



Chronic pelvic pain



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NHS Trust

Chronic Pelvic Pain

- Background
- Prevalence
- Aetiology
- Surgical treatment

Chronic pelvic pain

- **Annual prevalence of 38/1000**
- **Major impact on health-related quality of life, work productivity and health care utilisation.**
- Constant or intermittent, cyclic or acyclic pain, that persists for 6 months or more and includes dysmenorrhoea, deep dyspareunia and intermenstrual pain (Vercellini et al 1989).

Background

- Laparoscopy commoner than detailed history taking in the UK
- Pain is complex phenomenon affected by several factors
- Knowledge might be helpful in clinical evaluation and management

Clinical Process and knowledge requirements

Research evidence sought from literature searches

Prevalence
knowledge about disease burden

Patient presentation
knowledge about aetiology/diagnosis

Testing
• *History*
• *Examination*
• *Investigations*

Diagnosis
knowledge about prognosis

Therapy
• *Changes prognosis*

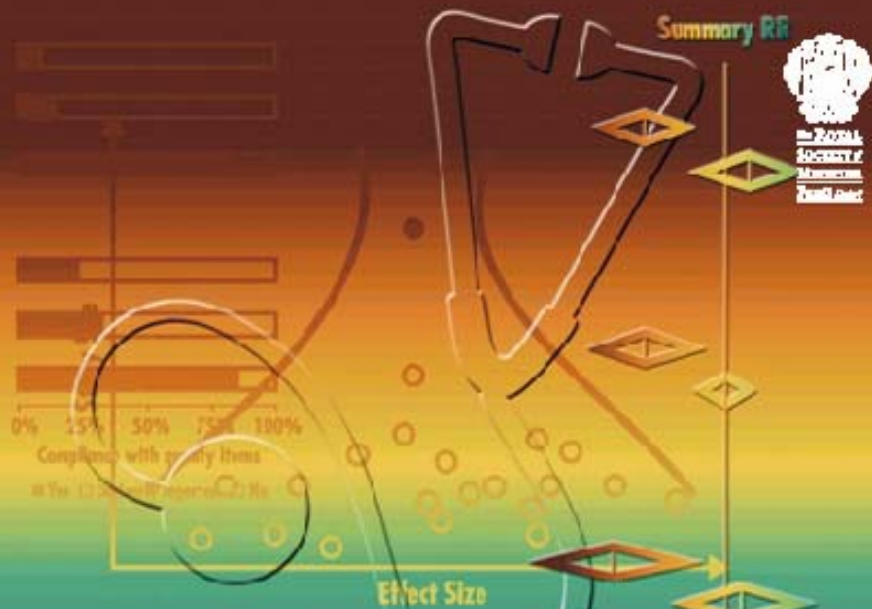
knowledge about therapeutic effectiveness
Clinical outcome

Prevalence Research

Aetiologic and Diagnostic Research

Prognostic Research

Therapy Research



Systematic Reviews to Support Evidence-based Medicine

HOW TO REVIEW AND APPLY FINDINGS OF HEALTHCARE RESEARCH

Khalid S Khan, Regina Kunz, Jos Kleijnen & Gerd Antes

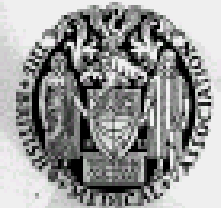
2003 BMA Medical Book Competition

Commended
Basis of medicine

Presented to
Khalid S Khan, Regina Kunz, Jos Kleijnen,
Gerd Antes and RSM Press

For
Systematic Reviews to Support
Evidence-based Medicine: how to review
and apply findings of healthcare research

President 
Secretary 



Five steps to conducting a systematic review

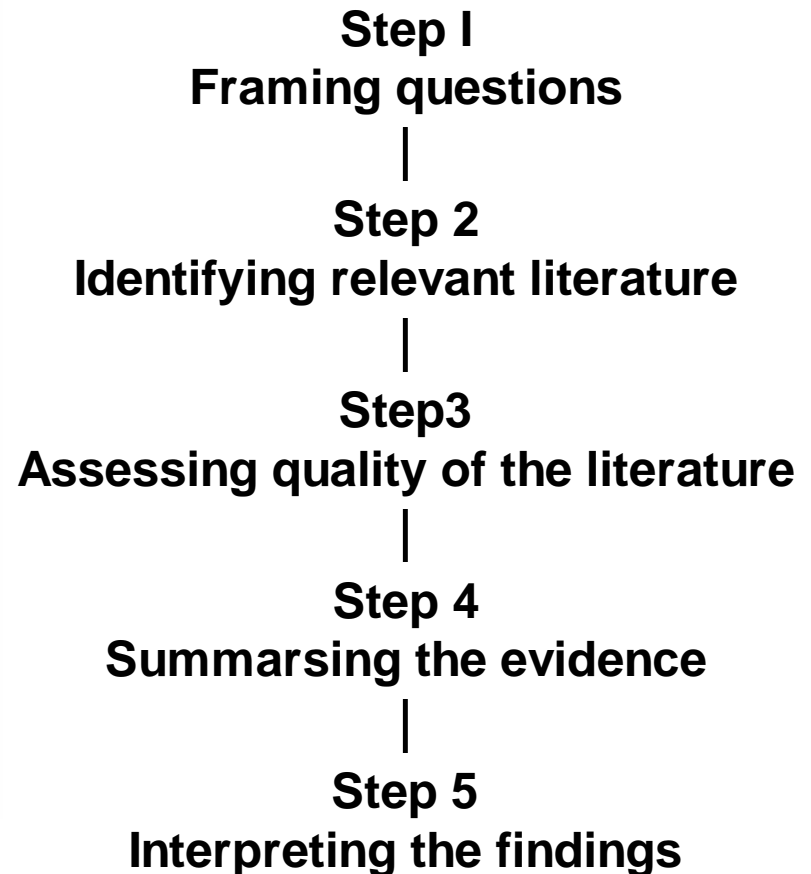
Khalid S Khan MB MSc Regina Kunz MD MSc¹ Jos Kleijnen MD PhD² Gerd Antes PhD³

J R Soc Med 2003;96:118–121

Systematic reviews and meta-analyses are a key element of evidence-based healthcare, yet they remain in some ways mysterious. Why did the authors select certain studies and reject others? What did they do to pool results? How did a bunch of insignificant findings suddenly become significant? This paper, along with a book¹ that goes into more detail, demystifies these and other related intrigues.

A review earns the adjective systematic if it is based on a clearly formulated question, identifies relevant studies, appraises their quality and summarizes the evidence by use of explicit methodology. It is the explicit and systematic approach that distinguishes systematic reviews from traditional reviews and commentaries. Whenever we use the term *review* in this paper it will mean a *systematic review*. Reviews should never be done in any other way.

In this paper we provide a step-by-step explanation—there are just five steps—of the methods behind reviewing,

