Welcome to Project ECHO Population Health Network: Reproductive Health Series

Series 1: Session 4

"Managing persistent pelvic pain in primary care: Part 1- Principles of care in practice"

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

RACGP CPD Approved Activity — Reviewing Performance 5 hours

RACGP CPD Approved Activity — Measuring Outcomes 5 hours

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

Project ECHO

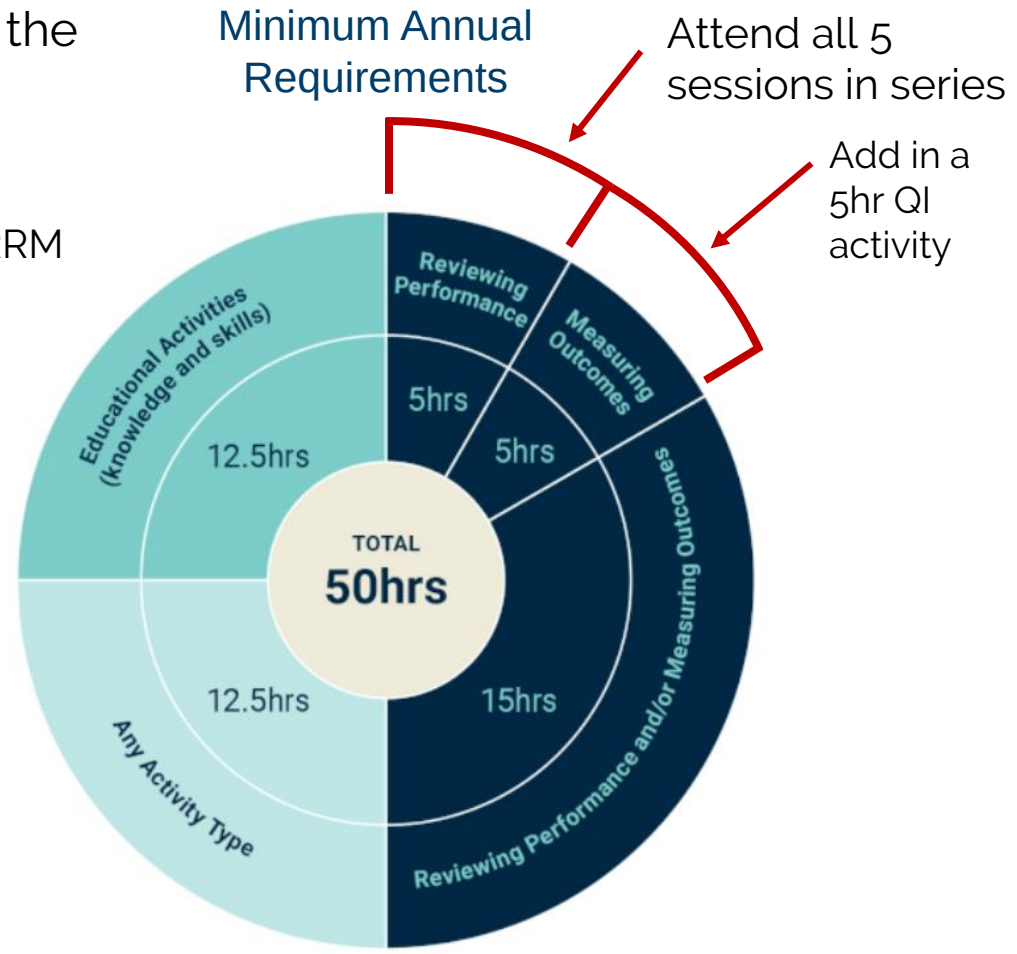
- accredited as a Peer Group Learning (PGL) Activity with RACGP and ACRRM
- eligible for *Reviewing Performance* hours

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



Project ECHO

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Learning outcomes

Series learning outcomes

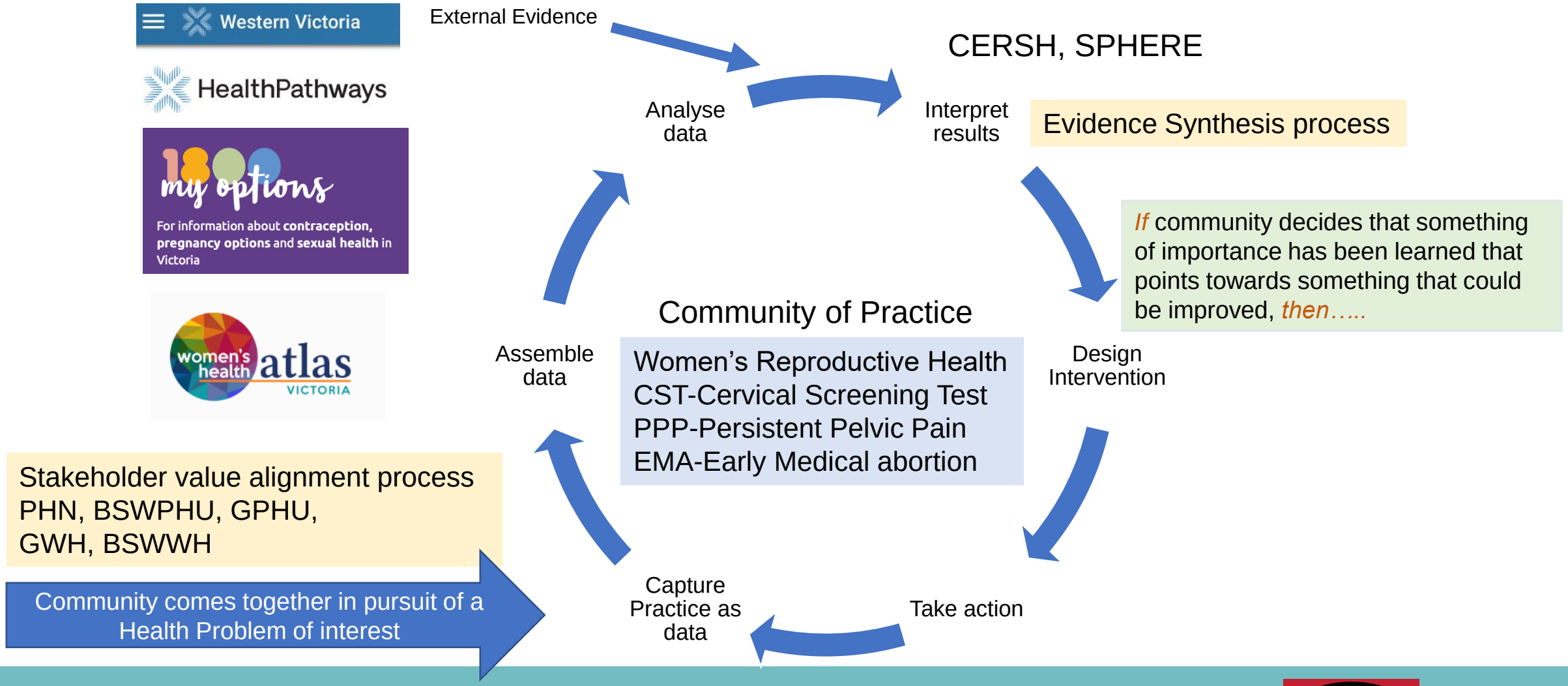
- Discuss the use of practice level and population health data to inform quality improvement plans
- Discuss the use of digital tools to develop innovative approaches to health service issues.
- Consider challenges and barriers to providing best practice care for reproductive health in the primary care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

