

MULTIDISCIPLINARY APPROACH TO PELVIC PAIN

Approximately 15 – 20% of women aged 18 – 50 years have chronic pain of greater than twelve months duration. There are numerous causes for pelvic pain and 25 – 50% of women treated for pelvic pain have more than one diagnosis. Unfortunately, up to two thirds of women with chronic pelvic pain do not undergo diagnostic testing, never receive a diagnosis and are never referred to specialists for evaluation or treatment. Our program is different.

The Desert Women's Care Pelvic Pain program has is organized around four key goals—

- To locate the cause(s) of your pain with a state-of-the-art diagnostic work-up;
- To direct treatment at the root cause(s) of your pain to decrease its intensity and improve your functionality;
- To develop an analgesic regimen tailored to your unique genetic make-up; and
- To enhance your general health, improve your mental outlook and overall quality of life.

Just because you are a woman, your pain is not necessarily of Gynecologic origin. Gynecologists working alone often misdiagnose up to one third of cases of chronic pelvic pain. This is because pelvic pain has an extensive differential diagnoses including gynecologic and non-gynecologic causes:

KEY ETIOLOGIC ELEMENTS:

1. Gynecologic Disorders: Dysmenorrhea, infection, ovarian cysts, myomas, prior surgeries, endometriosis, endosalpingiosis, adenomyosis, pelvic congestion syndrome, gynecologic malignancies, pelvic relaxation, collisional dyspareunia, ovarian retention syndrome, tuberculosis salpingitis, adhesions or fallopian tube lesions.

2. Urologic Disorders: Urethral syndrome, trigonitis, interstitial cystitis, peritoneal endometriosis overlying the urinary tract, bladder endometriosis, chronic cystitis, bladder carcinoma, radiation cystitis, urethral diverticulum or calculi.

3. Gastrointestinal Disorders: Irritable bowel disorder, inflammatory bowel disease, diverticular disease, chronic appendicitis, adhesions, bowel endometriosis, celiac disease, colon carcinoma or colitis.

4. Myofascial Disorders: Hernias (incisional, inguinal, femoral, and ventral), fasciitis, scar formation, fascial tears, myofascial dysfunction, fibromyalgia or pelvic floor myalgia.

5. Skeletal/Neurologic Disorders: Scoliosis, degenerative disc disease, pelvic trauma, nerve entrapment, chronic coccygeal or back pain, sacro-iliac joint pain, neoplasia of spinal cord or sacral nerve spondylosis.

6. Rheumatologic Disorders: Arthritides or autoimmune disorders.

7. Psychological Causes: Depression.

8. Other Causes: Undiagnosed pain or somatization disorder of psychologic origin.

Because of the extensive differential diagnoses for pelvic pain, it is important to implement a multidisciplinary approach to this symptom complex to assure that patients have the most complete diagnostic evaluation possible. It is also important to coordinate and administer the widest range of therapies possible for reduction or alleviation of pain.

At Desert Women's Care, we assure simultaneous evaluation of the various organ systems by our contributing specialists to minimize the length of time from initial presentation to diagnosis and institution of a treatment plan, and in so doing, to minimize the potential for habituation to narcotic analgesics. With the simultaneous evaluation of the various organ systems, we assure that no stone is left unturned and all potential etiologies for pain are explored early on in a patient's evaluation.

Desert Women's Care program does not stop here. We simultaneously provide nutritional enhancement, genetic testing, psychological evaluation and physical therapy to assure the needs of the entire woman are addressed.

Because chronic pain patients have most often been treated with opioid and other analgesics on a long-term basis our program recommends nutritional and metabolic supplementation to reverse or at least compensate for the damage caused by these drugs to the liver, kidneys and other organs. Our Doctor of Pharmacy provides individualized consultation to our patients to assure the optimal formulation recognizing concurrent medical conditions, daily drugs used and allergies. Elevating the metabolism and reversing damaging effects of narcotic and non-narcotic analgesics is the goal of this aspect of our program.

Because every person's metabolism is different, Desert Women's Care investigates genetic predispositions of each patient to determine the optimal combination of analgesics to use in addressing chronic pain. Working with Molecular Testing Labs, we provide testing for drug metabolism, pain perception and narcotic risk. Testing to determine a patient's response to specific analgesics is also available. Detailed reports are prepared and used to guide therapy enabling DWC to use the most effective medications at the safest dose level for each patient.

Because of the problematic nature of the chronic pain, at least 70% to 80% of chronic pain sufferers have some psychologic component related to their suffering. It is also possible that patients with depression somatize their depression manifesting in complaints of pelvic pain.

Hence, it is important to involve a psychologist at the initial evaluation and involve the psychologist throughout the patient's progress through the treatment process.

Finally, because pelvic pain often involves muscles, bones and joints, Desert Women's Care works closely with pelvic physical therapists. Pelvic Physical Therapy (PT) is a critical adjunct for many conditions causing or contributing to chronic pelvic pain. Involving pelvic PT often hastens improvement in pain scores and decreases the amount of analgesics required to control pain.