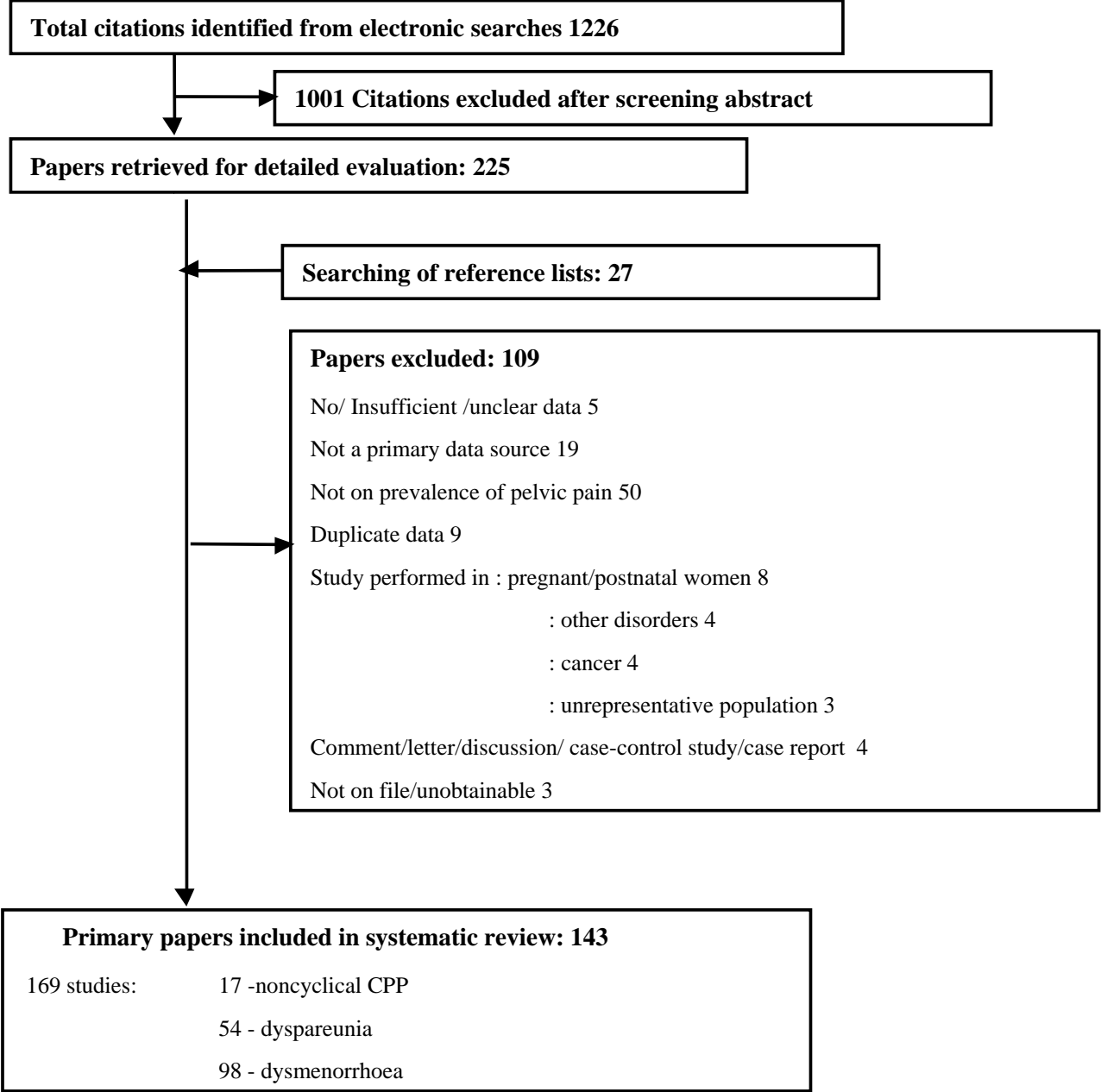


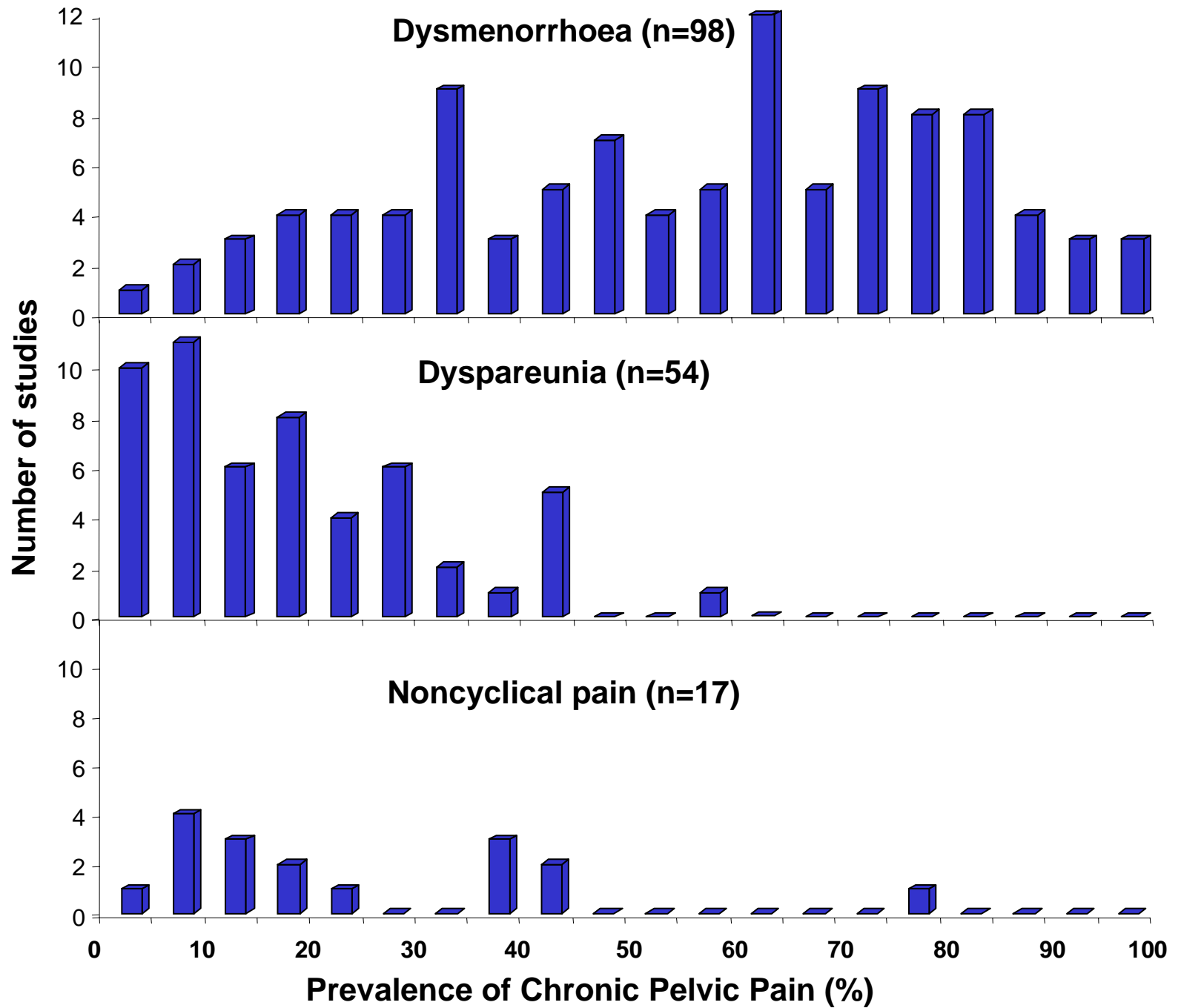
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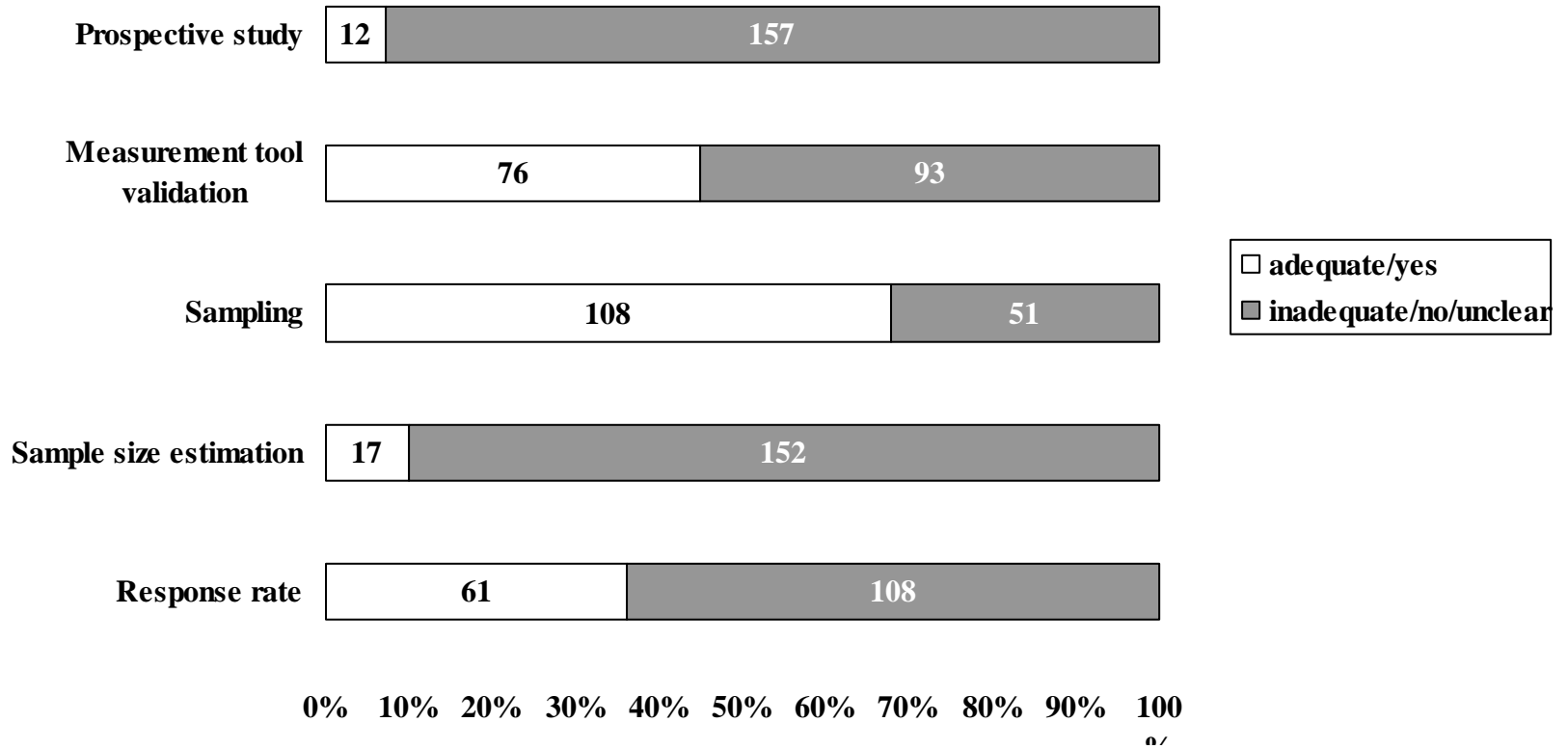
Review Question - prevalence

- **Population:** women at risk
- **Outcomes:** Noncyclical CPP, dysmenorrhoea and dyspareunia





Quality of prevalence studies

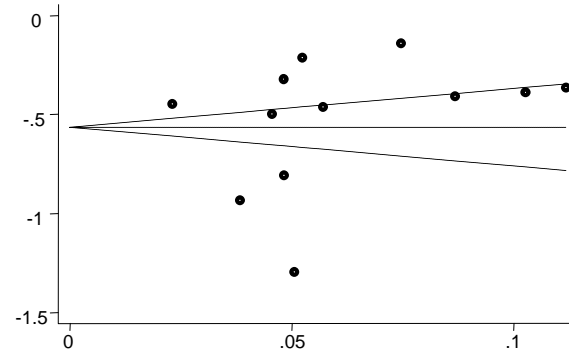
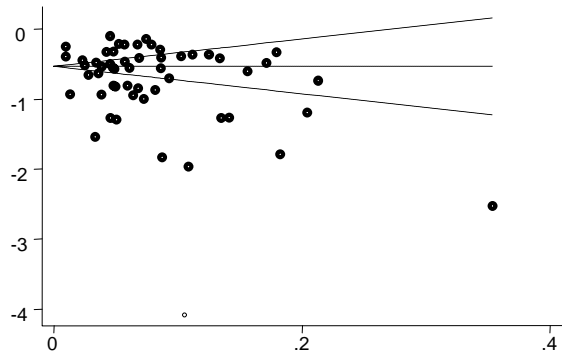
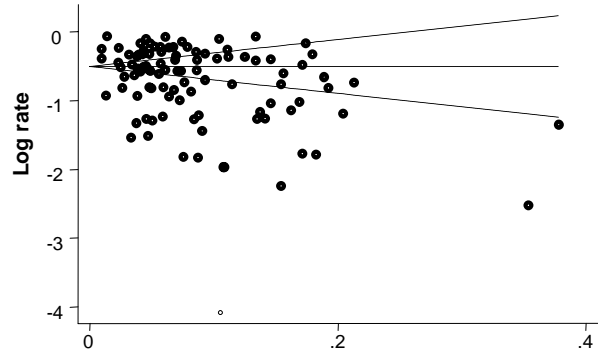


All studies

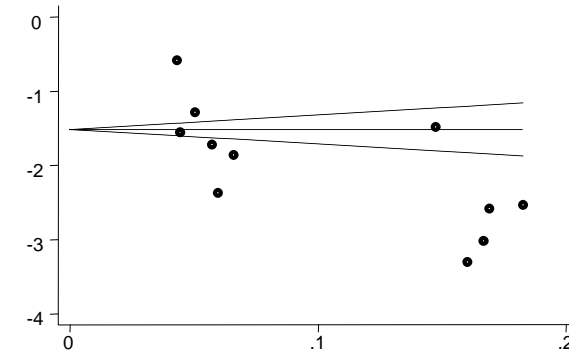
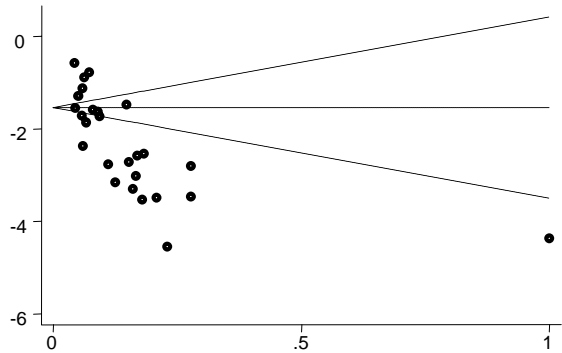
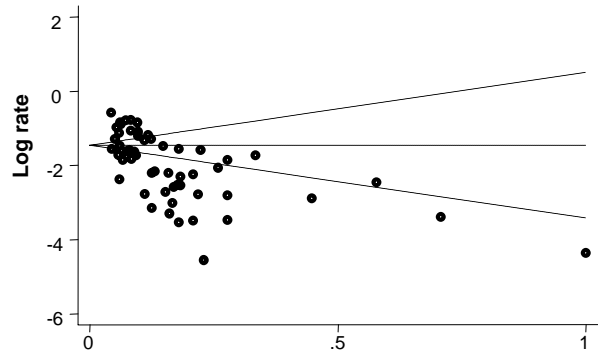
Representative studies only

Representative high quality studies only

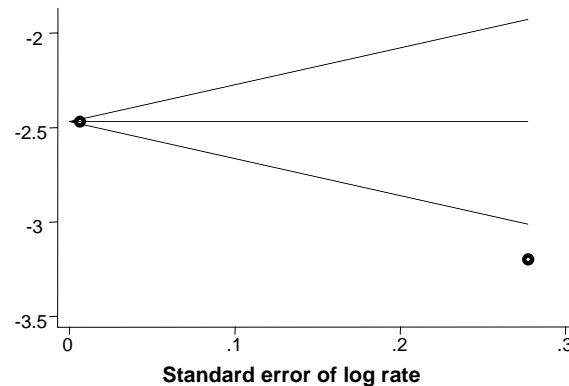
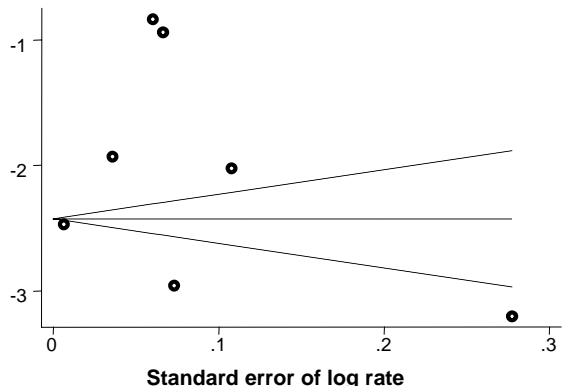
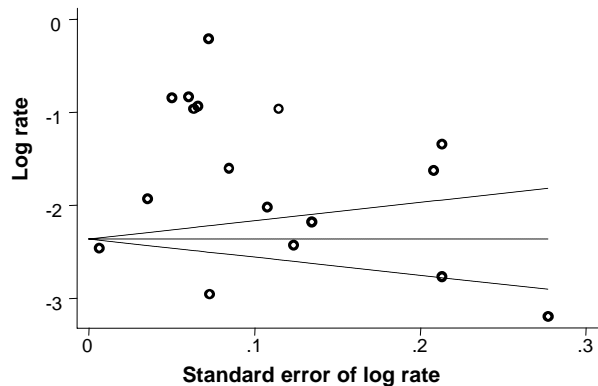
Dysmenorrhea