Session 4 Learning outcomes

- Describe the difference between persistent pelvic pain and endometriosis
- Discuss the elements of a patient centred care plan for persistent pelvic pain
- Relate best practice to current care models in primary care and consider how to adapt practice to meet the needs of women with persistent pelvic pain
- Describe the roles of other medical professionals, allied health team members and specialist services in the management of persistent pelvic pain

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



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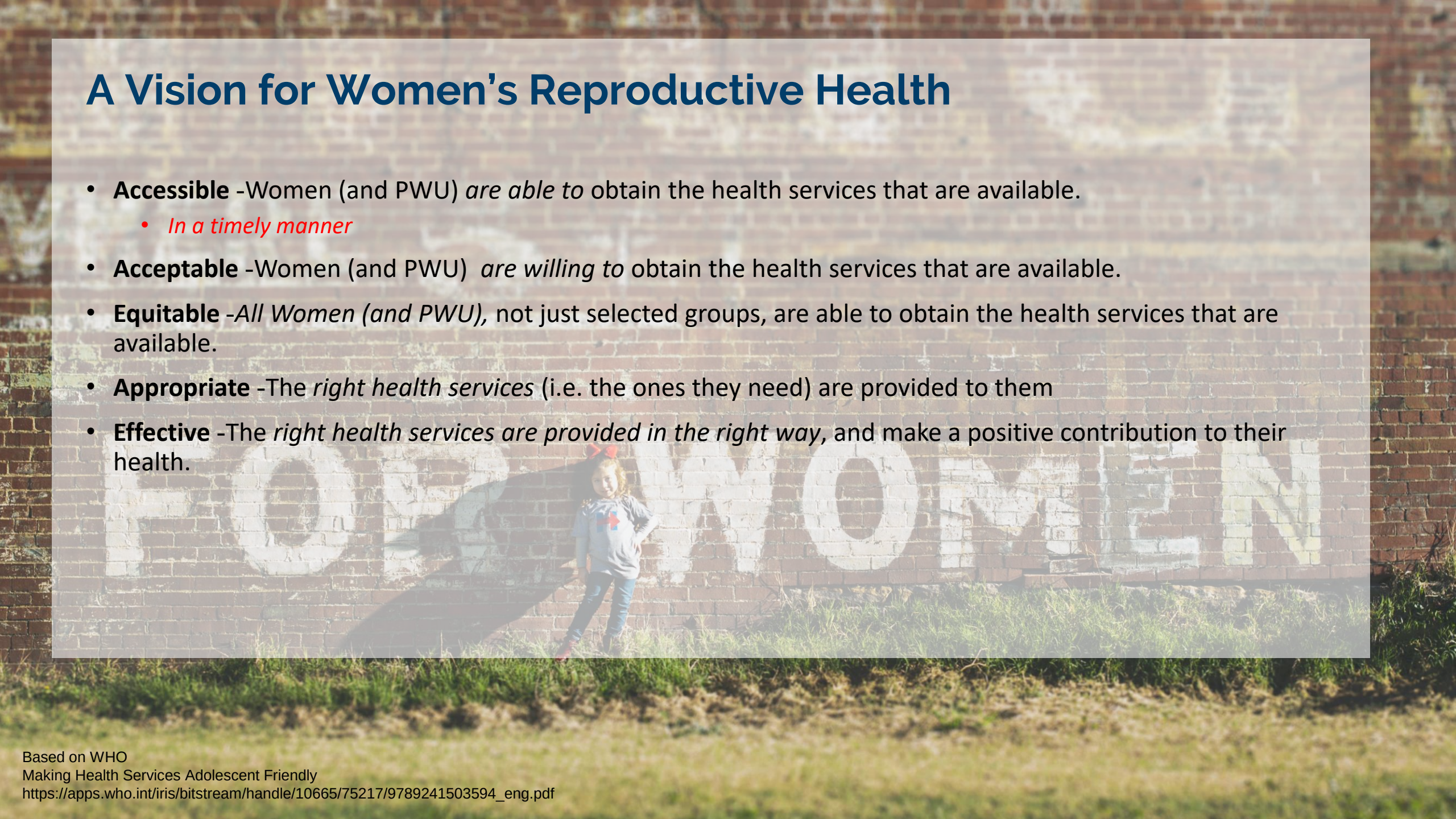
A Vision for Women's Reproductive Health

- **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.



Based on WHO
Making Health Services Adolescent Friendly
https://apps.who.int/iris/bitstream/handle/10665/75217/9789241503594_eng.pdf

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

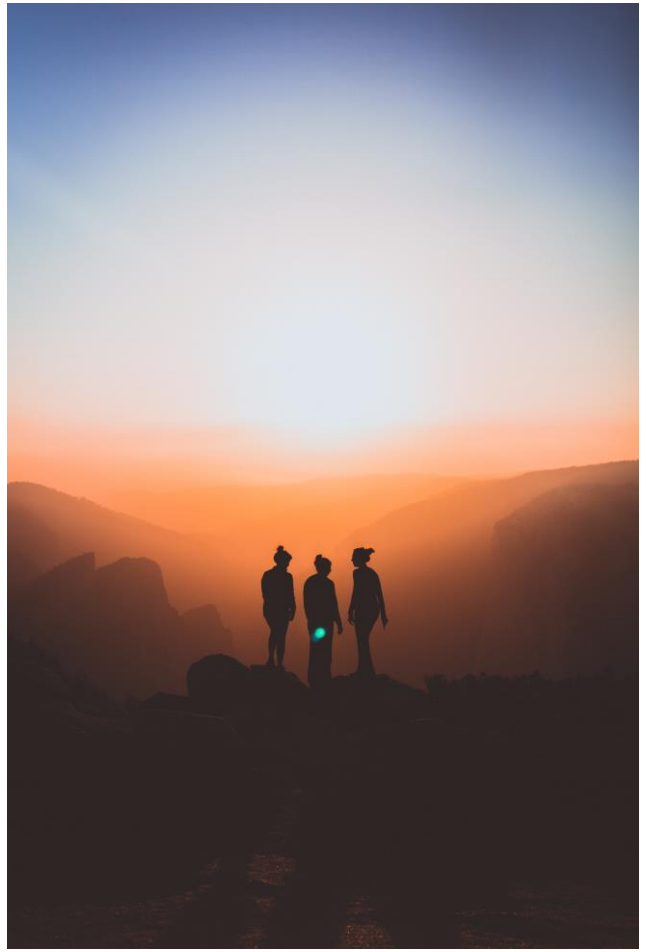
- What are their challenges?
- What barriers do they face?
- What challenges do providers face in bringing about best practice and high quality care?

