's Hospital, Clinical Professor, Department of Paediatrics, University of Melbourne, Lead Investigator- NHMRC “Long step study”- Longitudinal study of teens with period pain.

- Persistent pelvic pain: early management along the spectrum. Clinical practice guidelines put into practice in primary care.

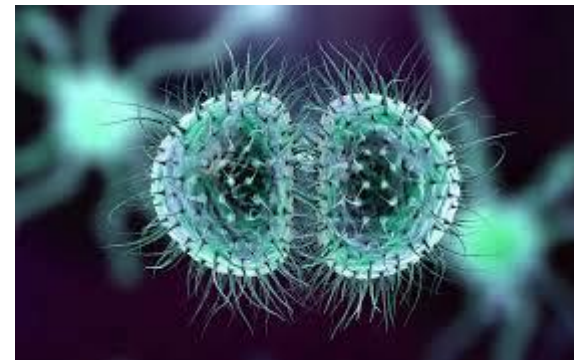
Panel for Discussion: Naomi Nalder, Lead Clinician Physiotherapist – Women's Mens' and Pelvic Health, Barwon Health

Network Co-ordinator: Jayde Buller, Western Victoria Primary Health Network



Health Alert – Invasive meningococcal disease in Victoria

- Meningococcal disease is an uncommon but serious bacterial infection that has an increased prevalence in winter
- There was a case reported on 31st of May of a high school student in Ballarat. Patient was treated and known close contacts provided with prophylactic antibiotics.
- A reminder to be vigilant and to ensure pts are up to date with recommended vaccinations where possible.
- Should you suspect invasive meningococcal disease, please notify your Local Public Health Unit or the Department of Health upon initial clinical suspicion as soon as practicable and within 24 hours.



Community Grant Opportunity

Victorian Government have opened grants for Community organisations to support priority populations with all things COVID.

- The program is aimed at the following groups
 - Older people (>65y)
 - People with a significant disability
 - Aboriginal and Torres Strait Islander communities
 - Multicultural communities

Stream 1 is targeted at local groups and organisations who work with these populations who have minimal staffing or are volunteer run. Up to \$50,000 is available for this stream

More information

[COVID-19 community grants program | Coronavirus Victoria](#)



New Announcements

- Warrnambool Primary Priority Care Centre opened June 7th
- Warrnambool GPRC closed June 4th

- COVID Positive pathways ending this month
- National COVID Hotline has been extended to 30 September
- Some metro GPRCs are being extended beyond June – No regional GPRCs <https://www.coronavirus.vic.gov.au/gp-respiratory-clinics>

- [Pelvic pain clinic](#) funded by Federal Government to open in Barwon region later this year – more details in near future

A photograph showing the lower legs and feet of four people sitting on a set of wooden steps. The person on the far left is wearing black pants and black sneakers with white laces. The second person from the left is wearing teal-colored pants and yellow sneakers. The third person is wearing teal-colored pants and brown sneakers. The person on the far right is wearing teal-colored pants and white sneakers. The wooden steps are weathered and have a natural grain.

Persistent pelvic pain: early management along a continuum

Clinical practice guidelines put into practice in primary care

Case study- 15 yr old severe period pain

- Lives with mother and older brother
- Severe pain since Menarche age 13
 - Severe pain for the first 2 days of her period
- Has had to miss school a lot.
 - *Gets very upset talking about it*
- Healthy 15 yr old, holding lower abdomen and says wants her period to stop
- Recommended Simple analgesics and if does not work to use the contraceptive pill
- Question- *how would you treat this patient and does she have endometriosis?*

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Recap on last weeks ECHO....Please answer in the chat

How would you treat this patient?

Q1- What else would you like to ask on menstrual history?

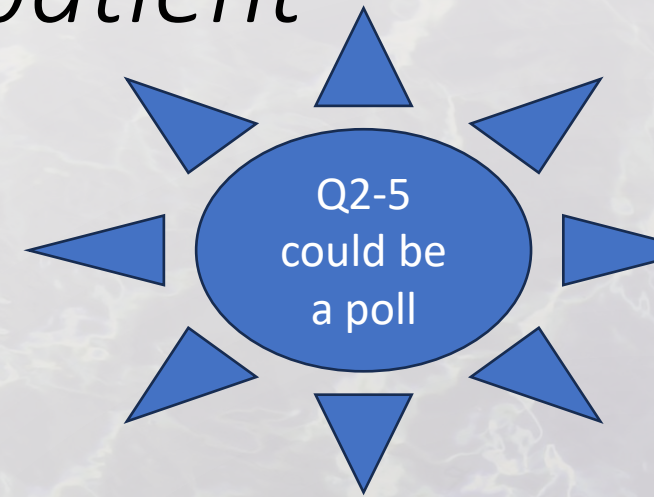
Q2- Would you use paracetamol or NSAIDS? Rationale?

