Practical Pearls for Managing Pelvic Pain in Primary Care

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Disclosures

Neither Dr. Chatterton nor Dr. Schwarz have any conflicts of interest or relationships with related commercial interests to disclose
Objectives

• Effectively interview a patient with pelvic pain
• Supportively examine a patient with pelvic pain
• Thoughtfully develop a differential diagnosis
• Recommend evidence-based treatment options
Our 1st patient

• 24 yo woman
• Pelvic pain since yesterday
Approach

• What could this be?
  • Could this be an emergency?!?!?

• What do I need to know to sort this out?
  • History
  • Exam
  • Testing

• What treatment should I offer?
What could this be?

- Trauma
- Obstetric/Gynecologic
- Urologic
- Gastrointestinal
- Hematologic
- Referred neurologic
Could this be trauma?

- 1 of every 5 US women have experienced attempted or completed rape
  - 15% are under age 12
  - 29% are age 12-17
  - 44% are under age 18
  - 80% are under age 25
Could this be Obstetric Pelvic Pain?

- ECTOPIC pregnancy
- Miscarriage
- Retained tissue/Endometritis
Could this be Gynecologic?

- Pelvic inflammatory disease
  - Tubo-ovarian abscess
- Ovarian cyst rupture
  - Adenexal torsion
- Endometriosis/Adenomyosis
- Leiomyomata infarction
Could this be Urologic?

- Urinary tract infection
  - Cystitis
  - Pyelonephritis
- Nephrolithiasis
Could this be Gastrointestinal?

- APPENDICITIS/diverticulitis
- Inflammatory bowel disease
  - Crohn’s
  - Ulcerative colitis
Could this be Hematologic?

- Abdominal aortic aneurysm
- Dissection
- Sickle Cell Disease
Could this be Referred/Neurological?

- Lumbar/Sacral spine
  - L1
  - S1
  - S2
- Herpes Zoster
- Abdominal migraine
Key point

Pelvic pain in a woman <50

=  
ECTOPIC PREGNANCY

*Until proven otherwise*
Key point

Pelvic pain in a woman <50

=urine Hcg ASAP!
Key point

ASK before you test

Do you think you could be pregnant?
How would you feel about being pregnant?
Back to our 1\textsuperscript{st} patient

- Urine pregnancy test is negative
- Urine dipstick is positive for leuk esterase, WBC 50-100
Oh phew...Looks like a UTI

**BUT**
- Don’t ignore risk of STI
  - If <25 yo test urine for GC/CT
    - USPSTF guidelines include annual testing
- Screen for Trauma
Partner Management of STI

• Male sex partners should be treated:
  • If had sexual contact during the 60 days preceding the patient’s onset of symptoms
  • If last intercourse was >60 days before symptoms or diagnosis, most recent partner should be treated
Partner Management

• Men with *C. trachomatis* or *N. gonorrhoeae* are often asymptomatic.

• **Consider “expedited partner therapy”**
Our 2\textsuperscript{nd} patient

EMR Inbox message from Triage

**Reported signs and symptoms:** last week light cramping pain, over the weekend getting worse. Last night so severe "I was in tears, crying." Took a Pregnancy test last night-positive. Periods are irregular, noted light bleeding onset 5/25 for 3 days. Intercourse on Tuesday, bleeding after, light, no clots.

**Onset of S/Sx:** one week ago

**Problem List reviewed:** yes

**PLAN:** Made urgent care appointment for **today at 4:30 pm.**

Advised to call back directly if there are further questions, or if these symptoms fail to improve as anticipated or worsen per Clear triage/Thompson protocol. The patient understands, agrees, and feels comfortable with triage instructions and the plan of care discussed.
What is your differential?
Chart Review

Past Medical History
- Dysmenorrhea
- Abnormal Pap Smear
- Anemia
- Obesity, Class 3

- Labs from 4 months ago

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<table>
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</tr>
<tr>
<td>HIV</td>
<td>Non-reactive</td>
</tr>
<tr>
<td>Syphilis</td>
<td>Non-reactive</td>
</tr>
</tbody>
</table>
What additional information is needed?