So far, much of the care can be done in primary care

Chronic Disease Management models represent a good option

Barriers to using these plans include the naming of a third provider in the primary care space that these care models are not dependent on tertiary services

Ie GP, Physio, Nurse, Psychologist, Dietician, Exercise Physiologist, Yoga therapist, other



Agenda– Reproductive Health Series 1: Session 4
"Managing persistent pelvic pain in primary care: Part 1- Principles of care in practice"

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

Marilla Druitt, Obstetrician Gynaecologist, University Hospital Geelong, St John of God Geelong, Epworth Geelong, Deakin University

- Persistent Pelvic Pain

Case presentation: Dr Alison Miller, Ballarat Medical Centre

Network Co-ordinator: Jemma Missbach, Western Victoria Primary Health Network

Health Alerts:

- **COVID numbers**
  - Hospitalisations are down on last week by 11%. There are 121 people in hospital with COVID with 3 in ICU with none on a ventilator.
  - 4.2 million Victorians are eligible for a COVID Booster (provided they haven't had COVID in the last 6m)
  - Average of 6 deaths related to COVID are recorded each day at this time. 45 in the last week.

- Increasing cases of Flu B – push to vaccinate children and youth

- **Health warnings**
  - Increasing cases of antibiotic resistant Shigella – especially in men who have sex with men
  - Ayurvedic medicines possibly containing scheduled poisons and heavy metals -

New Announcements

- COVID Vaccine expiries – All stock must be discarded
  - Pfizer12 years+ purple has now expired. All remaining stock must be discarded
  - Moderna BA.1 all stock has now expired. All remating stock must be discarded

- Moderna BA.4-5 PFS (pre filled syringes) increase ordering amount from 50-100
- Non Medicare card holders, reimbursement available from the WVPHN for these vaccinations.
  - If you have completed vaccinations to persons without a Medicare Card, your clinic is eligible for reimbursement, please email covidenquiry@westvicphn.com.au for further information.
- Over ½ RACF residents have received their 5th dose – still more work to do
- All vaccinating clinics would have received an email last week with updated resources, please ensure staff take the time to familiarise themselves with the updated information and factsheets

Persistent pelvic pain

PHN 2023 #1

Dr Marilla Druitt MBBS BMedSc FRANZCOG

University Hospital Geelong, St John of God Geelong, Epworth Geelong, Deakin University

Disclaimer & conflicts

Trained as a laparoscopic surgeon

Involved in writing the Endometriosis Guidelines for Australia

Involved in MBS reviews of pain funding

Have an MRFF $893k grant for a trial of a Mind Body Intervention for Pain & Endometriosis – the Happi study

I believe Endometriosis is a risk factor for pain, like smoking is a risk factor for pain.

Pain: definition

An unpleasant sensory and emotional experience associated with, or resembling that associated with, actual or potential tissue damage