Q3- In practice, would you prescribe the pill in the first instance? Rationale?

Does she have endometriosis?

Q4- Are there key features on history that correlate with a dx of Endometriosis?

Q5- How important is a laparoscopic diagnosis at this stage?



Australian Clinical Practice Guidelines for the diagnosis and management of Endometriosis say:

Signs and symptoms of endometriosis

No.	Type of recommendation <i>Quality of evidence</i>	Recommendation
1	Evidence-based <i>Moderate</i>	Suspect endometriosis in people (including those aged 17 years and under) presenting with 1 or more of the following: <ul style="list-style-type: none">• persistent pelvic pain• period-related pain (dysmenorrhoea) affecting daily activities and quality of life• deep pain during or after sexual intercourse• period-related or cyclical gastrointestinal symptoms, in particular, painful bowel movements• period-related or cyclical urinary symptoms, in particular, blood in the urine or pain passing urine• infertility in association with 1 or more of the above.

Symptom Diary?
Pelvic exam?
Abdominal exam?

Info and support

Information and support for people with endometriosis

No.	Type of recommendation <i>Quality of evidence</i>	Recommendation
5	Evidence-based <i>Low to moderate</i>	Be aware that endometriosis can be a long-term condition, and can have a significant physical, sexual, psychosocial, emotional and social impact. People with endometriosis may have complex needs and require long-term support.
6	Evidence-based <i>Low to moderate</i>	Assess the individual information and support needs of people with suspected or confirmed endometriosis, taking into account factors such as the person's circumstances; symptoms; coexisting conditions; priorities; desire for fertility; constraints of daily living, work and study; cultural background; and physical, psychosexual and emotional needs.

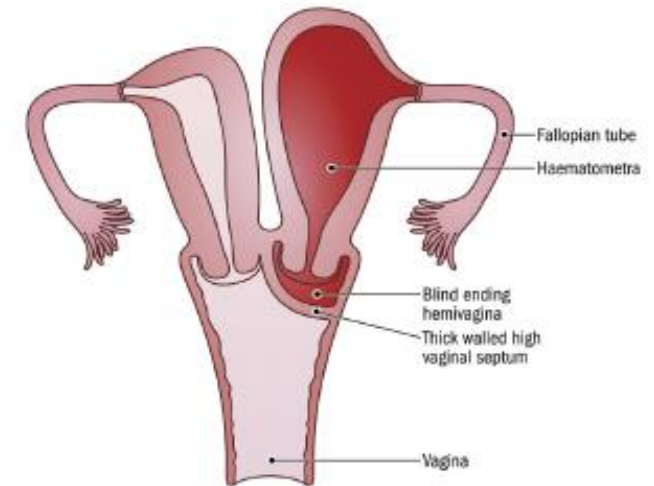
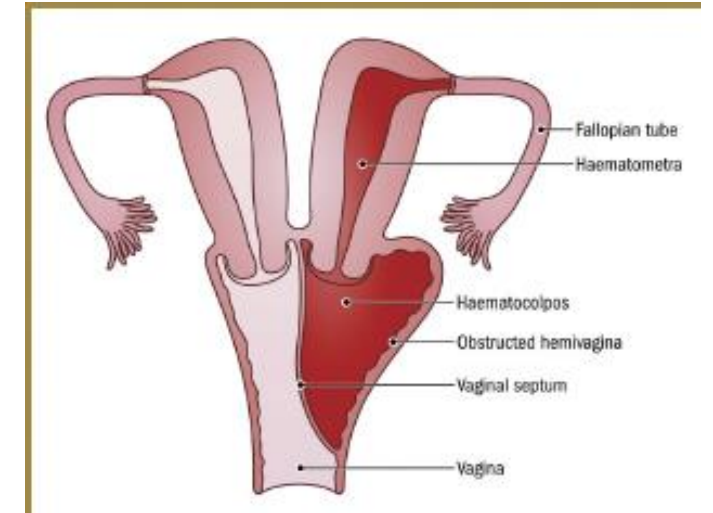
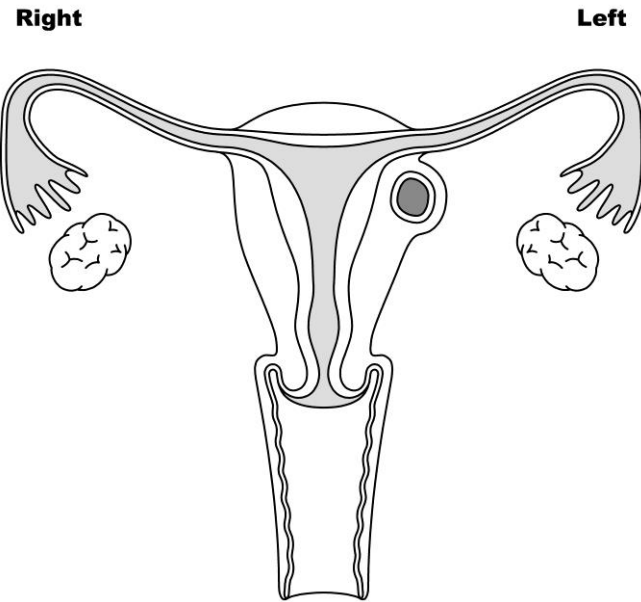
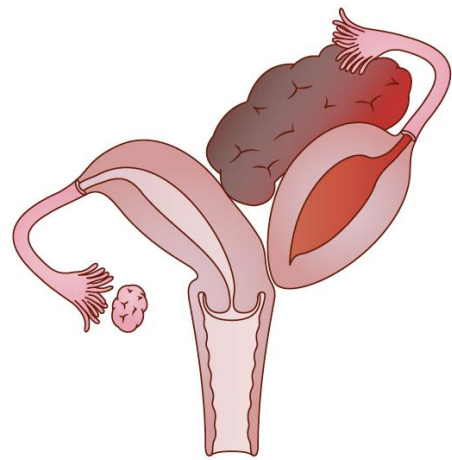
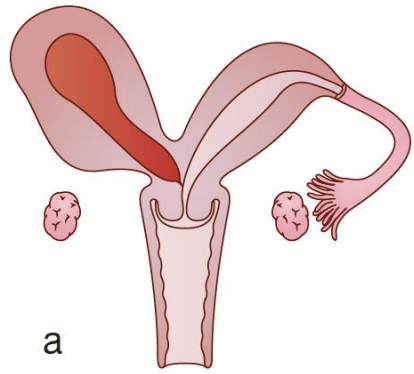
Practice Tip:
Be aware of the language you use and the way you frame this!