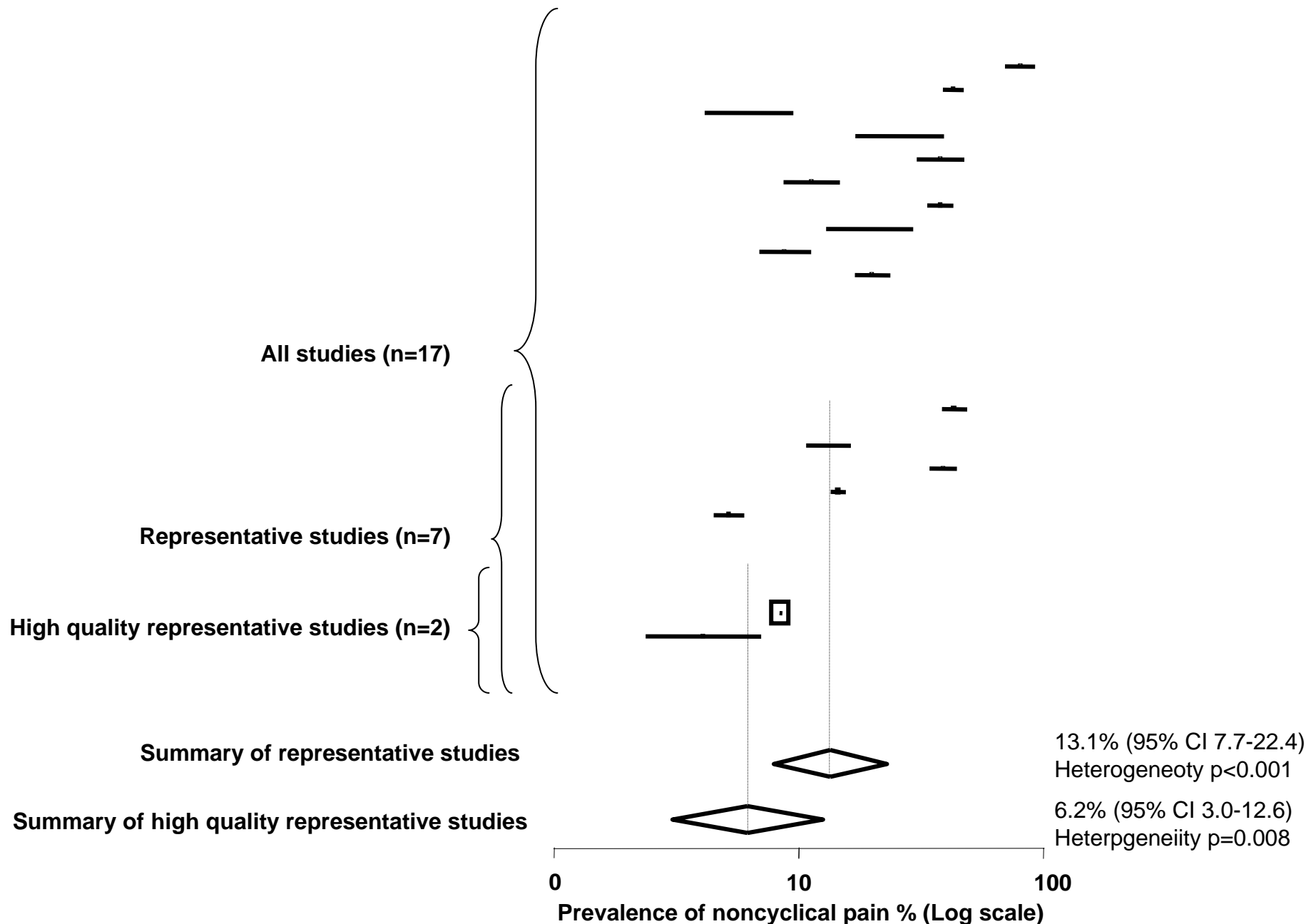


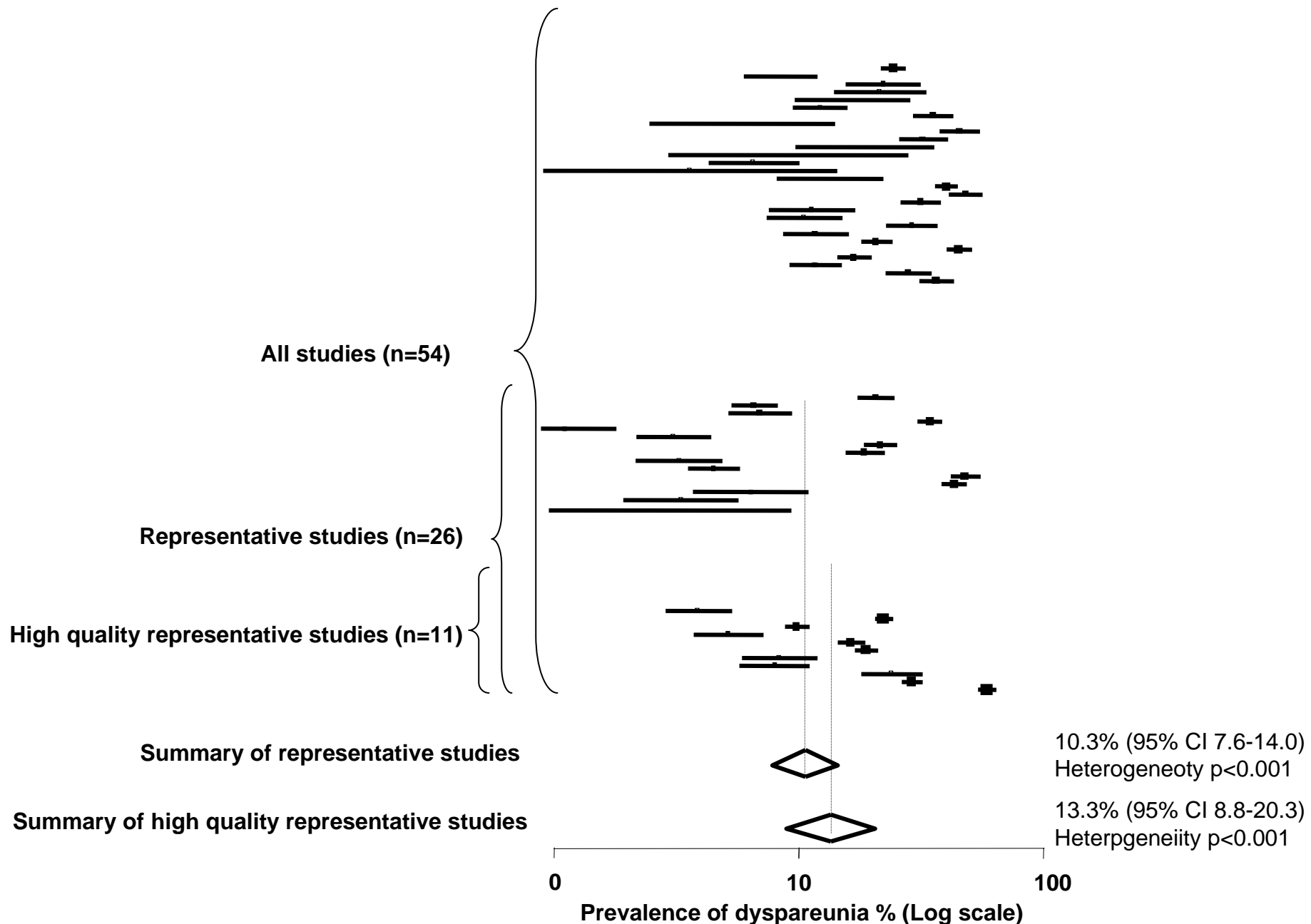
Dyspareunia

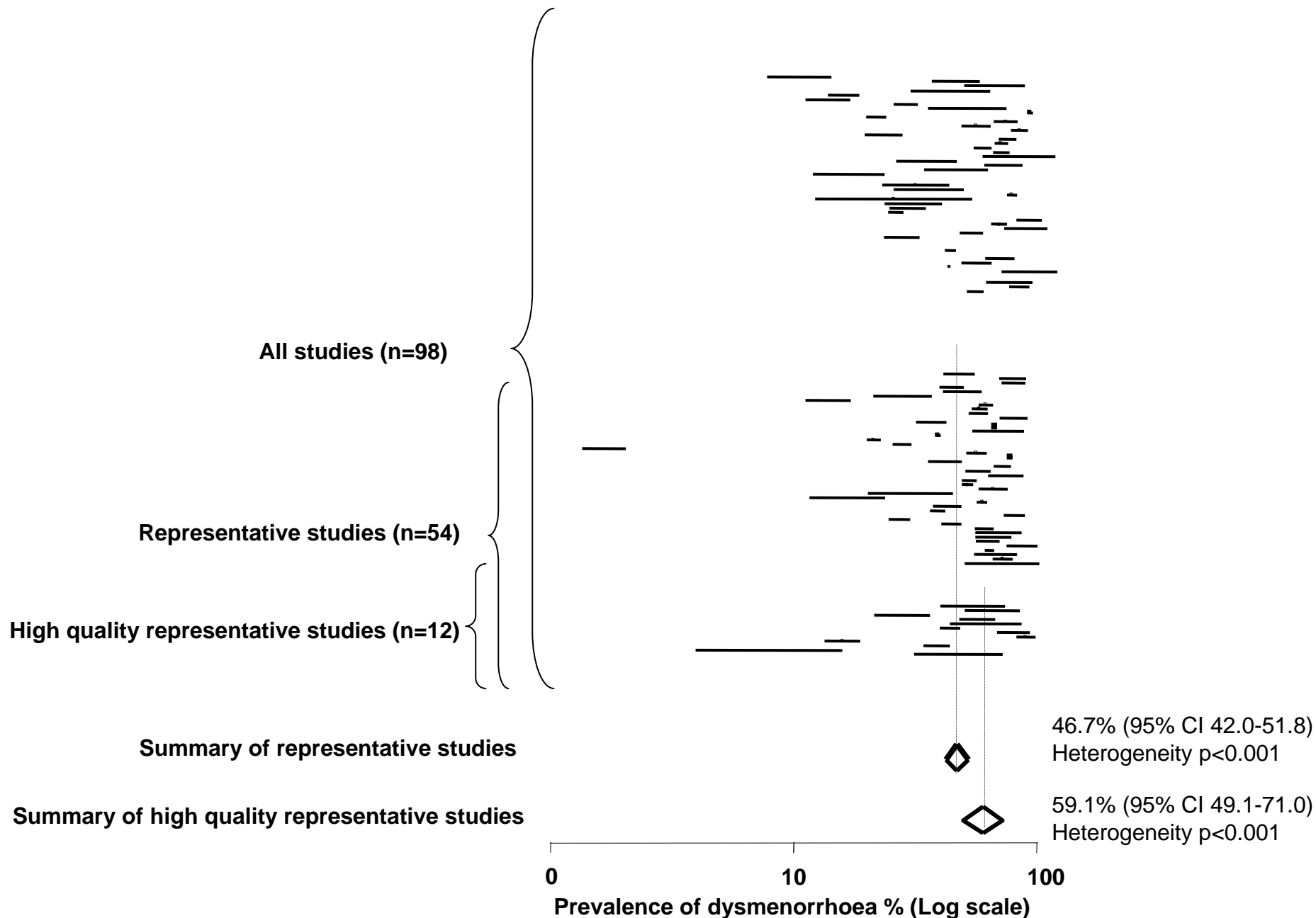


Noncyclical pelvic pain









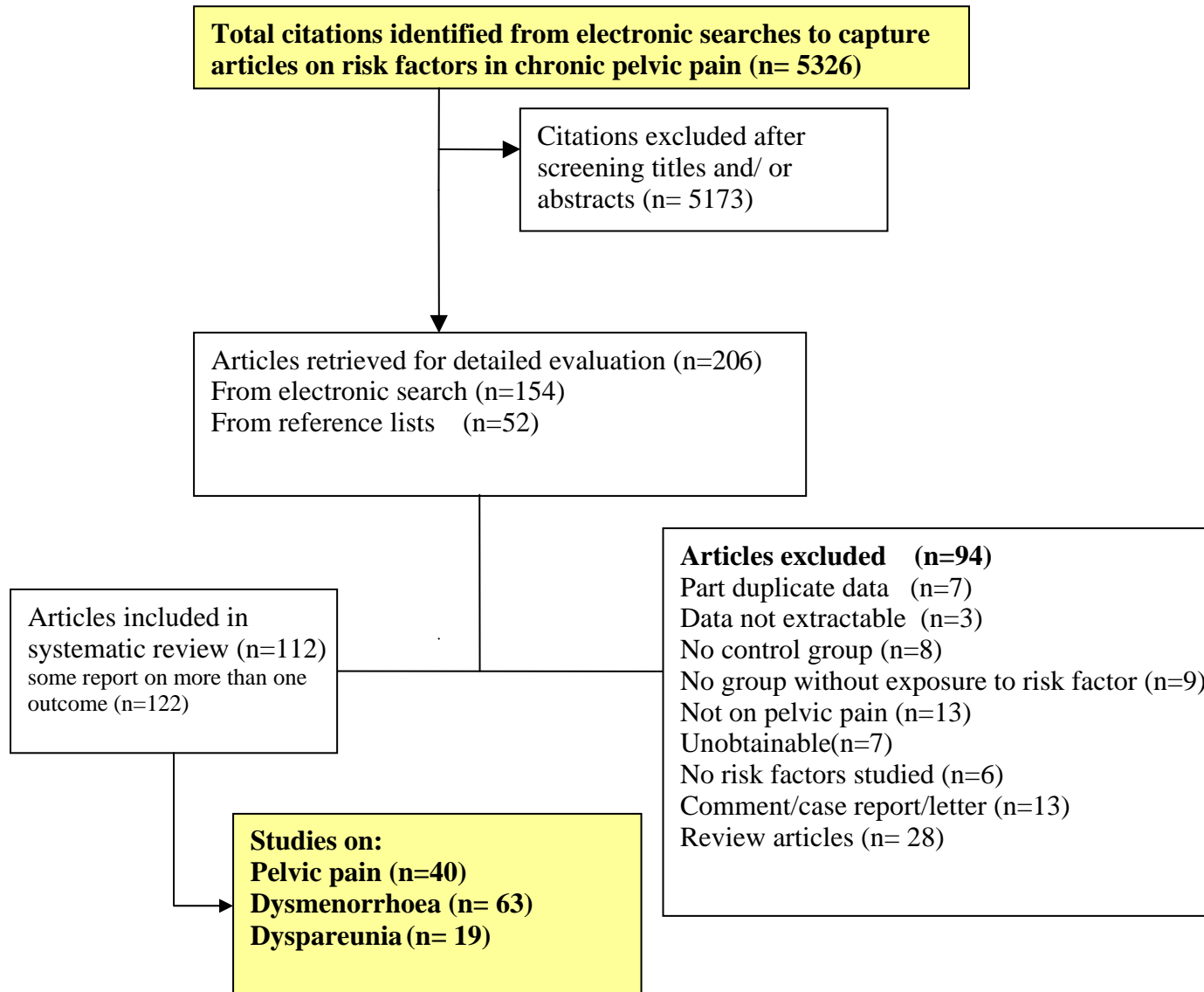
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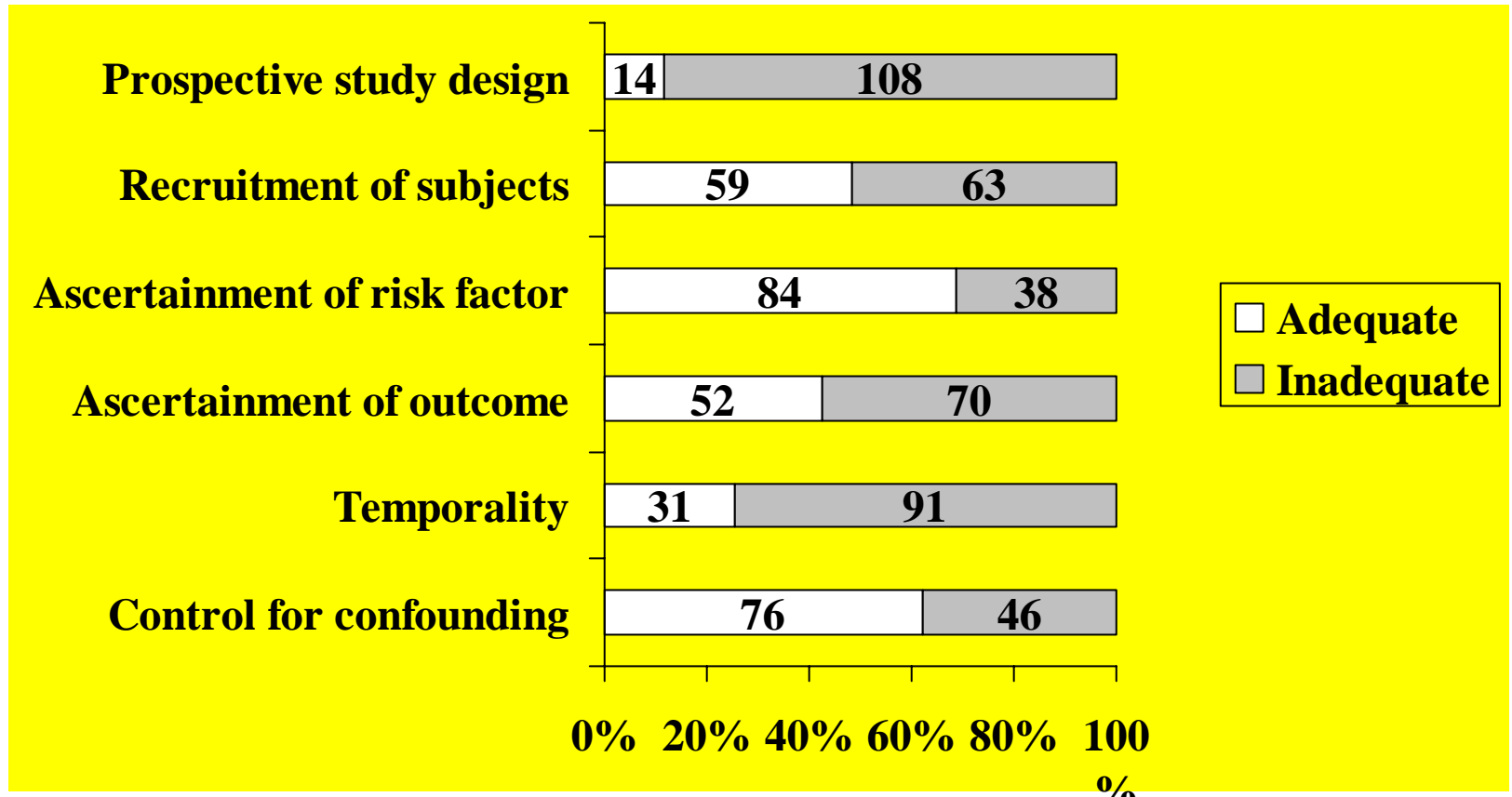
Review Question - aetiology