IASP 2020

International Association for the Study of Pain

IASP®

Working together for pain relief

Q: What is the difference between

Persistent Pelvic pain

Endometriosis

PPP
History – all the dys-es

Dysmenorrhoea

Dysuria

Dyspareunia

Dyschezia

Pelvic pain

Cyclic, mid cycle pain, non cyclic

Vulvodynia or vulval pain

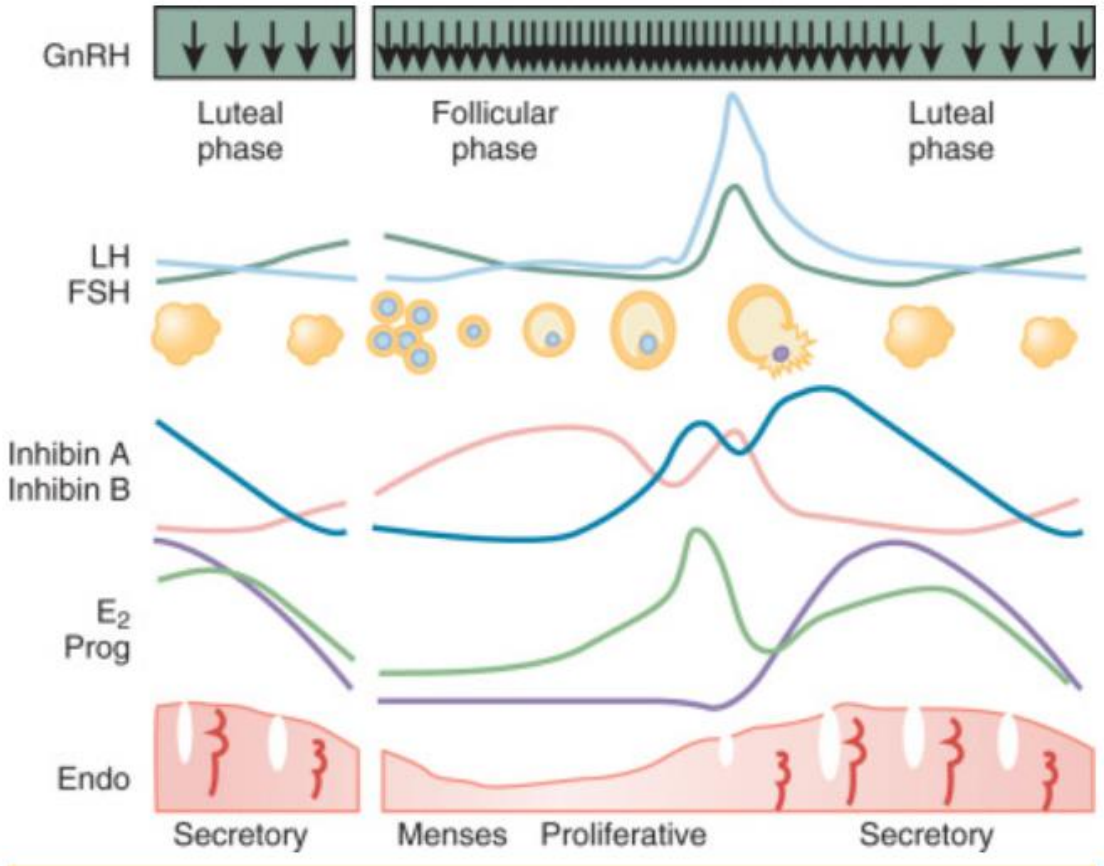


FIGURE 7.7

BOOK CHAPTER

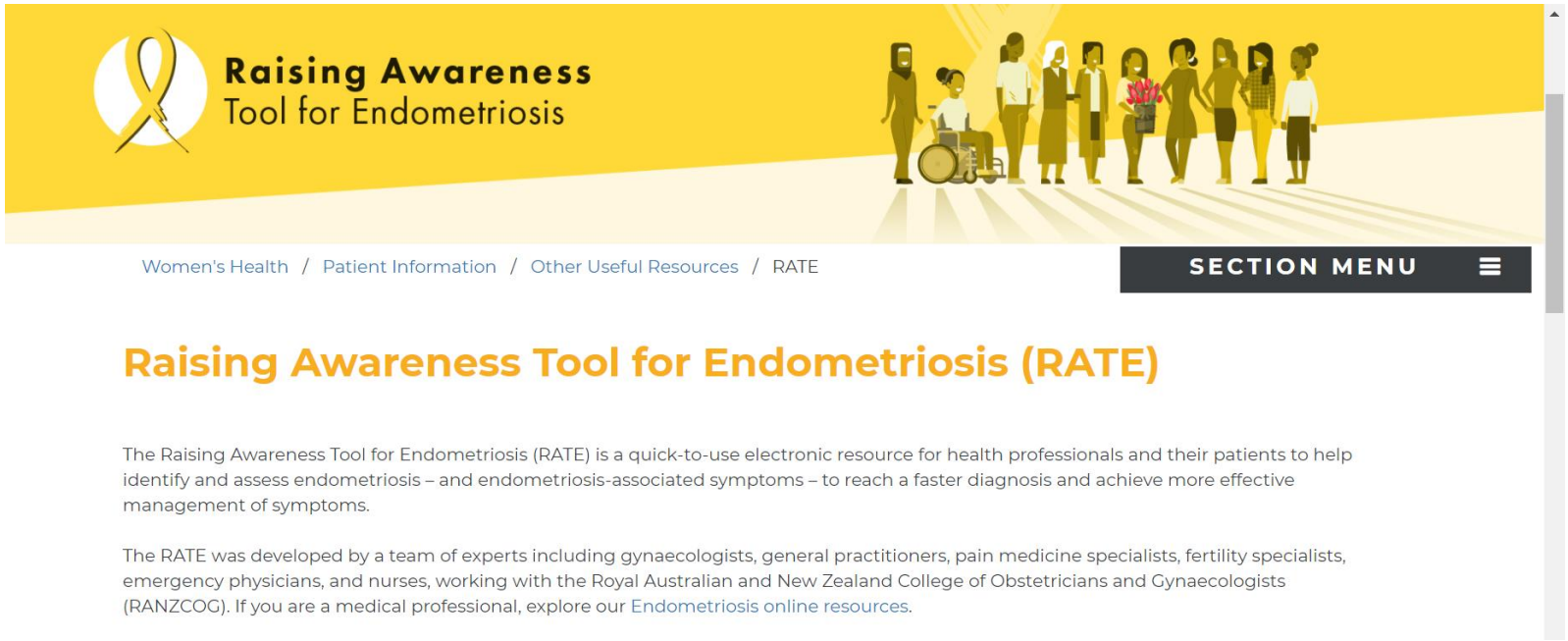
Neuroendocrine Control of the Menstrual Cycle

Janet E. Hall

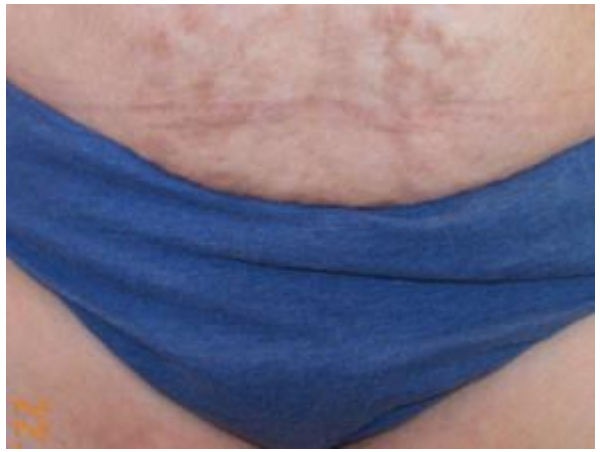
Yen & Jaffe's Reproductive Endocrinology, Chapter 7, 149-166.e5

RATE: Raising Awareness Tool for Endometriosis

1. Health professionals & patients can fill out together
2. Take to doctor
3. Links to info & learn as you go



PPP Examination: pros & cons



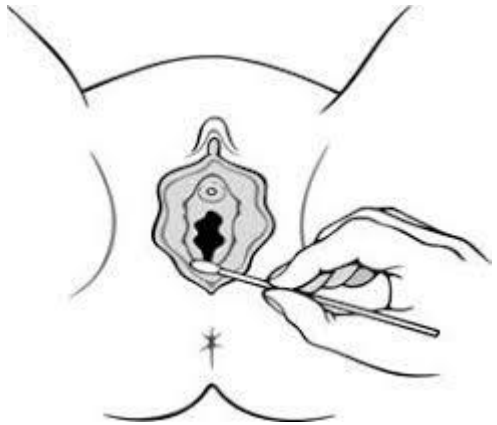
Hot water bottle stomach?

Skin hyperalgesia & allodynia

Carnett's test for muscle/belly wall

Cotton bud test for vulvodynia

One finger vaginal exam for pelvic floor muscles https://www.ogmagazine.org.au/19/2-19/examination-chronic-pelvic-sexual-pain/



Cervical motion tenderness

(opportunistic screening if appropriate)

PPP Investigations

Ultrasound scanning – transvaginal > transabdominal

general group (sonographer does, radiologist reports remotely) < COGU (O&G subspecialist, endometriosis sub subspecialists)

