

10. Pelvic pain

Dear [Dr ____],

Advice and guidance response pertaining to [Patient name].

Assessment in primary care should include pelvic examination and TVS

Purpose of secondary care pathway is to rule in women who need laparoscopy, gynaecological medical treatment should be via A&G.

Treatment options

- Offer analgesia to manage symptoms.
- Offer pain management/pelvic pain referral for poorly controlled pain.
- For cyclical pain offer 3-6 months of hormonal treatment before laparoscopy referral.
- For IBS offer antispasmodics and advise dietary changes.
- If not trying to conceive, first line treatment with LNG-IUD or CHCP/POP. Review at 3-6 months if ineffective.

Indications for urgent referral:

- Suspicion of cauda equina to ED
- Bleeding per rectum
- New bowel symptoms over 50 years of age
- New pain after the menopause
- Pelvic mass
- Suicidal ideation
- Excessive weight loss
- Irregular vaginal bleeding over 40 years of age
- Postcoital bleeding

Relevant guidance:

[Long-term pelvic pain | RCOG](#)

[The Initial Management of Chronic Pelvic Pain \(Green-top Guideline No. 41\) | RCOG](#)

[NICE chronic primary pain guidelines: what the busy GP needs to know](#)

- [assessing all types of chronic pain \(chronic primary pain, chronic secondary pain, or both\) and developing a care and support plan](#)
- [managing chronic primary pain](#)

[Pelvic inflammatory disease | Health topics A to Z | CKS | NICE](#)

- [EAU Guidelines on Chronic Pelvic Pain - Uroweb](#)

If referring back, please state that the referral has already been through Advice and Guidance and include previous correspondence so we don't duplicate advice.

With kind regards,

[Responding clinician name and role]