Chronic pelvic pain management in a multidisciplinary pain unit

Primary Author: Sara Nieto MD
Hospital General Universitario, Valencia

Co-Authors: Alba Montagud, MD; Carolina Romero, MD; Estefania Romero, MD; José de Andrés, MD., PhD., FIPP., EDRA; Nerea Sanchis, MD;

INTRODUCTION

Chronic pelvic pain is well defined, involves multiple mechanisms and causes great disability in the quality of life. The management requires a holistic approach with biological, psychological and social components. Patients suffering ongoing evaluation by different specialists without obtain a clear diagnosis. The main objective of the study is to determine the success rate of the techniques performed in a multidisciplinary unit of the treatment of the pain. The secondary variables are to show the incidence of risk factors (anxiety, depression and fibromyalgia). To show the percentage of patients with correct treatment (antidepressant, neuromodulator and opioid treatment) and show the incidence of high therapeutic ceiling.

MATERIALS/METHODS

A retrospective analysis of 81 cases of chronic pelvic pain, including diagnosis like sacroilitis, proctalgia, interstitial cystiti, vulvodynia, prostatodynia, coccygodynia, pudendal neuralgia and perineal pain, postsurgical, idiopathic or secondary to neuropathy. A psychological examen was performed in all cases. Interventional techniques performed include: infiltration and Walter ganglion radiofrequency, caudal injection, sacroiliac infiltration, pudendal radiofrequency, radiofrequency sacral roots and spinal cord stimulation in all approaches: anterograde, retrograde sacred and field stimulation and combined techniques.

To perform the descriptive analysis, the percentage of improvement of the pain, compared to the baseline, is obtained after performing a technique. The technique performed is determined by the specialist. The result is evaluated by quality of life questionannarie and VAS. Follow up patients is performed for 1 year.

The time of evolution of pelvic pain is determined before the first consultation in our pain unit. The percentage of patients who consume neuromodulator, opioid or antidepressant prior to the first consultation is determined. The percentage of patients are discharged by therapeutic ceiling is determinated.

RESULTS

This descriptive study determined that the majority of patients were women (86%) with a mean age of 57 years (standard deviation of 15). The time of evolution of the pelvic pain before the first consultation is 5 years (with a standard deviation 4 years).
The majority diagnosis is sacroileitis (35%) followed by coccygodynia (25%); proctalgia (5%); multiple disease (combination of several diagnoses) occurs in 6%. Other diagnoses including vulvodynia, perineal pain and pudendal neuropathy occur in 8%.

Regarding the response to treatment, it is observed that at younger age, less response to treatment and longer evolution, less response to treatment.

78% do not take neuromodulators, 59% do not take opioids and 70% do not take antidepressants prior to the first consultation in the chronic pain unit.

65% of the patients do not suffer from depression, anxiety or fibromyalgia and 15% of them have been discharged for therapeutic ceiling.

DISCUSSION

The evaluation of the technologies offered to patients with pelvic chronic pain not always turns out to be satisfactory. It is difficult to obtain good results with the first therapeutic chosen option and in most cases they need from neuromodulation treatments to improve or relieve pain. Neuromodulation offers a long-term benefits. In our study, the average of interventions carried out in a single patient is more than two, and several interventions are usually necessary to improve the pain and to arrive a satisfactory result.

CONCLUSIONS

Chronic pelvic pain is a common complaint that is well defined, involves multiple mechanisms and requires a holistic multidisciplinary team approach is required with active patient involvement. An unique technique performed should be inefficient to improve the pain. Usually the initial technique are infiltration, radiofrequency or combined or caudal injection getting mixed results. The last therapeutic option is usually the neuromodulation with spinal cord stimulation.

REFERENCES