MRI good but no MBS rebate

CT good in international studies but not a thing in Australia

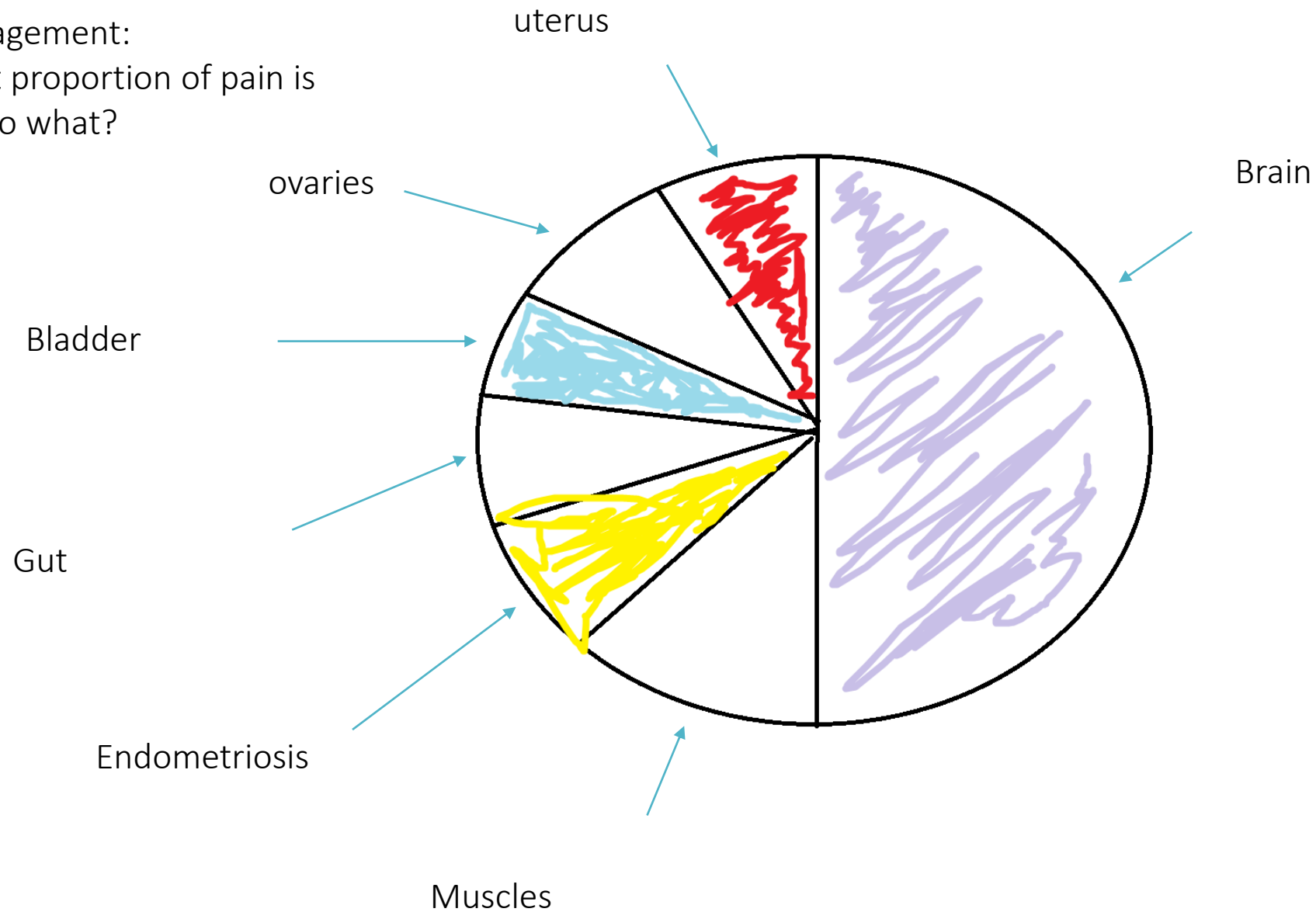
PPP Management
What can be done in primary care? Almost everything!

Remember: no evidence it matters if someone has endo if their pain is fixed & not trying to conceive

Medicines = surgery for pain – Cochrane review

Pain education is the key

Management:
What proportion of pain is due to what?



1. Ovaries: cyst, cyclic component?

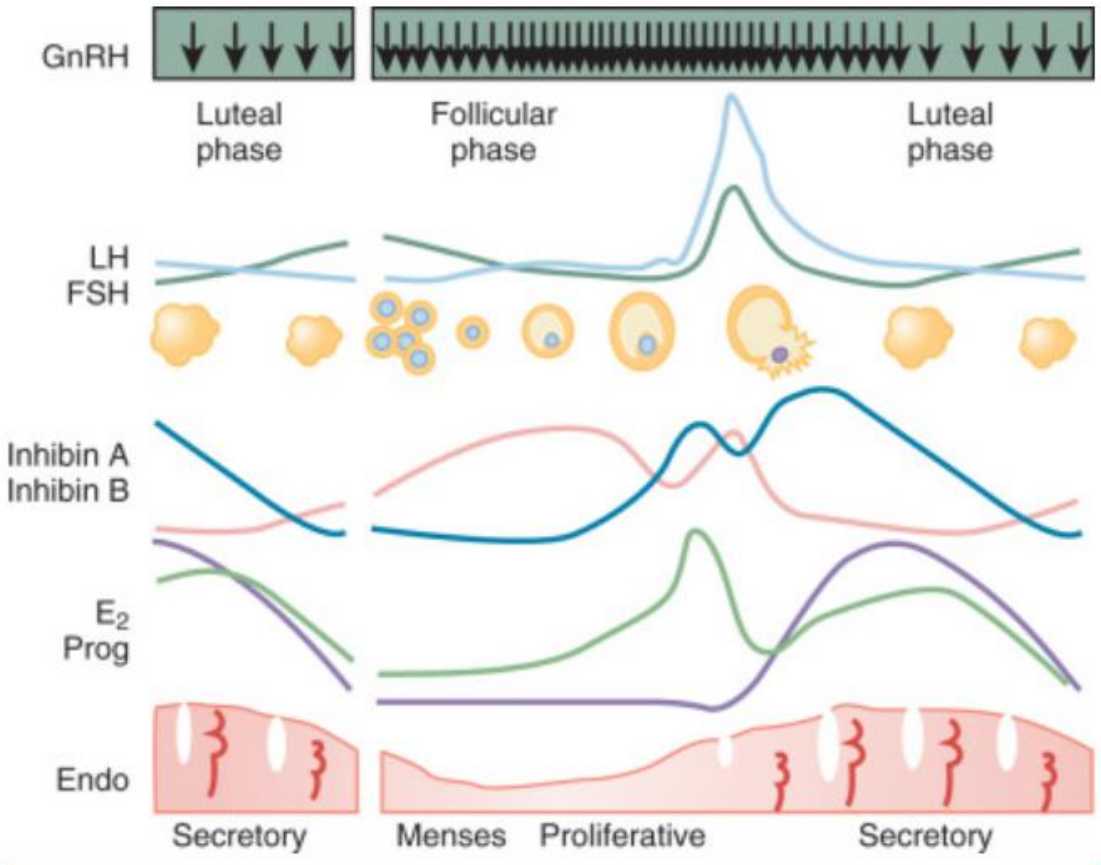


FIGURE 7.7

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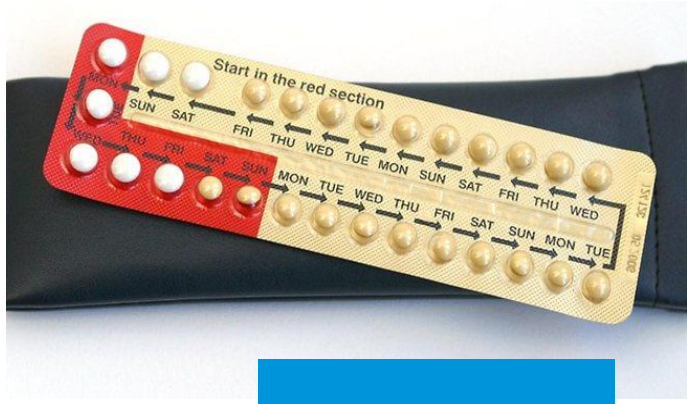
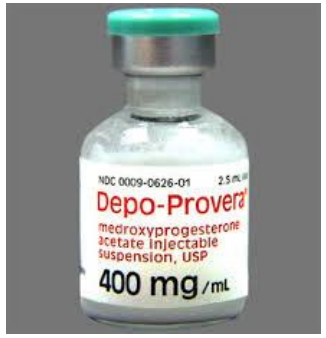




2. Uterus

Exclude uterus as a contributor –

- Reduce heavy menstrual bleeding with short trial of NSAIDs & TXA https://www.safetyandquality.gov.au/publications-and-resources/resource-library/heavy-menstrual-bleeding-clinical-care-standard-2017
- Zinc sulphate 50mg with periods teens (2015 ANZJOG)
- Amenorrhoea with hormones
- Controversy re hormone versus effect (ie LN v amenor)