- **Population:** women at risk
- **Risk factors:**
 - General factors
 - Gynaecological/obstetric factors
 - Psychological and social factors
- **Outcomes:** Noncyclical CPP, dysmenorrhoea and dyspareunia

Study identification and selection



Quality of aetiology studies



Risk factor

General /Gynaecological

- Age <50 years
- Afro-American Race
- Grandmultiparity
- Ulcerative colitis
- Circumcision
- Peri/postmenopausal state
- Prolapse
- Previous PID
- Anxiety
- Depression
- Unsatisfactory relations with partner
- Sexual assault
- Physical abuse

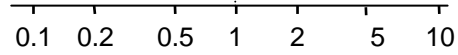
Dyspareunia

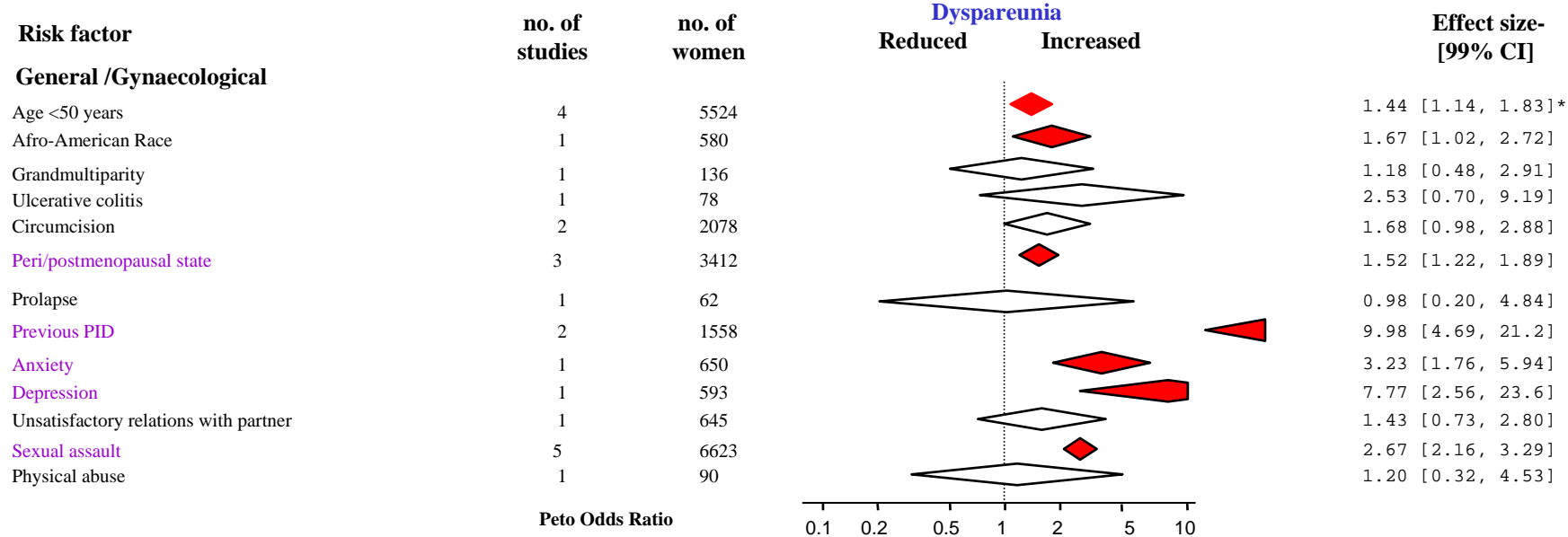
Reduced

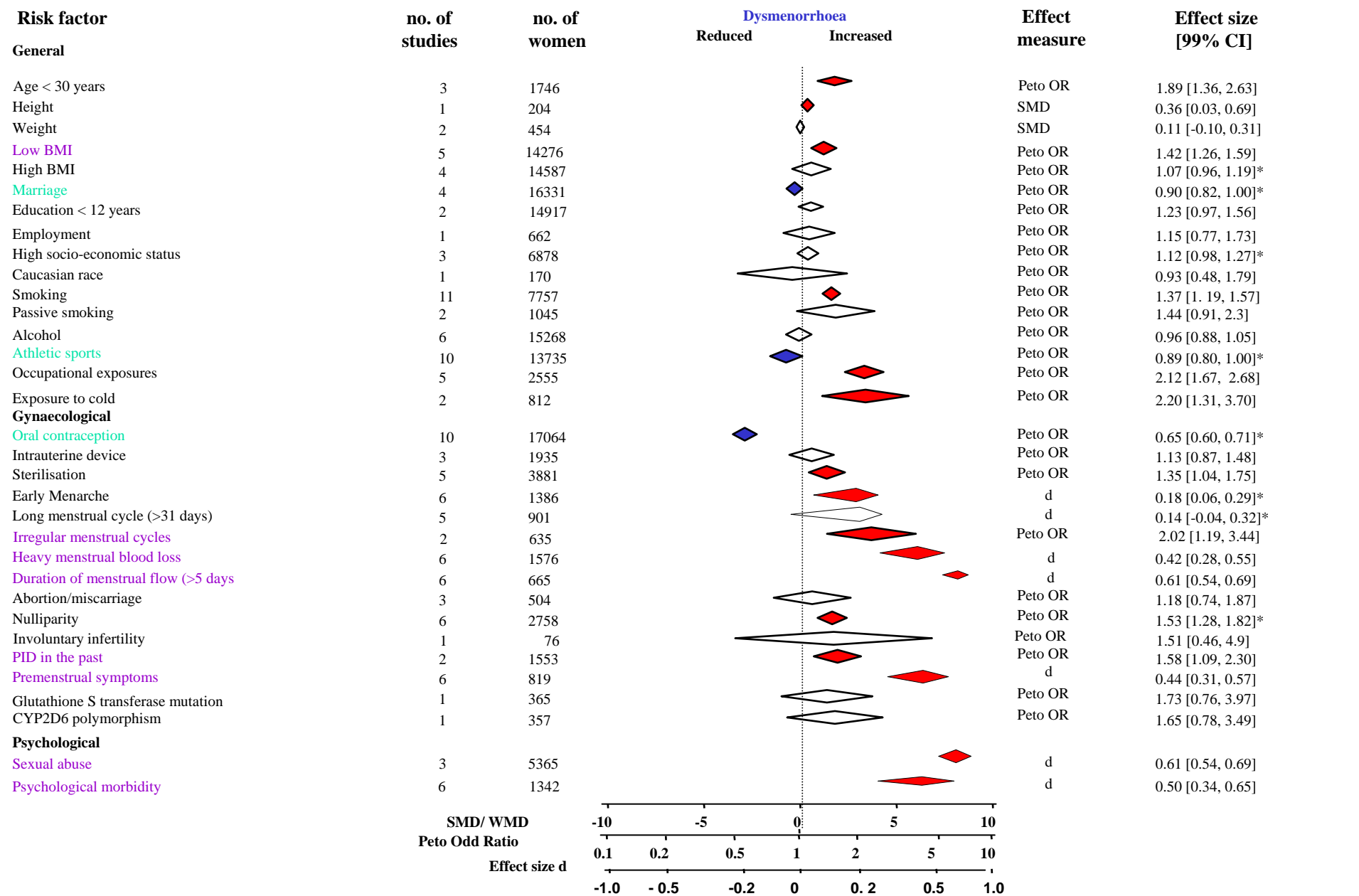
Increased

**Effect size-
[99% CI]**

Peto Odds Ratio

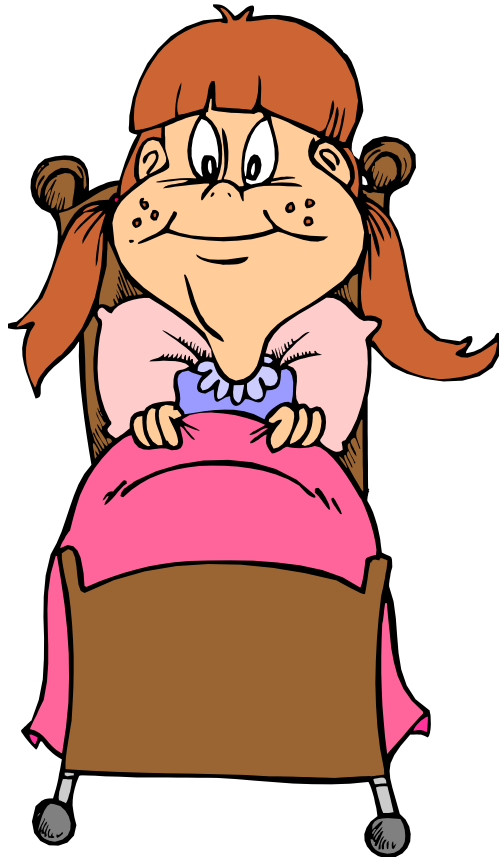






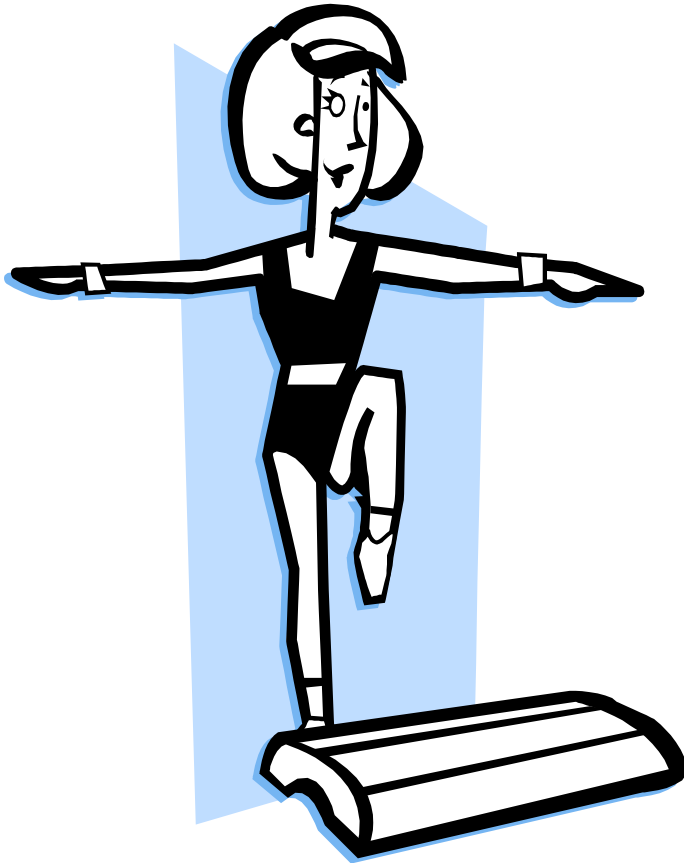
^(depression, somatisation,extraggression, emotional difficulties, suicidal tendency)

Risk factors for dysmenorrhoea

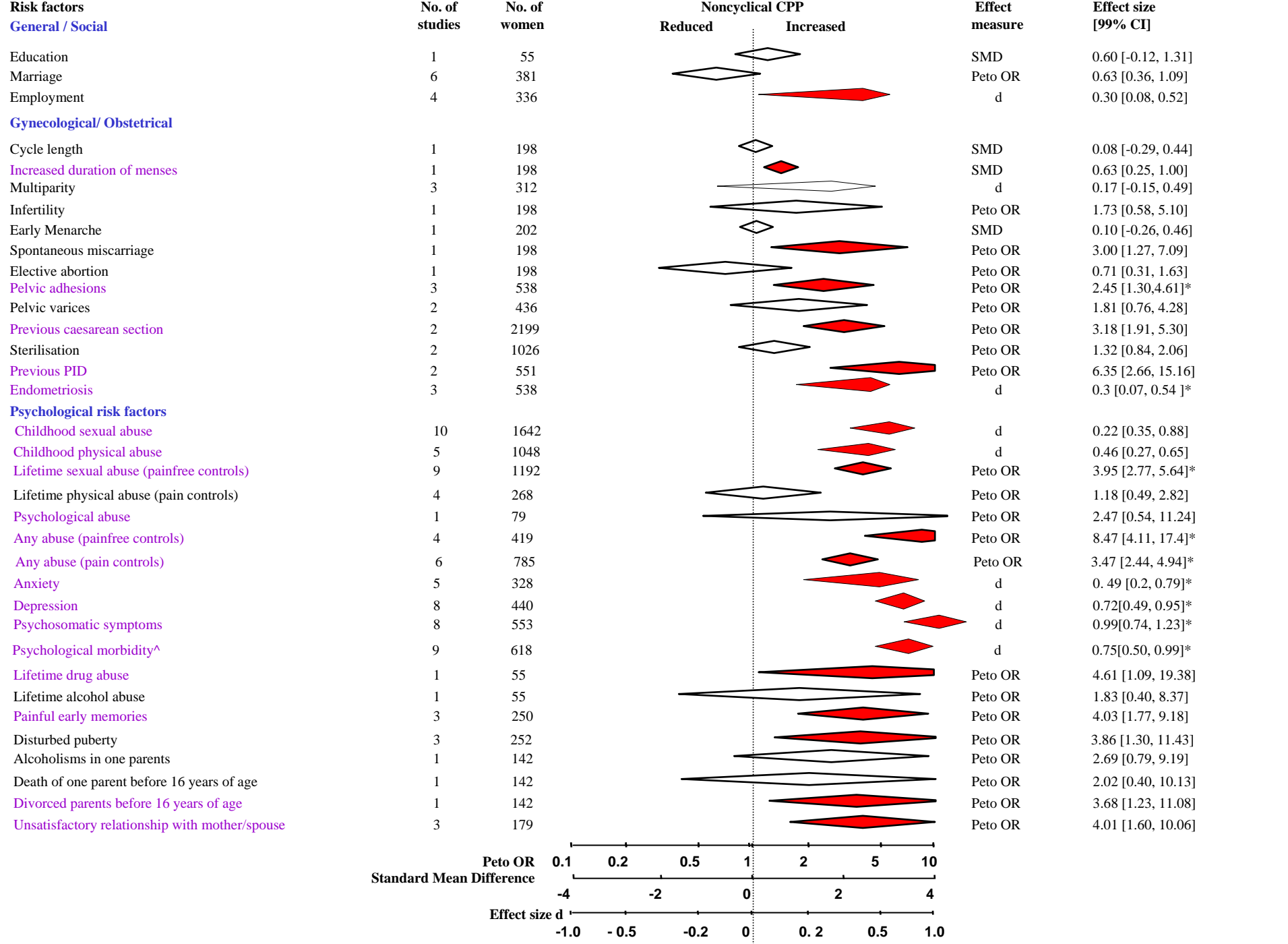


- Age <30 years
- Low BMI (<19)
- Smoking
- Occupational exposures
- Early menarche (<12 yrs)
- Heavy menstrual blood flow
- Long /irregular menstrual cycles
- PID
- PMS
- Sexual abuse
- Psychological morbidity