Practice Tip:
Take a patient centred and bio-psycho-social approach

Let's explore another scenario #2

- 15 yr old
- Pain becomes progressively worse through cycle
- Worst on day 7-8

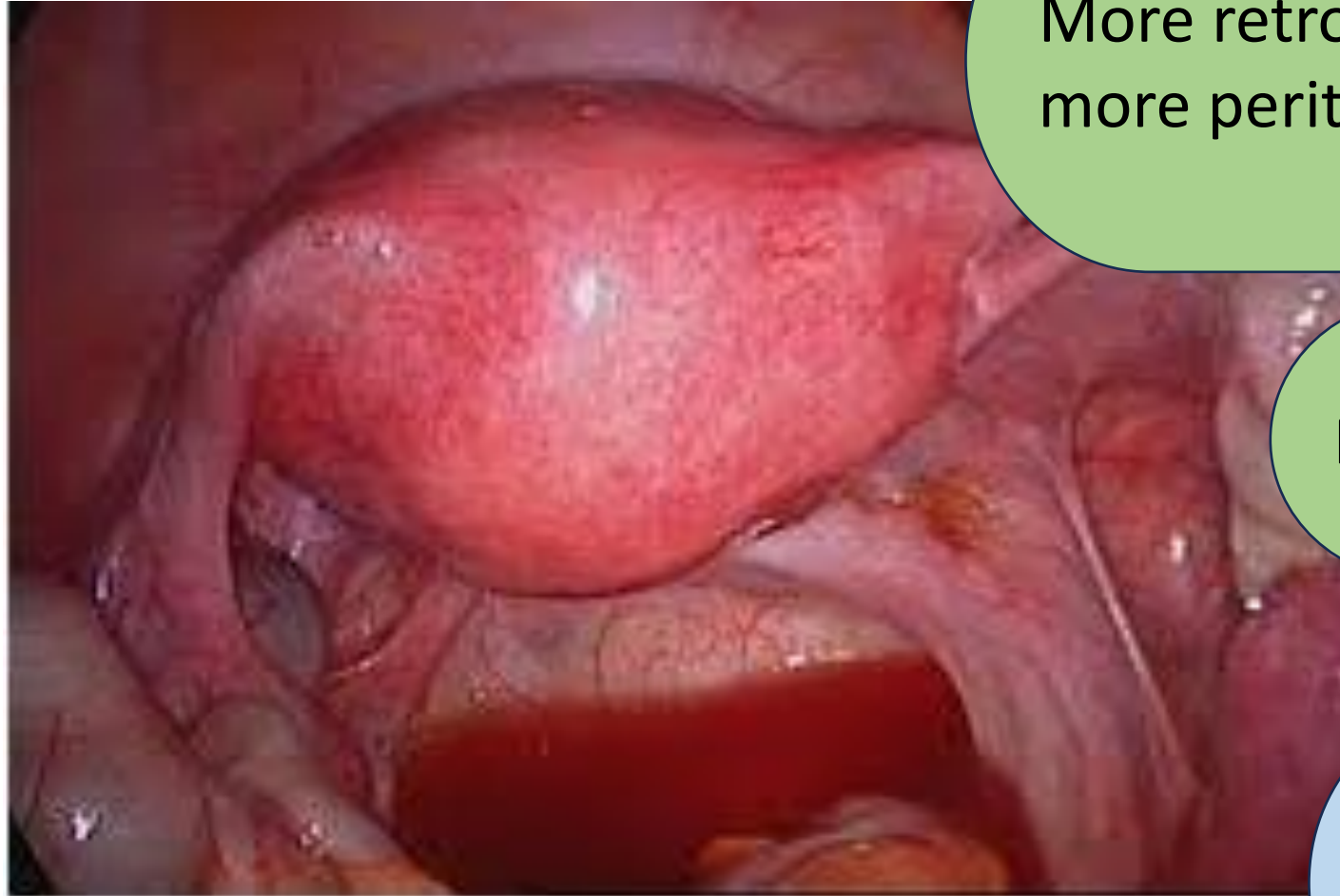
Atypical period pain (with bleeding)