Hormones available in Australia

Therapeutic Guidelines

Combined hormonal contraceptive preparations available in Australia

Oestrogen dose (micrograms)	Progestin dose (micrograms)	Brand name examples [NB1]
monophasic preparation (oral)		
low dose		
oestradiol (hemihydrate) 1500	nomogestrol acetate 2500	Zoely [NB2]
ethinyloestradiol 20	drospirenone 3000	Yaz [NB2]
ethinyloestradiol 20	levonorgestrel 100	Femme-Tab ED 20/100, Loette [NB2], Microgynon 20 [NB2], Microlevlen [NB2]
standard dose		
ethinyloestradiol 30	desogestrel 150	Marvelon [NB2]
ethinyloestradiol 30	dienogest 2000	Valette [NB2]
ethinyloestradiol 30	drospirenone 3000	Yasmin [NB2]
ethinyloestradiol 30	gestodene 75	Minulet [NB2]
ethinyloestradiol 30	levonorgestrel 150	Femme-Tab ED 30/150, Levlen, Microgynon 30, Monofeme, Nordette
ethinyloestradiol 35	cyproterone 2000	Brenda-35 [NB2], Diane-35 [NB2], Estelle-35 [NB2], Juliet-35 [NB2]
ethinyloestradiol 35	norethisterone 500	Brevinor, Norimin
ethinyloestradiol 35	norethisterone 1000	Brevinor-1, Norimin-1
high dose		
ethinyloestradiol 50	levonorgestrel 125	Microgynon 50
multiphasic preparation (oral)		
ethinyloestradiol 30 to 40	levonorgestrel 50 to 125	Logynon, Trifeme, Triphasil, Triquilar
ethinyloestradiol 35	norethisterone 500 to 1000	Improvil
oestradiol valerate 1000 to 3000	dienogest 2000 to 3000	Qlaira [NB2]
monophasic preparation (vaginal)		
ethinyloestradiol 2700 (15 per 24 hours over 3 weeks)	etonogestrel 11 700 (120 per 24 hours over 3 weeks)	NuvaRing [NB2]

NB1: List may not be complete.

NB2: Not available on the Pharmaceutical Benefits Scheme (PBS) at the time of writing. See the PBS website for current information <www.pbs.gov.au>.

Ethinylestradiol unclassified
LN possibly problem

Therapeutic Guidelines

Progestin-only contraceptive preparations available in Australia

Route	Progestin	Brand name examples [NB1]
oral	levonorgestrel 30 micrograms	Microlut
	norethisterone 350 micrograms	Locilan 28 Day, Micronor, Noriday 28
subdermal implant	etonogestrel 68 mg over 3 years	Implanon NXT
deep intramuscular injection	medroxyprogesterone acetate 150 mg/mL	Depo-Provera, Depo-Ralovera
intrauterine	levonorgestrel 52 mg over 5 years	Mirena

NB1: List may not be complete.

Kyleena v Mirena

Preparations

	Subsidised	Partially subsidised	Not subsidised
Progesterone only contraceptives (POPs) and other progestins	• Norethisterone (Primolut) 5 mg • Medroxyprogesterone acetate (Provera) 2.5, 5mg, 10 mg, 100 mg • Cyproterone acetate (Siterone) 50 mg • Norethisterone (Noriday) 350 mcg	• Levonorgestrel (Microlut) 30 mcg, 60 mcg	• Desogestrel (Cerazette) 75 mcg • *Dienogest (Visanne) 2 mg*
Progesterone injections	• Medroxyprogesterone acetate (Depo-Provera) 150 mg/ml		
Intrauterine devices (delivery systems)	• Levonorgestrel (Mirena) 52 mg (mean release 15 ug/24 hrs) • Levonorgestrel (Jaydess) 13.5 mg (mean release 6 ug/24 hrs)		
Implantable devices	• Levonorgestrel (Jadelle) 2x75 mg rods		• *Etonogestrel (1x68 mg rod)*
Combined oral contraceptive pills (COCPs)	• Numerous preparations with subsidy attached		
Gonadotrophin releasing hormone agonists (GnRH-agonist)	• Goserelin (Zoladex) 3.6mg, 10.8mg • Leuprorelin (Lucrin) 3.75 mg, 11.25 mg (1 and 3 months)		

Note: red denotes anovulatory dose; *italics* denotes not currently registered in New Zealand as of December 2019

3. Muscles

Muscles

Pelvic floor tension myalgia (ICS 2021)

Abdominal Myalgia

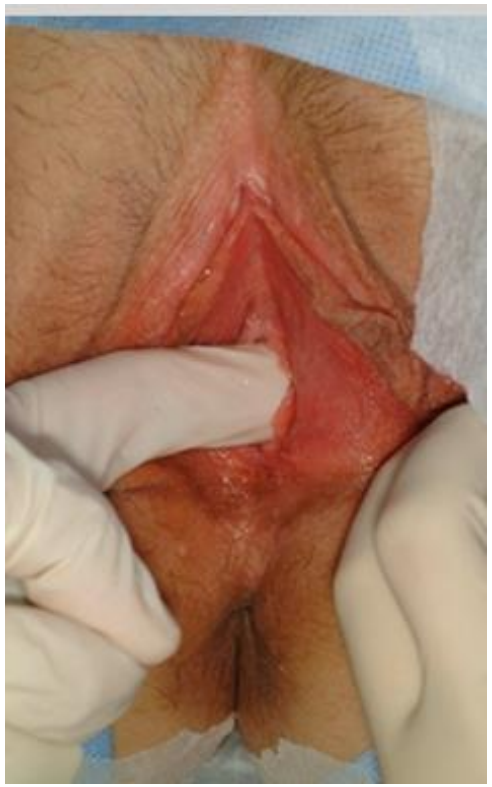
- Examine belly muscles
  - *Shah 2008 micro dialysis catheters for trigger points*