Protective factors in dysmenorrhoea



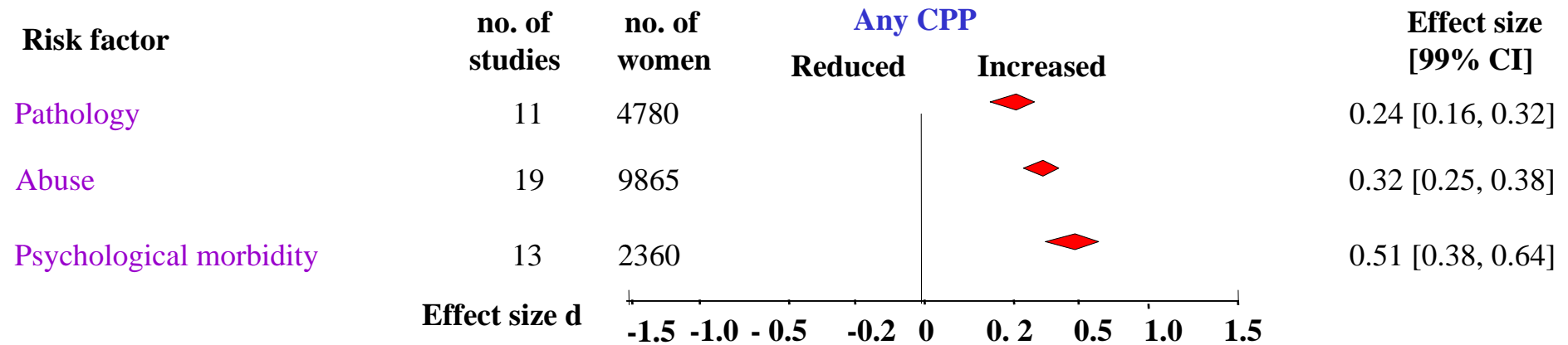
- Oral contraceptives
- Physical exercise
- Marriage/stable relationship



Risk factors for noncyclical pelvic pain

- Noncyclical CPP-
 - Pelvic adhesions, previous LSCS, PID, endometriosis
 - Abuse
 - Psychological morbidity including anxiety, depression and somatisation

Aetiology - conclusion

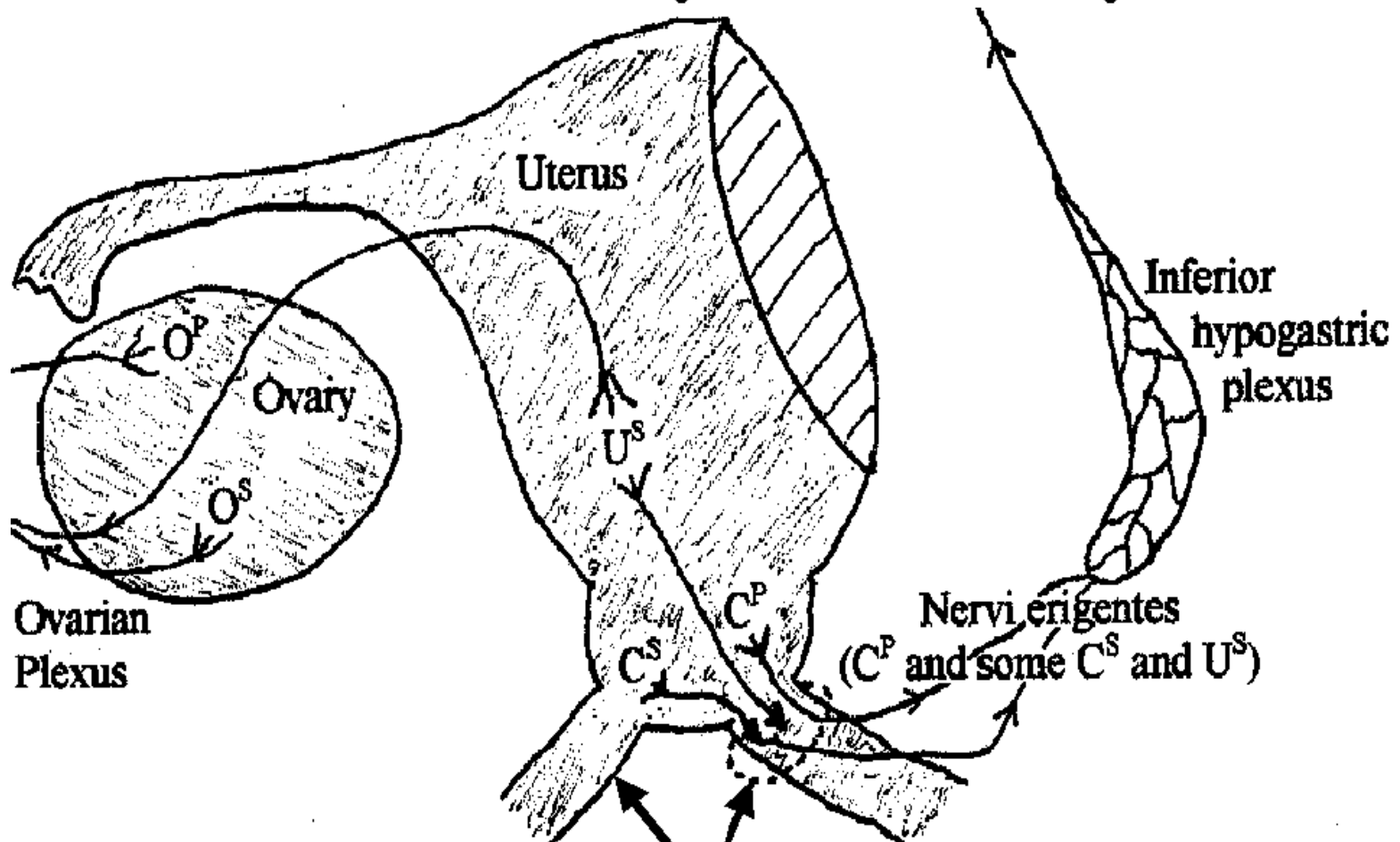


Chronic Pelvic Pain

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LUNA

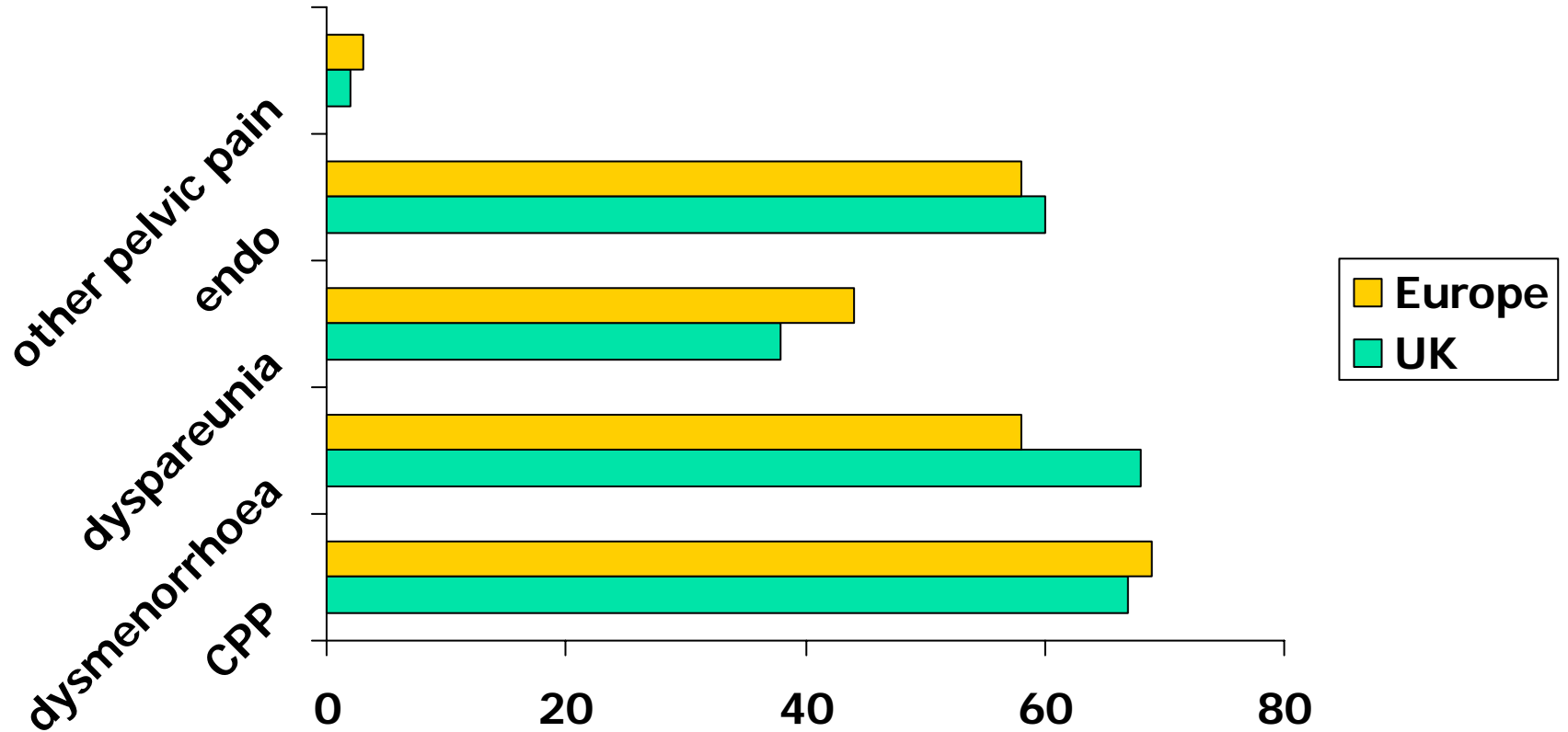
Pelvic Sensory Pain Pathways



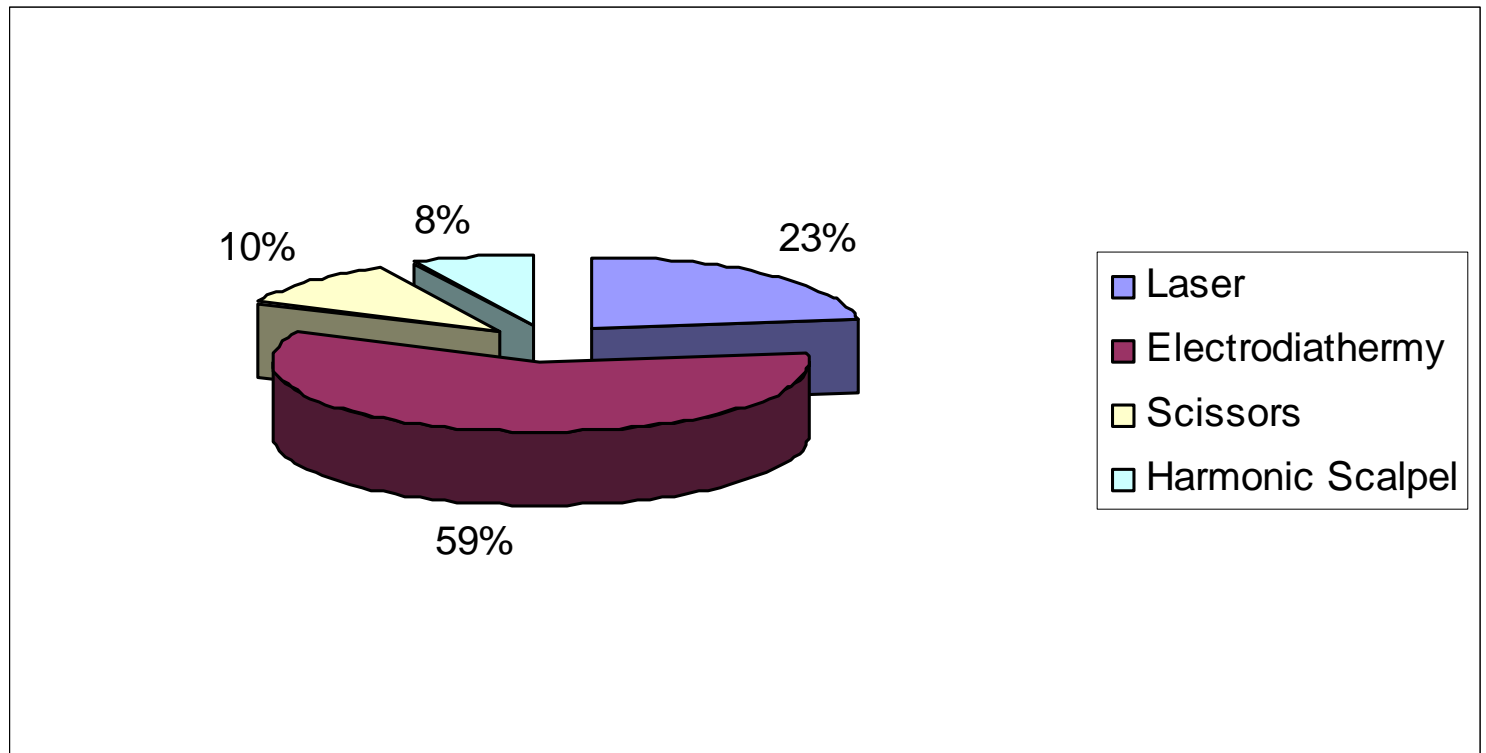
Lee-Frankenhauser
plexuses - sites for
LUNA