Despite the cost of involving multiple specialists initially in a patient's evaluation, an integrated approach to pelvic pain often saves money by more expeditiously isolating all of the etiologic factors responsible for the patient's pelvic pain, and treating all those factors immediately, and eliminating costly treatments or unnecessary surgeries which may not improve the patient's outcome and by foreshortening the entire process. Our pain program is guided by advice of normative bodies including American College of Obstetricians & Gynecologists (Practice Bulletin 51), International Pelvic Pain Society and others.

Our work-up will often include:

1. Blood Tests and Urine Tests
2. Tests for infection
3. Ultrasound
4. MRI with contrast of your lower back
5. MRI of your pelvis
6. CAT Scan Urogram or IVP to evaluate your Urinary Tract
7. Laparoscopy, Cystoscopy and Hydro-distension
8. Genetic testing

Based on a patient's individual circumstances, referral to the following types of physicians and specialists will be considered:

1. Gastroenterology
2. Neurology
3. Pain Management
4. Psychology / Psychiatry
5. Urology
6. Doctor of Pharmacy
7. Pelvic Physical Therapy
8. Addiction Medicine Physician

Desert Women's Care will do its best to assure your pain is taken seriously and evaluated thoroughly. Your pain did not just start yesterday and it will take some time for a systematic, Multi-Disciplinary evaluation to take place. We are confident that this is the route that will give the greatest likelihood to diminish or cure your discomfort.

Desert Women's Care's intention is to expediently diagnose and treat the underlying cause(s) of a patient's pain, to diminish or eliminate the pain and to minimize the need for narcotic analgesics which can often lead to patient habituation and dependence. Habituation is always a hazard of long-term narcotic use. Two factors operate with long term narcotic use. First, the more narcotics the patient is exposed to, the lower the patient's threshold for pain becomes; less noxious stimulus is required to cause the same level of pain. Second, chronic consumption of narcotics induces hepatic enzymes; more narcotics are required to achieve the same level of pain control.

Desert Women's Care aspires to the highest standards in management and supervision of chronic pelvic pain patients. Because three times more people are addicted to and die from prescription pain medications than all illegal narcotics combined, high levels of supervision are required. Patients sign a Pain Contract at the beginning of treatment spelling out the program and its requirements. Patients are asked to record, on a daily basis, all drugs taken, details of their pain and an average pain score. Compliance with treatment is assured by regular querying of the Arizona CSPMP database (listing of all narcotic prescriptions filled by a patient) and through urine toxicology testing at office visits.

Additional information is available at the web site for The International Pelvic Pain Society (www.PelvicPain.org), the Desert Women's Care site (www.DesertCares.com) and UpToDate (www.UpToDate.com).

DESERT WOMEN'S CARE PELVIC PAIN ORDER SHEET

ORDER ITEM _____

Office Based:

- _____ Thin Prep Pap
- _____ STD Panel
- _____ CBC with differential
- _____ ESR and CRP
- _____ UA with C&S
- _____ Molecular Testing Genetics panel
- _____ IBS Questionnaire
- _____ PUFF Questionnaire
- _____ DWC Pain Contract

Formulary:

- _____ Analgesic User's Metabolic Supplements
- _____ Non-Analgesic Pain Cream- external use
- _____ Non-Analgesic Pain Cream- vaginal use
- _____ Post-Op Analgesic Wound Cream
- _____ Scar Reduction Cream

Imaging Studies:

- _____ MRI of lumbo – sacral spine with Gadolinium
- _____ MRI of pelvis with attention to uterus and pelvic plexus
- _____ CAT Urogram
- _____ IVP

Surgery:

- _____ Schedule Laparoscopy, possible ablation of lesions, possible lysis of adhesions, cystoscopy and hydro-distension
- _____ Schedule home nursing care for post-op visits

DESERT WOMEN'S CARE PELVIC PAIN PROGRAM

Consultations:

- _____ Referral to Gastroenterology
Nadim Zyadeh, MD
2236 West Bethany Home Road, Phoenix, AZ 85015
P: (602) 973-6666

- _____ Referral to Neurology
George Wong, MD
1492 South Mill Avenue, Suite 214, Tempe, Arizona 85281
P: (480) 967-6088 F: (480) 967-6887

- _____ Referral to Psychology / Psychiatry

- _____ Referral to Pain Management
The Pain Center of Arizona
P: (888) 724-6236

- _____ Referral to Addiction Medicine
Greg Ellison, MD
2127 East Baseline, Suite 104, Tempe, Arizona
P: (480) 897-7070

- _____ Referral to Pharmacy
Assured Rx
13555 Automobile Blvd, Suite 230,
Clearwater, FL 33762
P: (888) 987-9977 F: (888) 209-4962

- _____ Referral to Pelvic Physical Therapy
Dynamic Rehab
2940 East Banner Gateway Drive, Suite 425, Gilbert, Arizona 85234
P: (480) 813-7900 F: (480) 813-7901

- _____ Referral to Vulva Clinic
Fowler GYN International
5410 North Scottsdale Road, Suite B-200, Paradise Valley, Arizona
P: (480) 420-4001 F: (480) 447-3720