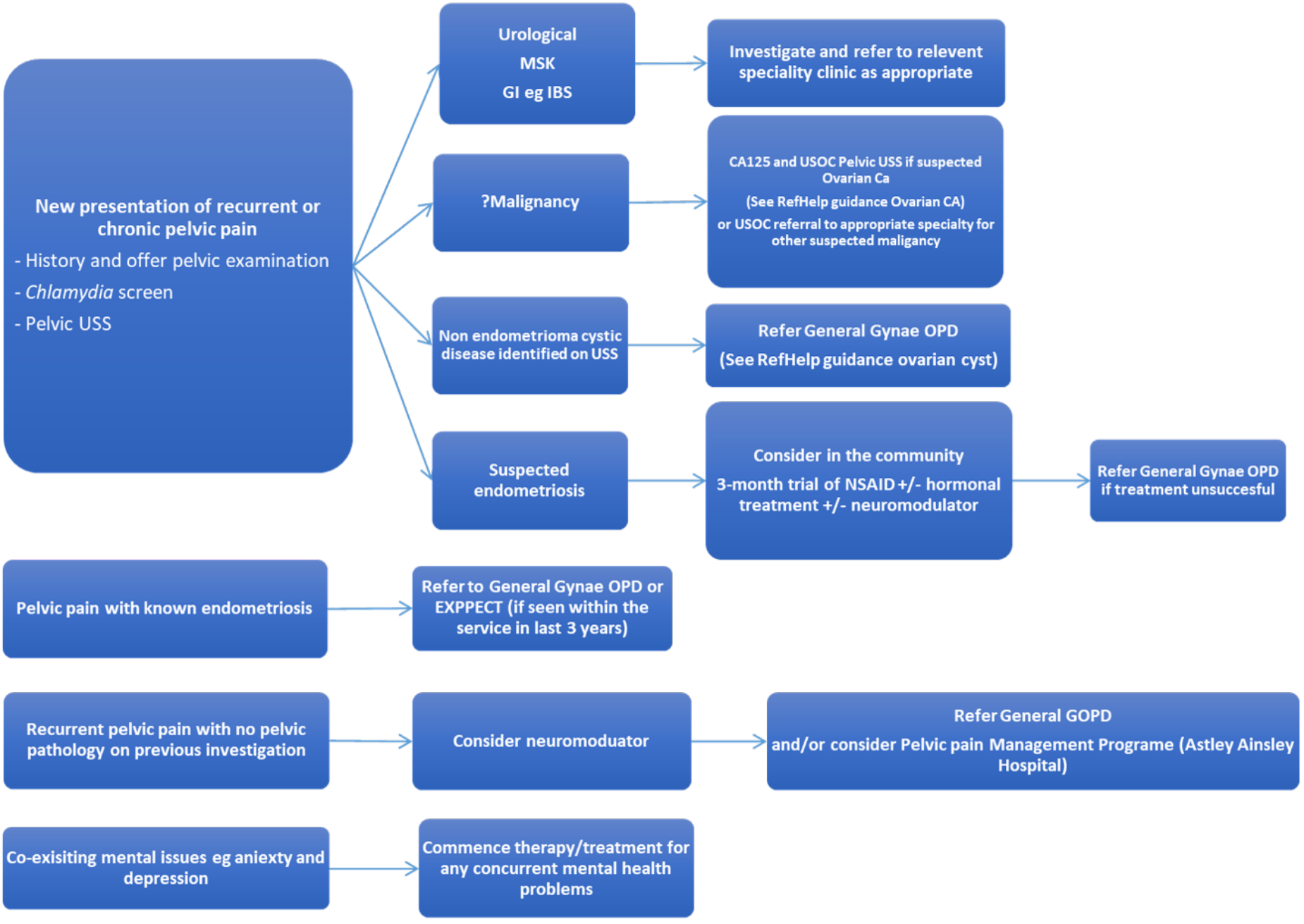
New presentation of recurrent or chronic pelvic pain
- History and offer pelvic examination
- *Chlamydia* screen
- Pelvic USS
Urological
MSK
GI eg IBS
Investigate and refer to relevent speciality clinic as appropriate
?Malignancy
CA125 and USOC Pelvic USS if suspected Ovarian Ca
(See RefHelp guidance Ovarian CA)
or USOC referral to appropriate specialty for other suspected maligancy
Non endometrioma cystic disease identified on USS
Refer General Gynae OPD
(See RefHelp guidance ovarian cyst)
Suspected endometriosis
Consider in the community
3-month trial of NSAID +/- hormonal treatment +/- neuromodulator
Refer General Gynae OPD if treatment unsuccesful
Pelvic pain with known endometriosis
Refer to General Gynae OPD or EXPPECT (if seen within the service in last 3 years)
Recurrent pelvic pain with no pelvic pathology on previous investigation
Consider neuromoduator
Refer General GOPD
and/or consider Pelvic pain Management Programe (Astley Ainsley Hospital)
Co-exisiting mental issues eg aniexty and depression
Commence therapy/treatment for any concurrent mental health problems