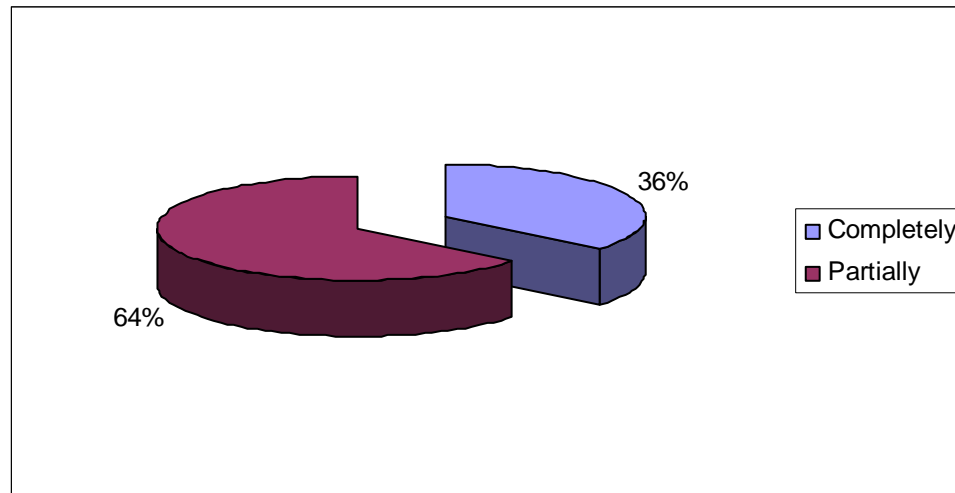
Indications for LUNA



LUNA: Survey of practice 2002

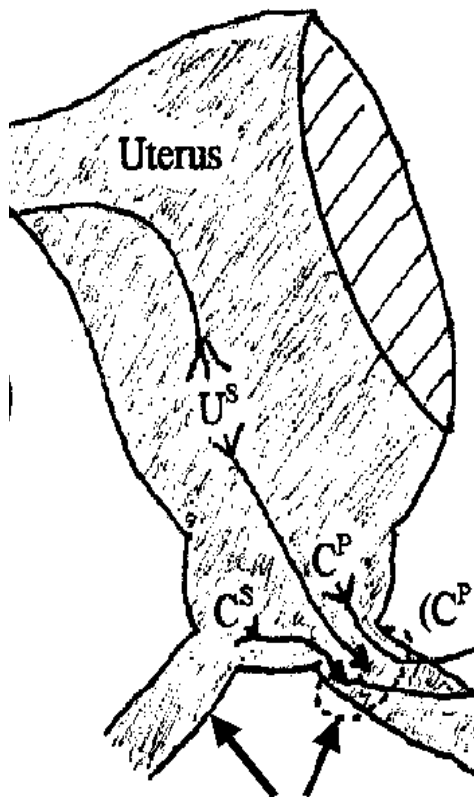


LUNA: Survey of practice 2002

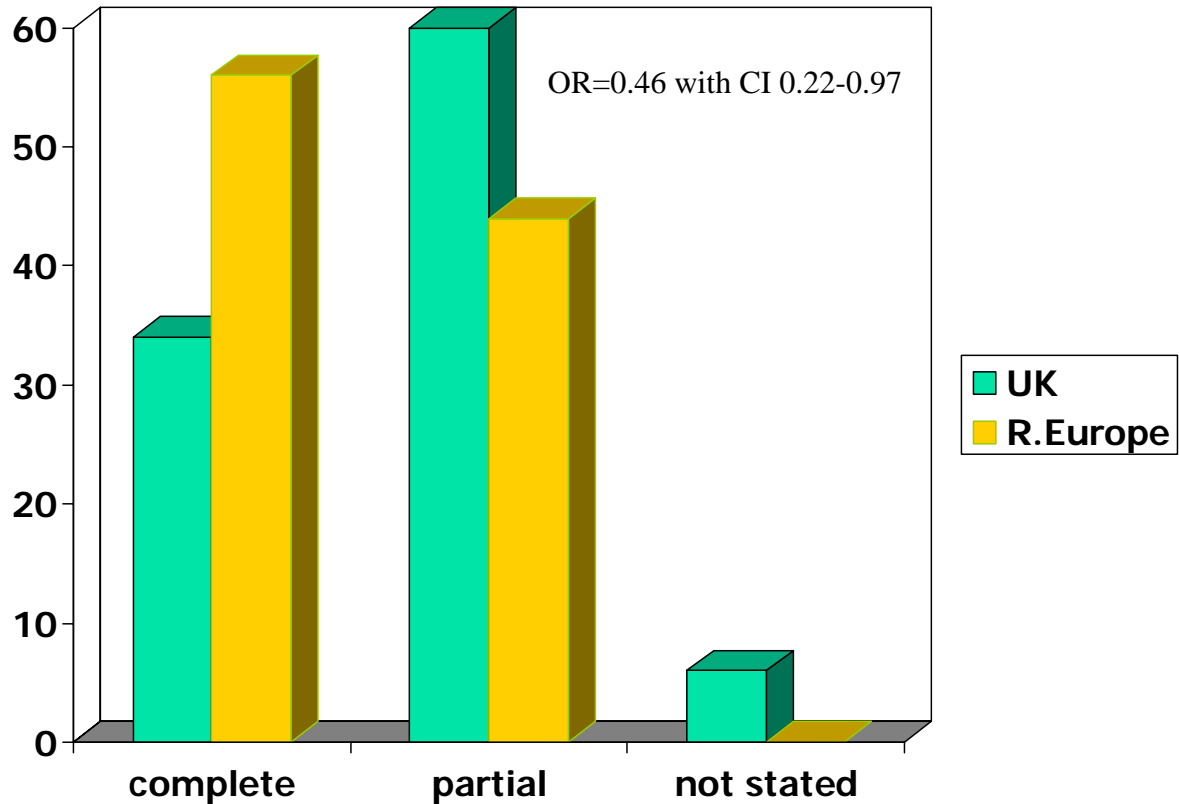


How Uterosacral Ligaments are Transected

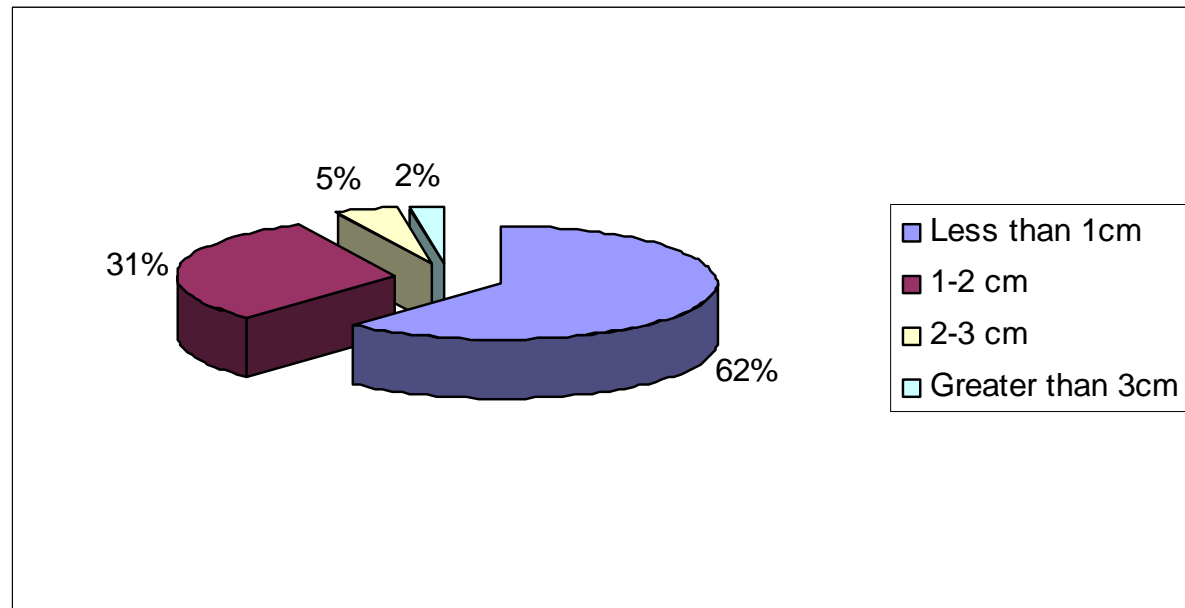
Depth of Transection of USL



**Lee-Frankenhauser
plexuses - sites for
LUNA**

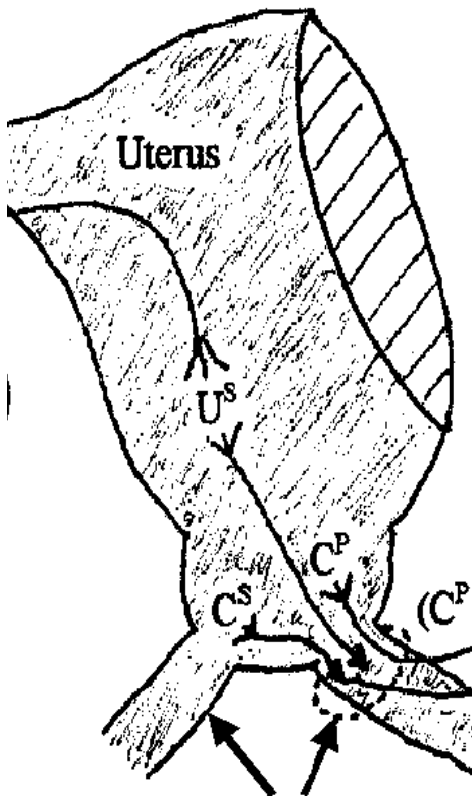


LUNA: Survey of practice 2002