Pelvic myalgia

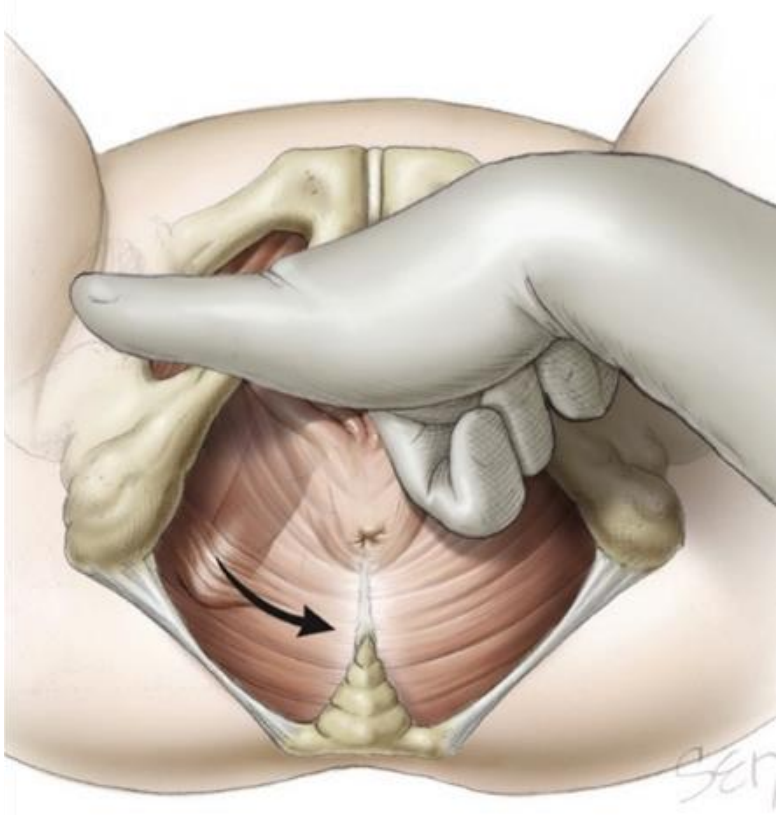
- 1 finger VE

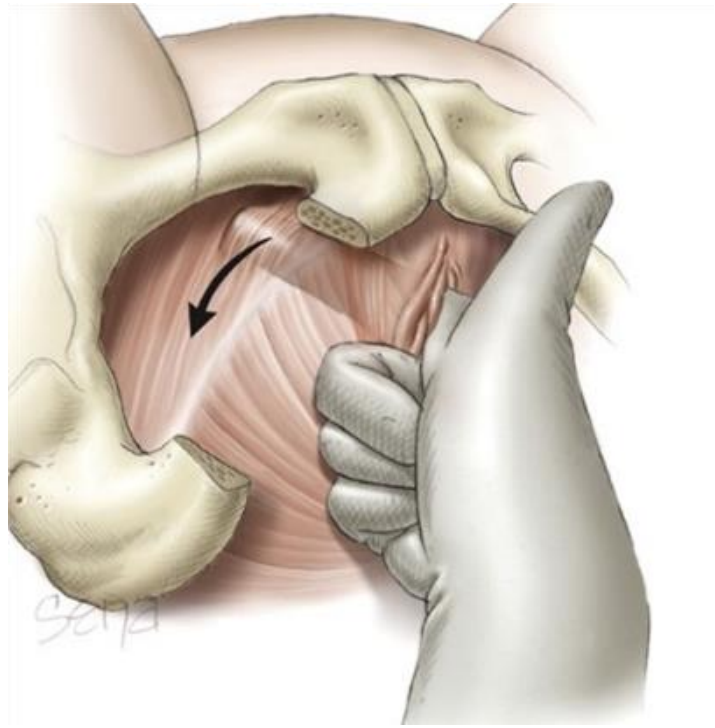
Levator Ani / Obturator internus

Levator Ani



Obturator internus





Meister et al. Pelvic floor myofascial examination. Am J Obstet Gynecol 2019.

Images courtesy of
Dr Denniz Zolnoun

dos Bispo AP et al. *Assessment of pelvic floor muscles in women with deep endometriosis,* Arch Gynaeol Obstet, 2016

women's & men's health PHYSIOTHERAPY

4. Bladder & 5. Bowels

Exclude bladder contribution

Exclude bowel contribution

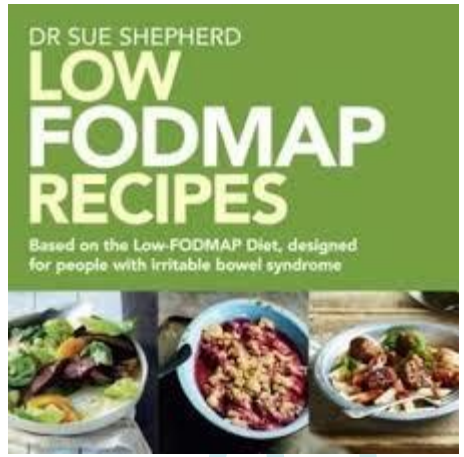
Coeliac screen

Find a good dietician

Diagnose & Treat IBS

Now Available in the App Store for iPhones & iPads

iTunes



IBS treatments

Low FODMAP diet

Peppermint

Gut directed hypnotherapy

Cognitive behavioural therapy

Tricyclic antidepressants eg amitriptyline

World Gastroenterology Organisation Global Guidelines 2015

MONASH UNIVERSITY LOW FODMAP CERTIFIED™

5. Less common causes

Porphyria
https://www.porphyria-australia.org/

Abdominal migraine

Pelvic venous congestion – pelvic varicose veins, embolisation

Hereditary angioedema

Familial Mediterranean fever

6. Brain

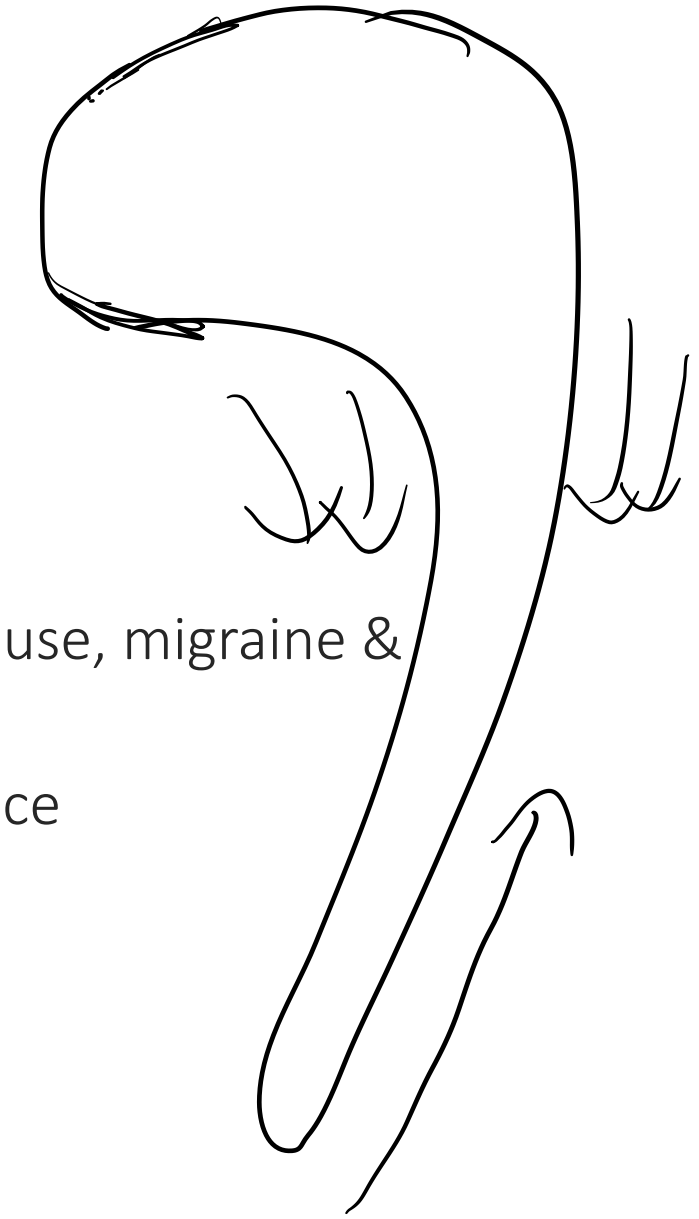
Psychology - MHCP

Health literacy & Pain education

Physical therapy – TCA/CDMP in Australia

Addressing comorbidities – sleep, IBS, mental health, substance use, migraine & headaches

