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New approach to pelvic pain treatment launched

A focus on diagnosing endometriosis lesions can no longer be considered ‘best practice’ for treating persistent pelvic pain, according to Australia and New Zealand’s leading pain medicine specialty body.

The Faculty of Pain Medicine (FPM) of the Australian and New Zealand College of Anaesthetists says persistent pelvic pain affects millions, predominantly women, across Australia and New Zealand yet treatment approaches often focus on making a diagnosis of endometriosis potentially delaying effective treatment of pain and other symptoms.

FPM Dean Dr Dilip Kapur says while surgery can be beneficial in select cases, it should not be the default treatment given the lack of correlation between lesion presence and pain severity.

The faculty has released its first statement on pelvic pain and endometriosis to be used as a guideline by medical practitioners when treating patients suffering from pelvic pain as well as information for consumers and a guide to prioritising government spending.

The statement aligns with growing evidence that challenges the view that endometriosis is the main cause of persistent pelvic pain and coincides with the faculty’s submission to the Victorian Government’s Inquiry into Women’s Pain.

"Pelvic pain is a complex chronic pain condition that requires a nuanced understanding beyond the presence or absence of endometriosis lesions,” Dr Kapur says.

“Persistent pelvic pain should be approached in the same comprehensive way as other types of pain which become persistent over time. While pelvic pain has some unique features, it has so much in common with other pain types that a consistent approach should be used.

"Our goal is to ensure that patients receive the most effective and safest treatments possible. This requires a collaborative approach between pain specialists, gynaecologists, urologists, and other healthcare providers to tailor treatment plans that optimise patient outcomes and quality of life."

Gynaecologist and specialist pain medicine physician Professor Sonia Grover says the statement is a significant step towards acknowledging the complexities of persistent pelvic pain treatment.

Professor Grover, who specialises in paediatric and adolescent gynaecology at the Royal Children's Hospital in Melbourne, is a member of the faculty's advisory group that developed the statement.

"Pelvic pain demands careful evaluation and treatment planning. Our research has shown that using 'best practice' pain management principles to help people with pelvic pain can give better outcomes and results in less low-value surgery being done.

"The presence or absence of lesions, the location, and number does not reliably correlate with symptom severity or patient experience. This discrepancy underscores the need to reconsider the current emphasis on surgical procedures as a primary diagnostic and therapeutic tool.

"This approach not only prolongs patients' suffering unnecessarily while they await diagnosis-confirming surgery but also fails to address the multifaceted nature of pelvic pain."

Dr Karen Joseph is currently New Zealand's only double qualified gynaecologist and specialist pain medicine physician and was a member of the faculty's advisory group that developed the statement.

"For hundreds of years women have been told that their pain is 'all in their heads.' Sadly, today this stigma of not believing women is being perpetuated with many women feeling that their pain is not believed unless they get a diagnosis of endometriosis. The EndoCost study showed that in both Australia and New Zealand women with pelvic pain with and without endometriosis suffer the same pain and impacts on quality of life." Dr Joseph says.

Our knowledge about pain has made huge advances in the last decade and it is time that we use this modern science to help women who are in pain. It is also time that we start acknowledging that every single woman who tells us that she has pain is valid and deserving of the best treatment available -–without need for a diagnosis of endometriosis first to 'validate-' her experience of pain."

Dr Kapur says the faculty is calling on policymakers and healthcare providers to prioritise education and resources that enable a more nuanced and up-to-date understanding of pelvic pain among both professionals and the public. This approach aims to reduce stigma and improve early detection and treatment of persistent pelvic pain.

"Promoting and providing healthcare professional education about pain neurobiology is core business for the faculty, and we aim to reach out to our colleagues to raise the standard of pain awareness and care at all levels of training for healthcare professionals," he explains.

The faculty advocates a shift towards more comprehensive~~,~~ care planning that integrates medical, psychological, and lifestyle interventions tailored to individual patient needs. Such an approach will help improve outcomes and reduce healthcare costs associated with persistent pelvic pain.

This includes promoting comprehensive menstrual education, recognising pelvic pain as a symptom to be investigated and treated rather than normalised, and enhancing the ability of primary care providers to identify and manage pelvic pain effectively, before referring the appropriate patients for further investigation by pelvic pain services.

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