

## General Commissioning Policy

<b>Treatment</b>	<b>Chronic Pelvic Pain</b>
<b>For the treatment of</b>	<b>Chronic Pelvic Pain</b>
<b>Background</b>	<p>NHS Scarborough and Ryedale CCG (SRCCG) commissions' healthcare on behalf of its local population across primary, secondary and tertiary care sectors. Commissioning policy including clinical referral pathways and thresholds have been developed and defined using appropriate NICE guidance and other peer reviewed evidence and are summarised here in order to guide and inform referrers.</p> <p>This commissioning policy is needed in order to clarify the criteria for referral for chronic pelvic pain.</p>
<b>Commissioning Policy</b>	<p><b>Definition</b></p> <p>Intermittent or constant pain in the lower abdomen or pelvis of at least 6 months' duration, not occurring exclusively with menstruation or intercourse and not associated with pregnancy.</p> <p><b>Exclude Red Flag Symptoms</b></p> <ul style="list-style-type: none"> <li>• &gt;50 years with persistent / frequent (&gt;12 times per month) symptoms of abdominal distension / bloating, feeling full and /or loss of appetite, pelvic or abdominal pain, increased urinary urgency and / or frequency consider serum Ca125</li> <li>• Ca125 &gt; 35 IU/L arrange urgent pelvic USS</li> <li>• Refer urgently if suggestive of ovarian cancer</li> </ul> <p><b>General points</b></p> <ul style="list-style-type: none"> <li>• There is frequently more than one component to chronic pelvic pain</li> <li>• Pain with a cyclical nature is more in-keeping with endometriosis or adenomyosis</li> <li>• Alternative causes include: IBS, adhesions from surgery or PID, MSK conditions and psychosomatic conditions</li> </ul>
<b>Management</b>	<ul style="list-style-type: none"> <li>• Identify contributory factors; PID, endometriosis, IBS, interstitial cystitis, past surgery, abusive sexual experiences</li> <li>• Marked cyclical variation of symptoms would support endometriosis or adenomyosis diagnosis</li> <li>• Consider trial with hormonal therapy / suppression of</li> </ul>

Responsible GP – Dr Omnia Hefni, SRCCG	Approved: February 2017
Responsible Consultant – Ms Louise Hayes, YHFT	Date published: February 2017
Responsible Pharmacist – Ms Rachel Ainger, SRCCG Medicines Mngt	NHS Scarborough & Ryedale Clinical Commissioning Group

	<p>ovulation for 3-6m</p> <ul style="list-style-type: none"> <li>- tri-cycling of COCP (three pill packs back to back, consider a 7d break if break through bleeding starts)</li> <li>• Treat any suspicion of infection (better to treat whilst awaiting swab results if in doubt, delayed treatment increases infertility risks and adhesion formation)</li> <li>• If PID is suspected, treat as per the <a href="#">North Yorkshire Antimicrobial Policy</a> – PID treatment policy <ul style="list-style-type: none"> <li>- An alternative regime – oral ofloxacin 400mg twice daily and oral metronidazole 400mg twice daily for 14 days.</li> <li>- <a href="#">excellent CKS summary</a> about PID and management options</li> </ul> </li> <li>• Explore woman’s perceptions about cause of pain</li> <li>• Laparoscopy should be regarded as second line investigation, when hormonal therapy and pain management unsuccessful</li> </ul>
<b>Investigations prior to referral</b>	<ul style="list-style-type: none"> <li>• Chlamydia screening</li> <li>• High Vaginal Swab</li> <li>• Pelvic USS</li> <li>• Nb DON’T perform a cervical smear if outside the screening programme</li> </ul> <p><b>Desirable information</b></p> <ul style="list-style-type: none"> <li>• Psycho-social factors relevant to symptoms</li> <li>• Expectations of referral and patient counselled about laparoscopy and risks</li> </ul>
<b>Information to include in referral letter</b>	<ul style="list-style-type: none"> <li>• Describe problem and possible triggers</li> <li>• Current contraception / hormonal therapy</li> <li>• Details of hormonal therapy and impact on pain symptoms</li> <li>• Smear history</li> <li>• Examination findings</li> <li>• Relevant past medical / surgical history</li> <li>• Current regular medication</li> </ul>
<b>Patient information Leaflets/PILS</b>	<ul style="list-style-type: none"> <li>• NHS Choices Information – <a href="#">Pelvic Pain</a></li> <li>• <a href="#">Endometriosis UK</a></li> <li>• <a href="#">IBS Network</a></li> <li>• <a href="#">Cystitis and Overactive Bladder Foundation</a></li> <li>• Women’s Health – (<a href="http://www.womens-health.co.uk">www.womens-health.co.uk</a>) or (<a href="http://www.womenshealth.gov">www.womenshealth.gov</a>)</li> <li>• Pelvic pain Support Network (<a href="http://www.pelvicpain.org.uk">www.pelvicpain.org.uk</a>)</li> </ul>
<b>Date reviewed</b>	January 2017
<b>Next Review Date</b>	2019
<b>Contact for this policy</b>	CCG Service Improvement Team <a href="mailto:scrccg.rssifr@nhs.net">scrccg.rssifr@nhs.net</a>

**References:**

1. RCOG Greentop Guideline No 41 May 2012 ‘The initial management of chronic pelvic pain’
2. NICE Guideline April 2011 Ovarian Cancer – the recognition and initial management of ovarian cancer

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