Social determinants – shift work, occupational exposures, violence



Psychology

Cognitive behavioural therapy (CBT) for chronic pain

Reduces pain catastrophising & increases pain efficacy
Less pain, distress & disability up to 12 months (Cochrane 2020)

Psychological therapies for the management of chronic pain (excluding headache) in adults (Review)

Williams ACDC, Fisher E, Hearn L, Eccleston C

Online pain psychology

Free Online Courses

Macquarie University eCentre Clinic Pain Course - www.ecentreclinic.org/?q=PainCourse

This Way Up Chronic Pain Course – www.thiswayup.org.au/courses/the-chronic-pain-course

MindSpot Pain Course – www.mindspot.org.au/pain-course

Retrain Pain Foundation Course - www.retrainpain.org

Pain Education

Teaching pain neuroscience to patients - Moseley 2004

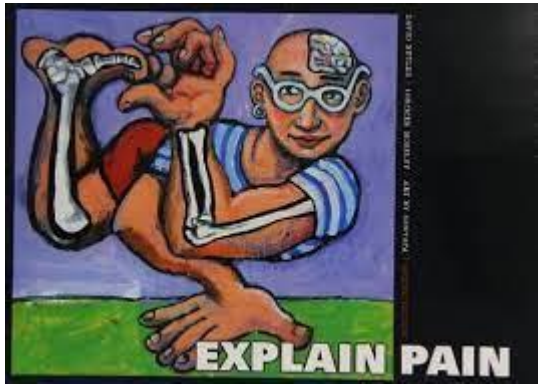
Happens in a consult: doctor as teacher

PE can change catastrophisation, fear of movement, decrease pain

Acts as a motivator for change

Form of CBT? Teach so people can change their thoughts and behaviour?

Want to learn more? eLearning module



Pelvic Pain Foundation OF AUSTRALIA

Easy Stretches to Relax the Pelvis

These stretches are designed to loosen the muscles inside and around the pelvis.

- Take the movements to a point of increased tension but never pain.
- Hold an easy stretch for 30 seconds and breathe mindfully into your belly.
- Remember to do both left and right sides, up to three times each.
- The exercises will help most when done every day.

WOMEN

Knee to Chest

Start lying on your back with both legs straight, and relax.

Bend one knee to your chest.

Hold an easy stretch for 30 seconds while breathing deeply into your belly.

Repeat the stretch with other leg.

Knee to Opposite Shoulder

Start lying on your back with both legs straight.

Bring left knee to your chest and diagonally to your opposite shoulder.

Hold an easy stretch for 30 seconds while breathing deeply into your belly.

Repeat the stretch with the right leg.

Foot and Knee Up

Start with your feet on the floor and knees bent.

Bring your right foot to the front of your left knee.

Lift your left knee towards your chest.

Hold an easy stretch for 30 seconds while breathing deeply into your belly.

Repeat the stretch the opposite way with the right foot to left knee.

Knee Over to Hand

Sleep

Sleep ⇔ pain

Important for metabolic regulation, mental health, pain

CBT-I Cognitive behavioural therapy – insomnia

- Good for sleep
- Good for pain

Behavioral and psychological treatments for chronic insomnia disorder in adults: an American Academy of Sleep Medicine clinical practice guideline 2021; Selvanathan 2021

Melatonin 10mg 8 week trial endometriosis & pain *Schwertner 2013*

https://aasm.org/professional-development/talking-sleep-podcast/

Trying to conceive?
Get ready then stop hormones!

1. uterus: painful heavy periods? TXA & NSAIDs, TENS
2. ovaries: bad PMS/cyclic symptoms? Consider SSRI 2w/month in weeks 3&4 & stop at conception
3. physio, exercise, stretches
4. bowels
5. brain – psychology & mental health, sleep, melatonin, amitriptyline (cat C), meditation

PPV Meeting in Geelong
Saturday October 14th

Pelvic Pain Victoria

Speakers:

Associate Professor Helena Frawley, Allied Health Research, University of Melbourne University.

"Conservative therapies for endometriosis-associated pain"

Multidisciplinary Panel: "The Latest and greatest in pelvic pain"

Our panel present their pick of recent publications and presentations about pelvic pain

Saturday October 14th 9am -1pm, followed by lunch

Novotel Hotel, Eastern Beach Road, Geelong

Coffee on arrival, Morning tea and Buffet lunch included.

$100 per person

Tickets at Try booking: trybooking xxxx

Enquiries: pelvicpainvic@gmail.com

https://www.tourismgeelongbellarine.com.au/

Case Presentation – 42 yo F, with abnormal PV bleeding

Background:

- 42 yo F, married, 2 children, aged 5 and 15 months, presents for routine cervical screening, and reports intermenstrual bleeding, long cycles 36-38 days
  - Several months of spotting mid cycle with discharge, spotting prior to onset of period, with dysmenorrhea mid cycle and premenstrually (worst in the first few days)
  -Able to continue with normal activities
  -Associated menorrhagia - flooding, no clots, changing super pad every 2 hours
  -No PCB
  -Condoms for contraception

- **PHx:**
  OHX difficult first delivery - forceps and PPH
  2022 El LUSCS
  2021 endometriosis - laparosocopy with excision of endo/uterolysis/hydrotubation/ H D and C
  PND
  Iron deficiency with previous anaphylaxis to iron infusion
  Pernicious anaemia - 3/12 im supplementation
  Gastroscopy 12/2022 - gastritis and gastric ulcer - for rpt scope
  Autoimmune hypothyroidisim

On examination:
-Normal BMI
-Normal abdo exam
-Normal appearance of cx
-PV no masses or overt tenderness

Assessment:

1. Follow up of abnormal bleeding
2. Assess micronutrients - B122, iron, and thyroid replacement
3. Ensure micronutrient replacement
4. Discuss family planning

Recommendations:

-Blood tests inc FBE, Festudies, TSH, pelvic US, then review

Question: How to manage the following?
Iron deficiency – adequate management (given previous anaphylaxis to previous iron infusion).
Management of endometriosis – Not keen on hormonal treatment.
Management of menorrhagia and dysmenorrhea – Unable to use NSAID

Please send us your cases

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

- **Case template** here
- Email projectechocovid19@westvicphn.com.au

- Future sessions to be cover in this ECHO series will be on early medical abortion – send your cases through.

HealthPathways
Reproductive Health

HealthPathways Western Victoria

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**
- Weekly til 7 September