Let's explore another scenario #3

- 15 yr old
- Heavy bleeding
- Pain is the worst on the days of heavy bleeding

HMB



More retrograde bleeding - hence more peritoneal irritation

More cramps – to pass clots

Use TXA or OCP or Mirena to reduce HMB

15 yr old with severe period pain -hypothetical

- Commenced on NSAIDS and OCP continuous for 3/12
- Represented to GP with ongoing pain
- GP changed pills but another 3/12 later returns and while no bleeding, is still getting cramping pains
- Severe pain for 2 years, now ongoing pain 6/12 with treatment

Poll: What do you do next?

- 1) Stop the OCP and get an USS
- 2) Continue OCP and get an USS
- 3) Add in Provera and get an USS
- 4) Advise her to continue for another 3/12 before getting an USS



USS Results

Scenario #4

Adenomyosis

Zoom Poll:

Refer yes, no

Scenario #5

Normal

20 follicles

Zoom poll:

Refer yes, no

Diagnosis and early intervention

Prompt diagnosis of endometriosis and early intervention

No.	Type of recommendation	Recommendation
10	Consensus-based	Community, gynaecology and specialist endometriosis services (endometriosis centres) should provide coordinated care for people with suspected or confirmed endometriosis. ²
11	Consensus-based	People with suspected or confirmed endometriosis should be offered comprehensive coordinated care from their clinical team, with processes in place for prompt diagnosis and treatment of endometriosis, because delays can affect quality of life and result in disease progression. ²
12	EEWG opinion	A GP chronic disease management plan can help access appropriate assessment and access to services.

Practice Tip:
*Co-ordinated care
whether suspected
or confirmed Endo
-care driven by
symptoms NOT
diagnosis*

Practice Tip:
*Consider a chronic
disease
management plan to
support access to
services*

15 year old with pelvic pain

Pain persists despite OCP for 6/12 and no longer has a cyclical nature to it

Pain with walking

Stabbing pains in abdomen

Poll:

Would you consider this young person eligible for a Chronic Disease Management Plan and Team Care arrangement?

Yes/no/maybe

HealthPathways Reproductive Health

CLINICAL

[Termination of Pregnancy \(TOP\)](#)

[Follow-up for Termination of Pregnancy \(TOP\)](#)

[Contraception and Sterilisation](#)

[Contraceptive Implant](#)

[Intrauterine System or Device \(IUD\)](#)

[Contraceptive Injection](#)

[Persistent Pelvic Pain](#)

[Endometriosis](#)

[Cervical Screening](#)

[Cervical Cancer](#)

[Cervical Polyps](#)

REFERRAL

[colposcopy](#)

[non-acute gynaecology assessment](#)

[gynaecology advice](#)

[acute gynaecology assessment](#)

[Referral for termination of Pregnancy](#)

CONTACT

•New to HealthPathways?

Visit <https://westvic.communityhealthpathways.org/> and select 'register now'

•Use the "send feedback" button on the website or email: healthpathways@westvicphn.com.au

•The HealthPathways team can arrange for passwords to be bypassed if you provide your practice IP address.

WHO CAN USE HEALTHPATHWAYS?

•GPs and Health Professionals within the Western Victoria region can access HealthPathways. The portal is not designed to be used by the general public and can only be accessed by using a secure login and password. There is no cost to access.



Session Evaluation

- Please take the time to evaluate this **session**
- [Link](#) pasted into the chat



Upcoming Sessions

- **Thursdays @ 7.30am**
- Back on Thursday 27 July
- And weekly til 7 September

If you have a case, you would like to discuss with the group:

- **Case template** [here](#)
- Email projectechocovid19@westvicphn.com.au
- Use the comment box in the evaluation form

