
Rating (out of 4):

Scope

The guideline is intended for all physicians who deal with women who have chronic pelvic pain. Although the paper presents itself as a review for OB/Gyn Specialists, it is suitable for primary care physicians.

What is Chronic Pelvic Pain?
Chronic pelvic pain is defined as noncyclic pain of 6 or more months’ duration that localizes to the anatomical pelvis, anterior abdominal wall at or below the umbilicus, the lumbosacral back, or the buttocks and is of sufficient severity to cause functional disability or lead to medical care. Common causes include endometriosis, gynecological malignancies, pelvic congestion syndrome, pelvic inflammatory disease, adhesions, leiomyomata etc.

Clinical Question

What is the best approach to the investigation and treatment of chronic pelvic pain in women?

Excellent/Good Evidence

- Combined oral contraceptives decrease pain from primary dysmenorrhea.
- Nonsteroidal anti-inflammatory drugs should be considered for moderate pain, and are particularly effective for dysmenorrhea.
- Gonadotropin-releasing hormone (GnRH) agonists decrease pain associated with endometriosis and irritable bowel syndrome.
- Progestins (daily, high dose) decrease pain associated with endometriosis and pelvic congestion syndrome.
- Laparoscopic surgical ablation of endometriosis decreases pain in endometriosis, stages I-III.
- Presacral neurectomy may be considered in centrally-located dysmenorrhea, but has limited efficacy for chronic pelvic pain or pain that is not central in location.
Fair Evidence

- GnRH agonists are a treatment for chronic pelvic pain.
- Surgical lysis of adhesions decreases pain in women with dense adhesions involving the bowel.
- Hysterectomy is an effective treatment for chronic pelvic pain with a success rate of 75-95%.
- Sacral nerve stimulation decreases pain in up to 60% of women with chronic pain.
- Physical therapy modalities are effective in the treatment of chronic pelvic pain.
- Complementors and alternative strategies such as physical therapy, psychotherapy, nutrition supplementation with vitamin B1 or magnesium and possibly acupuncture may decrease pain and disability.

Insufficient Evidence to make a recommendation

- A detailed history and physical examination are the basis for differential diagnosis in chronic pelvic pain.
- Antidepressants may be effective in chronic pelvic pain.
- Opioid analgesics reduce pain in chronic pelvic pain.

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