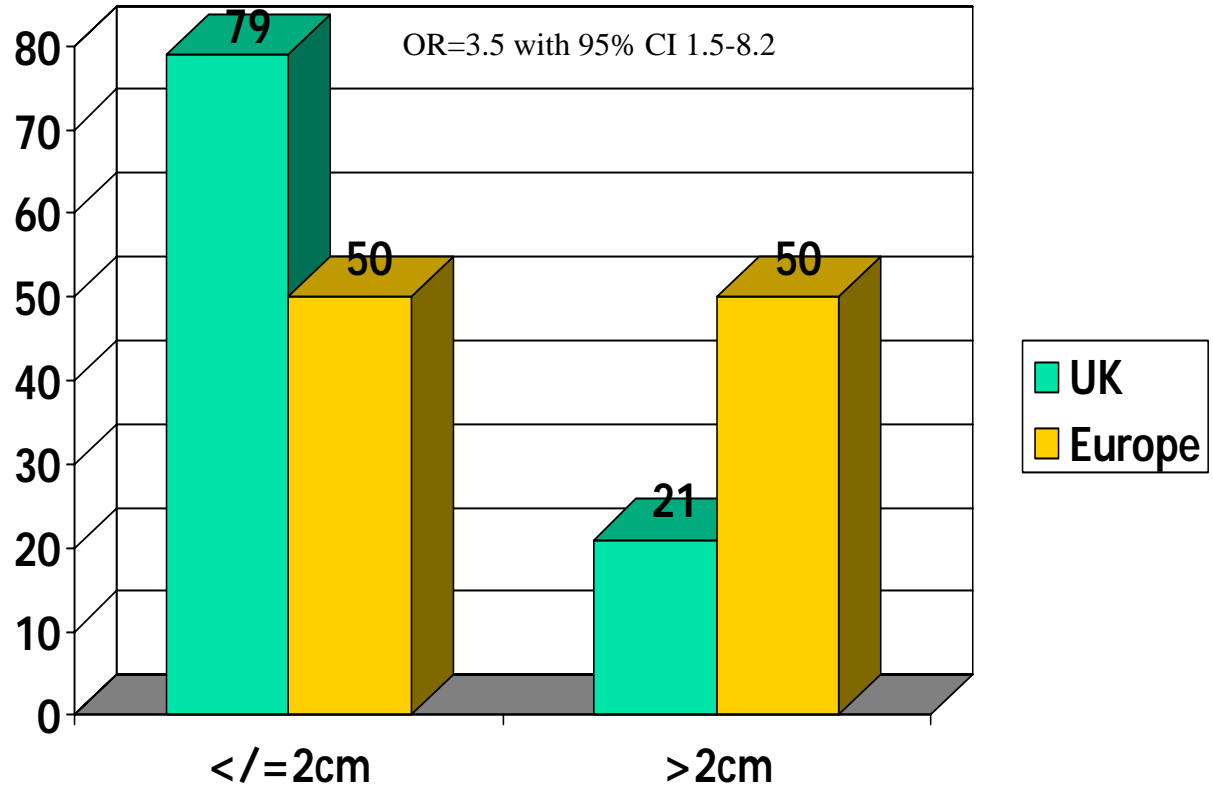


Site at which Uterosacral Ligaments are Transected

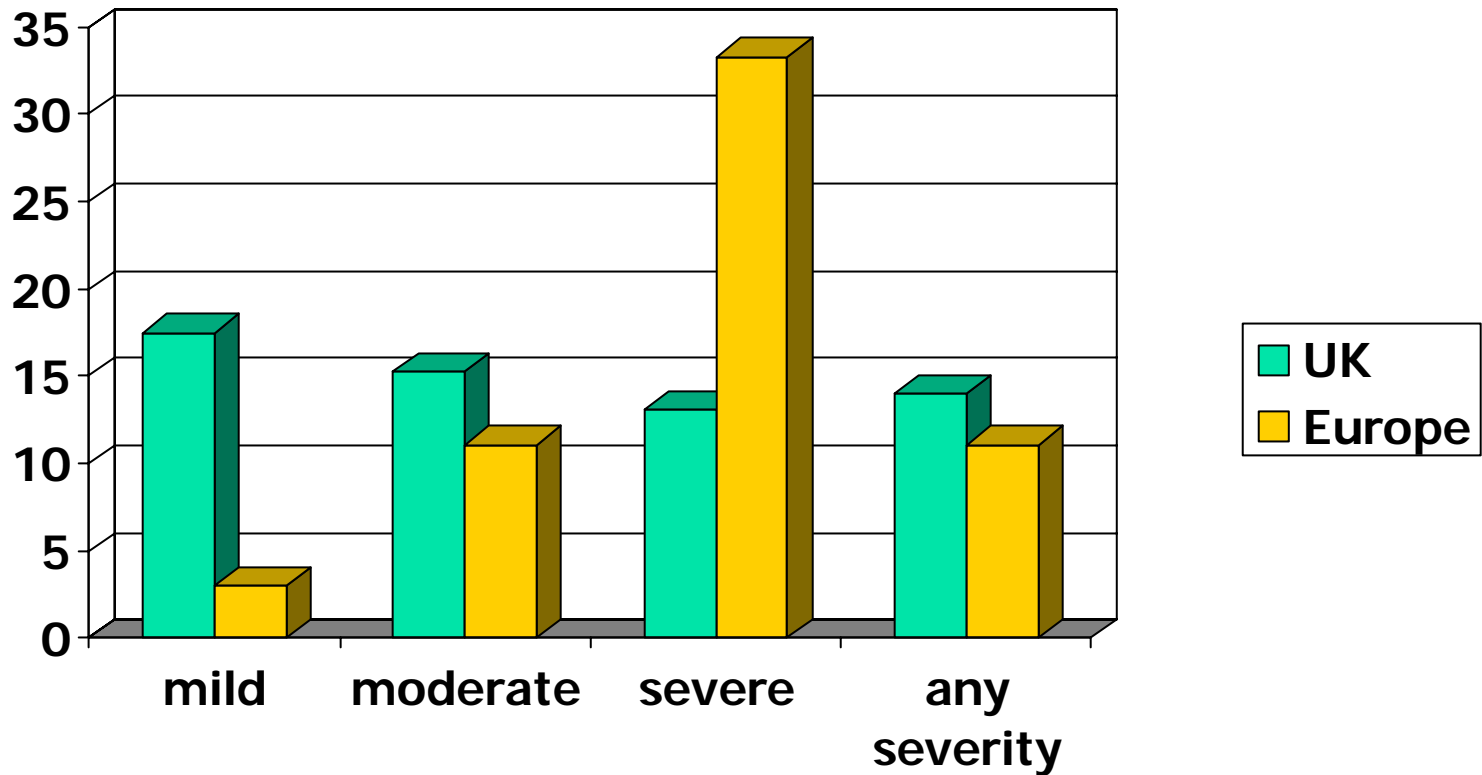
Distance of USL transection



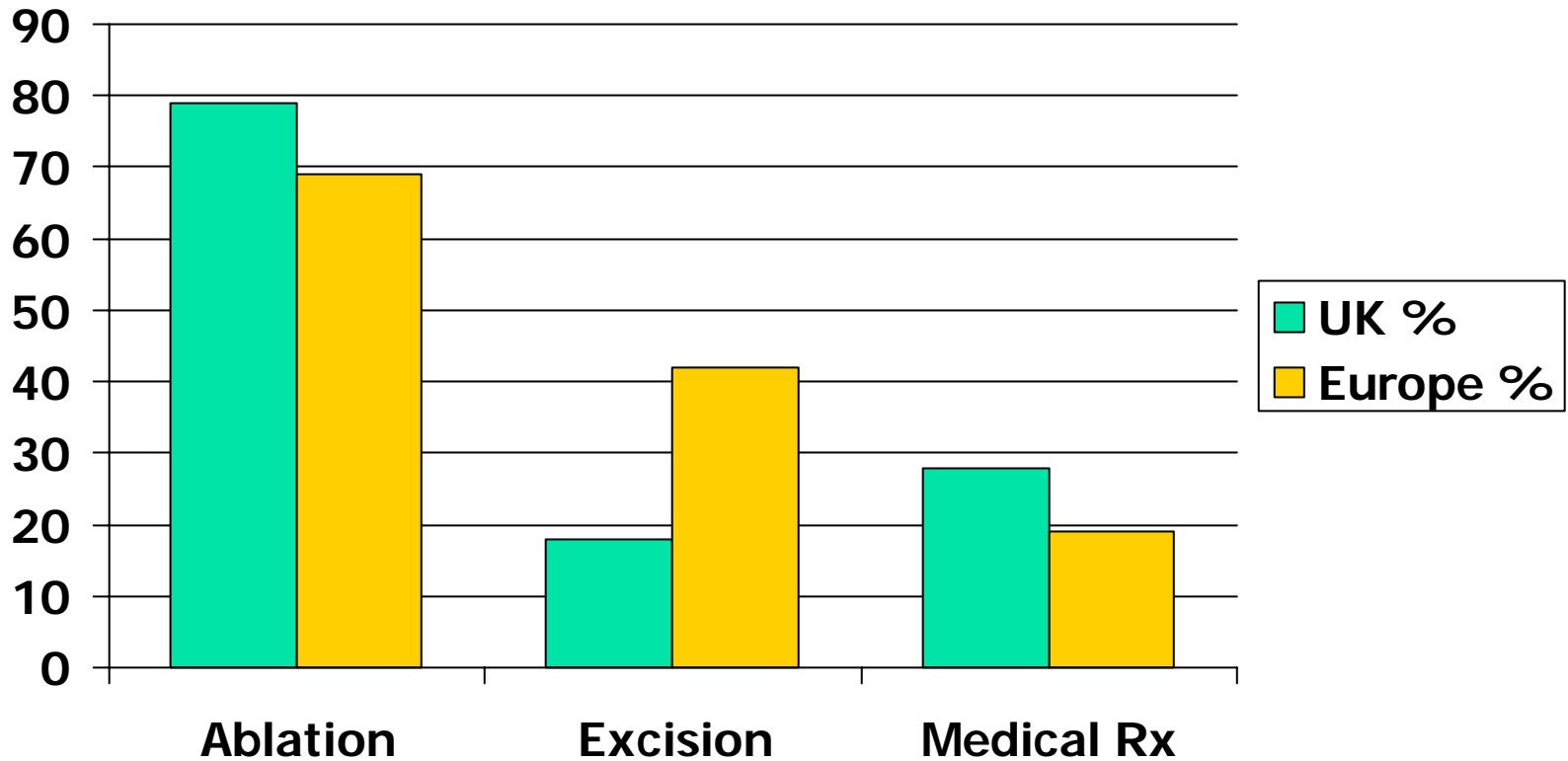
Lee-Frankenhauser plexuses - sites for LUNA



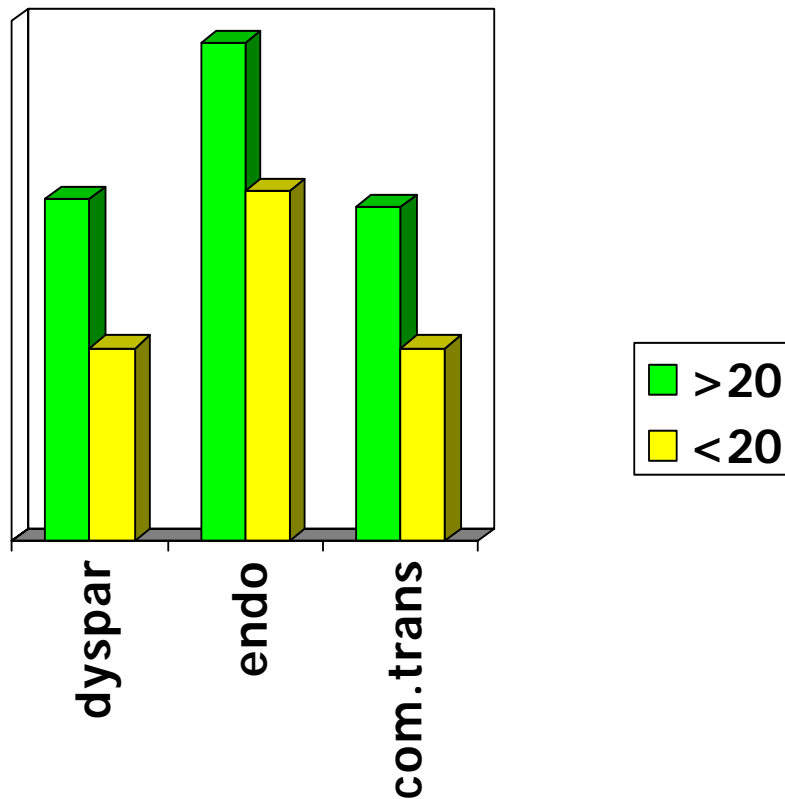
LUNA in endometriosis



Treatment of minimal-mild endometriosis



Comparison by operator experience

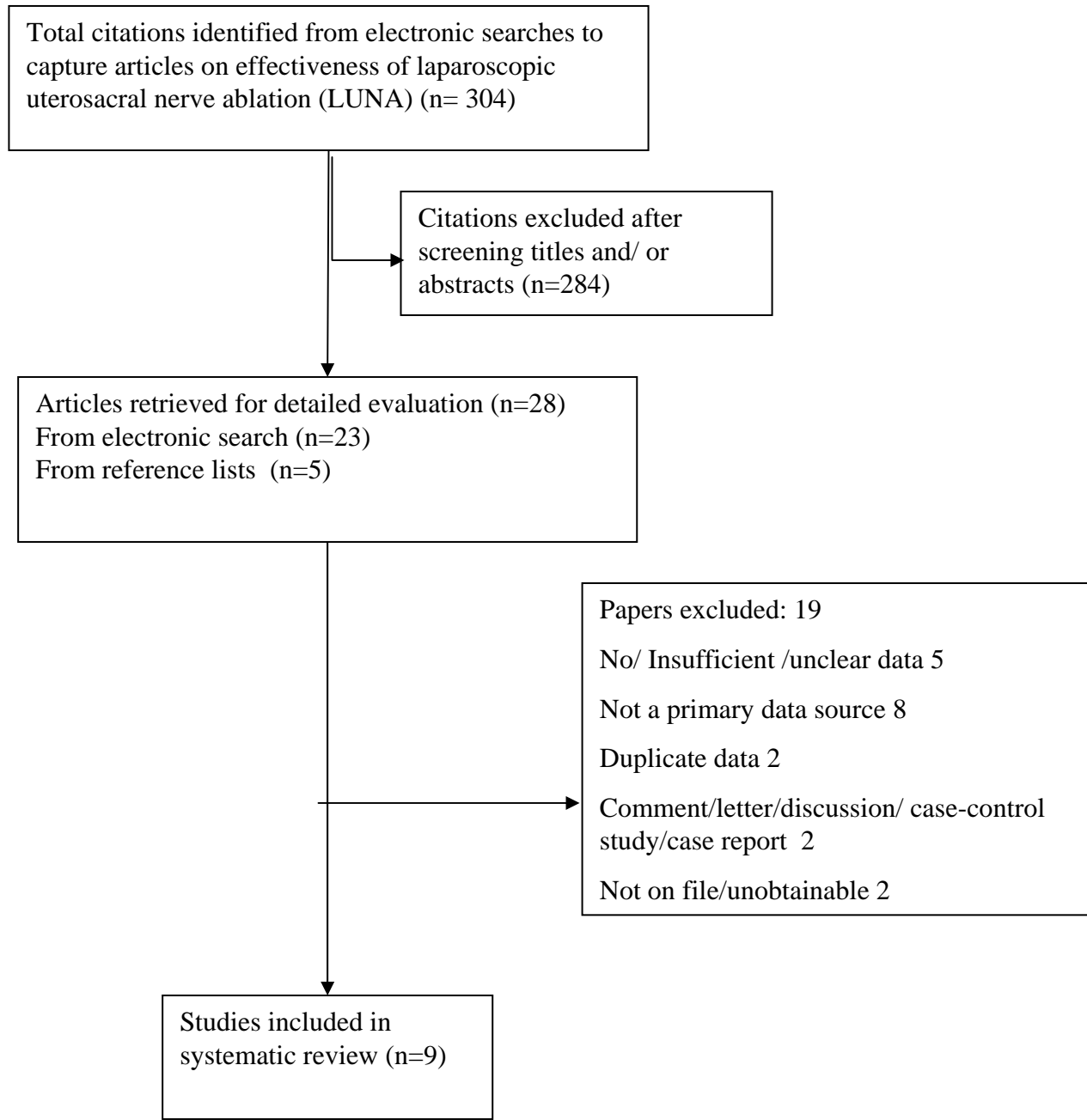


More experienced surgeons:

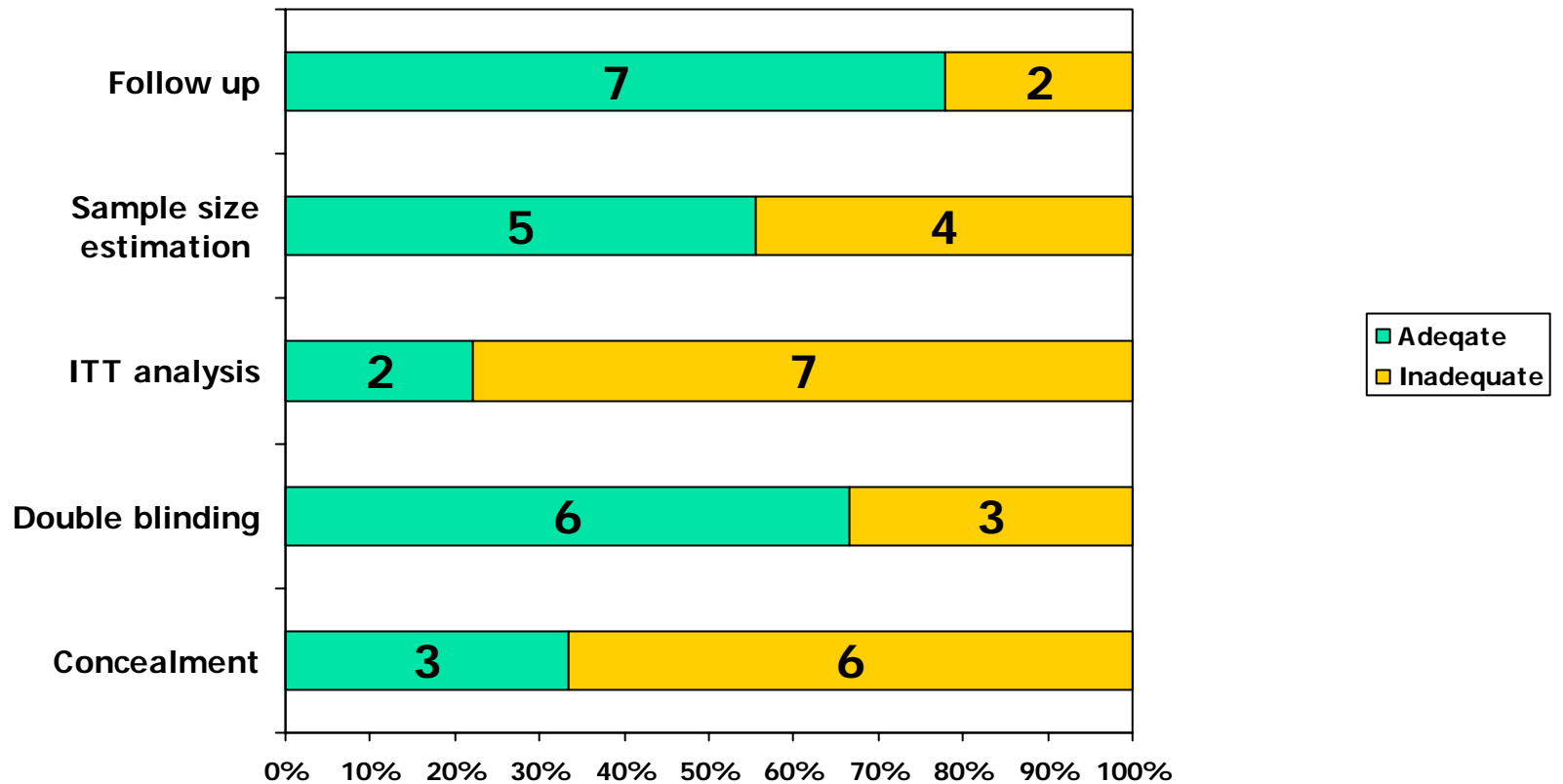
- Dyspareunia (46% vs.26%; OR=2.5; 95% CI 1.2-5.4)
- Endometriosis (67 vs. 47%; OR=2.3; 95% CI 1.2-4.7)
- Complete transection (45% vs. 26%; OR=2.3 95% CI 1.1-4.9)

Review Question - therapy

- **Population:** women at risk
- **Interventions:**
 - LUNA
 - PSN
 - Laparoscopy only
- **Outcomes:** Dysmenorrhoea



Quality of trials



**Odds ratios
(95% confidence interval)**

Primary dysmenorrhea

Follow-up 6 months

LUNA vs. control (2 studies, 68 women)

1.43 (0.56, 3.69)

LUNA vs. LPSN (1 study, 68 women)

0.67 (0.17, 2.61)

Follow-up 12 months

LUNA vs. control (2 studies, 68 women)

6.12 (1.78, 21.03)

LUNA vs. LPSN (1 study, 68 women)

0.10 (0.03, 0.32)

Secondary dysmenorrhea

Follow-up 6 months

LUNA vs. control (3 studies, 190 women)

1.03 (0.52, 2.02)

PSN vs. control (1 study, 126 women)

4.52 (1.84, 11.09)

Follow-up 12 months

LUNA vs. control (2 studies, 217 women)

0.77 (0.43, 1.39)

PSN vs. control (2 studies, 197 women)

3.14 (1.59, 6.21)

Follow-up 36 months

LUNA vs. control (1 study, 116 women)

0.84 (0.39, 1.8)

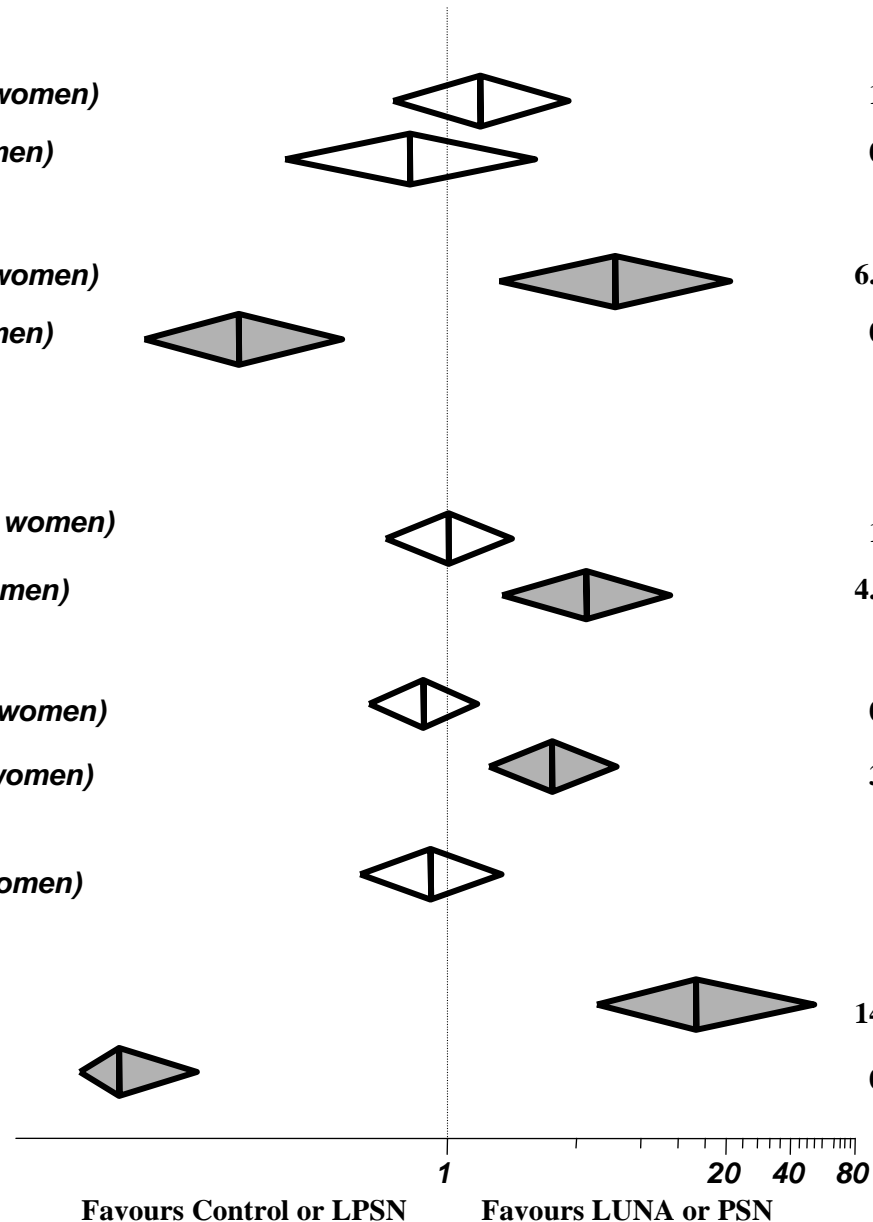
Safety*

*PSN vs. Control**

14.57 (5.04, 42.5)

*LUNA vs. LPSN**

0.02 (0.01, 0.06)



LUNA Summary

- Variation in practice

 - Variations in use

 - Variations in indications

 - Variations in surgical technique

- Equipoise

 - LUNA has been introduced into practice but opinion about its use is not yet solidified

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- Abstract
- Background
- Research Proposal
- Endpoints
- List of abbreviations used
- Competing interests
- Authors' contributions
- Additional material
- Acknowledgements
- References
- Pre-publication history

Study protocol

A randomised controlled trial to assess the efficacy of Laparoscopic Uterosacral Nerve Ablation (LUNA) in the treatment of chronic pelvic pain: The trial protocol [ISRCTN41196151]

The LUNA Trial Collaboration*

Address: Department of Obstetrics and Gynaecology, Birmingham Clinical Trials Unit and Department of Public Health and Epidemiology, University of Birmingham B15 2TT, UK

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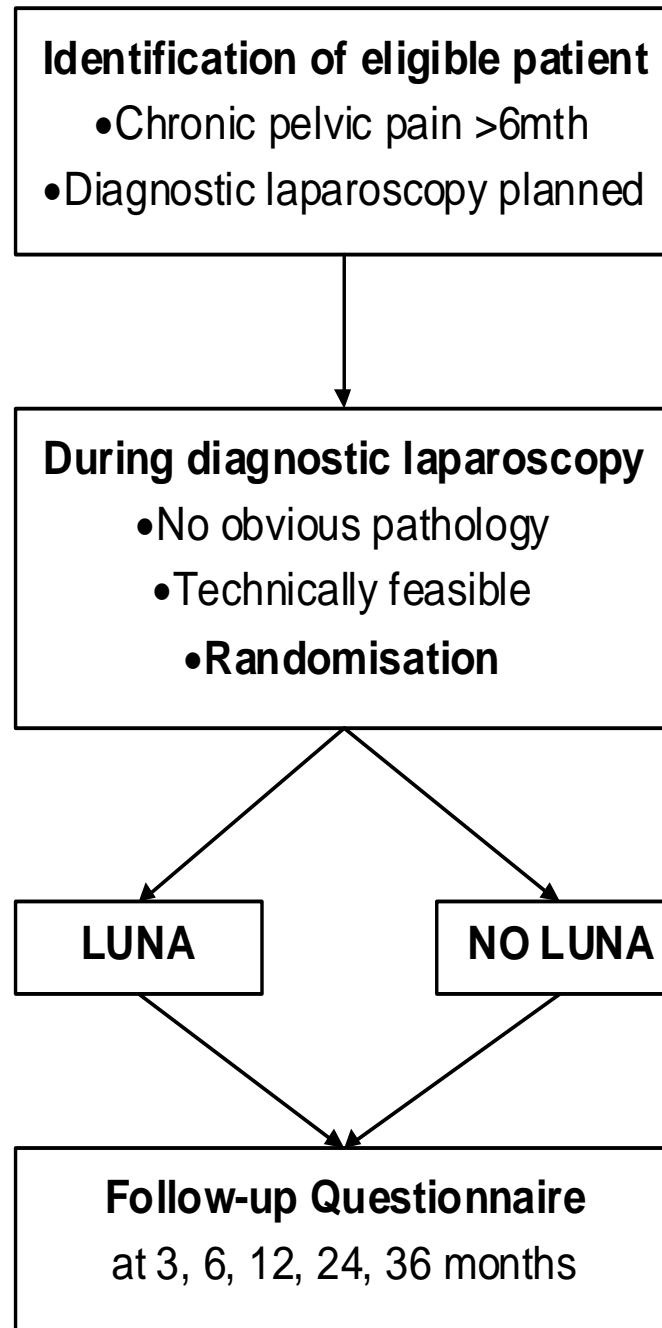
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Abstract

Background: Chronic pelvic pain is a common condition with a major impact on health-related quality of life, work productivity and health care utilisation. The cause of the pain is not always obvious as no pathology is seen in 40–60% of the cases. In the absence of pathology there is no

LUNA

TRIAL SCHEMA

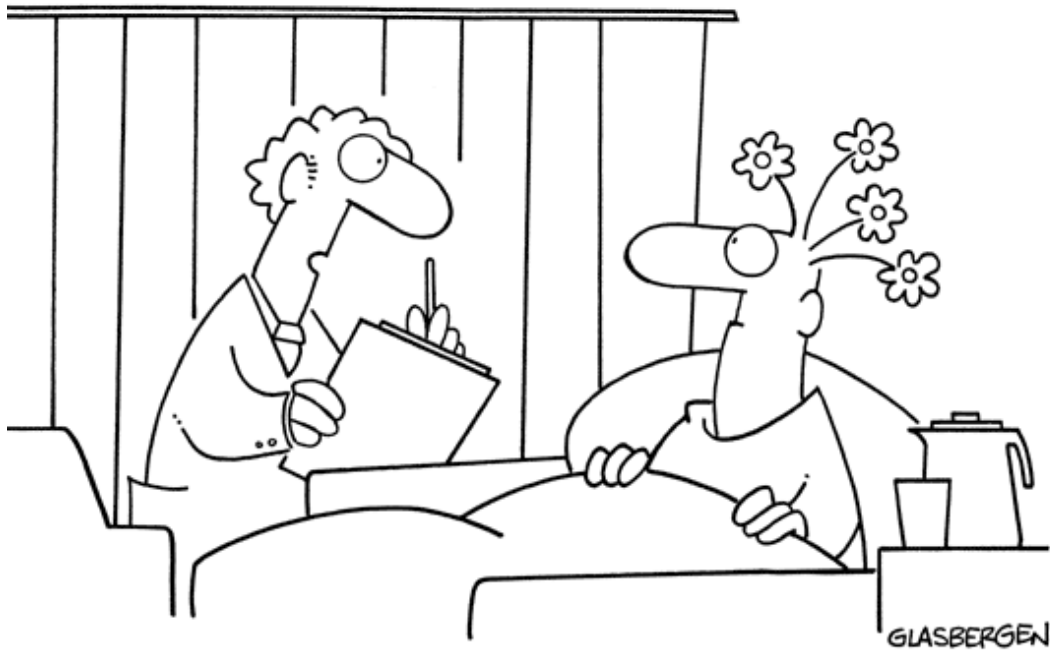


Chronic Pelvic Pain

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YOU!**

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**“Due to cutbacks and restrictions, we have
to do stem cell research with flower stems.”**



Wallis
DRESS TO KILL