**Project ECHO: West Vic PHN Hub – Population Health Network: Reproductive Health Series**

**Series 1 - Session 4, Thursday 27th of July 2023**

**Bianca Forrester (Session facilitator & Clinical Lead of Innovation and Learning): Introduction**

* Project ECHO – panel & participant discussion about population health
* Managing persistent pelvic pain in primary care: part 1 – principles of care in practice
* Considering best practice care for persistent pelvic pain
* Vision for reproductive health: accessible, acceptable, equitable, appropriate and effective
* Acknowledgment of country

**Dr Marilla Druitt (Obstetrician and Gynaecologist): University Hospital Geelong & Deakin Uni**

* Pain is an unpleasant sensory and emotional experience associated with actual or potential tissue damage
* History for persistent pelvic pain: dysmenorrhoea, dysuria, dyspareunia, dyschezia, vulval
* Time course: cyclic, mid cycle, non cyclic
* Raising Awareness Tool for Endometriosis: symptom-based questionnaire
* Examination: skin hyperalgesia & allodynia testing, vaginal exam, cervical motion tenderness
* Carnett’s test for muscular abdominal pain, cotton bud test for vulvodynia
* Investigations: ultrasound (transvaginal > transabdominal), MRI
* Treatment: hormonal period suppression, heavy menstrual bleeding with NSAIDs & TXA
* First-line OCP: Levlen 🡪 trial any other OCP second
* Exclude muscle, bladder and bowel contribution to pain
* Less common causes: porphyria, abdominal migraine, pelvic venous congestion, angioedema
* Brain: psychology (CBT), pain education, physical therapy, treat comorbidities and sleep
* Premenstrual syndrome: consider SSRI

**Case presentation by Dr Alison Miller (Ballarat Medical Centre)**

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| Presentation:   * 42F intermenstrual bleeding and long cycles 38 days * Mid cycle and pre period spotting * Dysmenorrhea and menorrhagia * Presenting for routine cervical screening * Anaphylactic to intravenous iron * Married with 2 children aged 5 and 15 months: difficult first delivery forceps & PPH * PHx: Elective LUSCS for second child (2022), laparoscopic endometriosis excisions (2021), pernicious anaemia, autoimmune hypothyroidism, gastritis with gastric ulcer * O/E: normal BMI, normal abdo exam, normal cervix, no PV masses or tenderness * Ix: Bloods including FBE, iron, TSH, pelvic U/S   Questions for the group:   1. How do we manage her endometriosis given she is not keen on hormonal treatment? 2. How do we manage her menorrhagia and dysmenorrhoea given unable to use NSAIDs? 3. How do we manage her iron deficiency given her anaphylaxis to intravenous iron? |

**Clarifying questions:**

* Does she plan on having more children?
* Did you undertake the U/S with general or specialist?
* Would she accept an IUD?

**Recommendations:**

* Consider a coeliac screen.
* Consider a hysteroscopy and biopsy if patient has risk factors for endometrial cancer.
* Explore why patient did not seek medical advice for symptoms.
* Explore reasons for not wanting hormonal treatment.
* TXA for menorrhagia and iron deficiency is an option.