- Is the pregnancy in her uterus?!
- Is her anemia now symptomatic?
- Does she want to be pregnant?
- Does she need Rhogam?
Next Steps

- Urgent ultrasound
- CBC
Oh phew...it’s not an ectopic

• She’s *just* having a miscarriage
  • 10% of recognized pregnancies
  • 17% of pregnancies to women aged 35-39
  • 33% of pregnancies to women >40 years

• She’s in pain and sad
• She wants your help
Miscarriage
Early Pregnancy Loss
Spontaneous Abortion

_by History_

- Age
- Prior early pregnancy loss
- Smoking, drinking, drugs
- Obesity
- Hyperglycemia
- NSAIDs
Miscarriage

**Signs and symptoms**

- Pelvic pain
- Vaginal bleeding
- Recent amenorrhea
- Pregnancy symptoms
Miscarriage

**Testing**

- Pregnancy test (urine/serum)
- Pelvic ultrasound
  - Intrauterine?
  - Fetal heart beat?
- Blood Rh Type
Miscarriage/Early Pregnancy Loss
Spontaneous Abortion
Management

• Patience
  • Watchful waiting for bleeding/infxn
  • 44% later had MVA

• Pills
  • Mifepristone+Misoprostol
    • Vs. older regimen of misoprostol alone
    • 9% vs 24% needed MVA

• Procedure
  • Manual vacuum aspiration (MVA)
Pills vs. Procedure

PILLS

At home, pregnancy passes in 1-2 days

PROCEDURE

In office, pregnancy passes in minutes
Internists manage medications

- Patients can keep their pants on
- Order pills
- Counsel patients
- No procedural training required
Medically managing miscarriage

• Mifepristone 200mg po in clinic
  • Misoprostol 800 mcg (4 x 200mcg)
    • Buccally or Vaginally
    • 24-36 hours after mifepristone
• Ibuprofen 800 mg q6
What to expect when taking mifepristone+misoprostol

• Mifepristone causes few symptoms
  • FDA approved in 2000
  • Not available in US pharmacies, must be distributed by clinic

• Misoprostol a prostaglandin analogue,
  • Initially marketed to prevent gastric ulcers
  • High doses can cause nausea and vomiting
    • Less likely with buccal and vaginal administration
  • Promotes cervical dilation
  • Induces uterine contractions
Contraindications to Mifepristone

- Current clinical suspicion of ectopic or molar pregnancy?
- Anemic, anticoagulated or with a bleeding disorder?
- Adrenal insufficiency (or *chronic use of oral steroids*)
- Porphyria
- IUD in the uterus (must be removed first)
- Allergy to mifepristone or misoprostol
Any additional testing needed?

NO

• Pelvic exam is NOT indicated unless patient has symptoms of STI.
• STI testing is NOT required unless patient has risk factors.
• Rh testing is NOT needed before 8 weeks from last menstrual period, although historically was offered by many US clinicians.
Counseling Points

• When and how to take the misoprostol
• How to manage cramps (with ibuprofen, heating pad)
• What number to call if
  • Soaking 2 maxi pads/hour for 2 consecutive hours
  • Nausea or malaise > 24 hours after misoprostol
  • Fever > 24 hours after misoprostol
  • No bleeding at all 24 hours after misoprostol
• No long-term adverse effects on health or fertility
Primary care Mife

Mifepristone is safe, effective, and simple to prescribe. Click on any of the three buttons below to begin training.

SEE one?

DO one!

TEACH one!
What does early pregnancy tissue look like?
How much is too much bleeding?

- Bleeding through 2 pads/hour for more than 2 hours
- Any symptoms of anemia
- Good news--the ED is always open
Retained Tissue Management

- EMPTY the UTERUS!
  - More misoprostol
  - Manual vacuum aspiration

- Consider antibiotics

  *Check current CDC or California STD Control Branch recommendations*

  - Ceftriaxone 250mg IM *PLUS*
  - Doxy 100mg po bid x 14 days
  - +/-metronidazole 500 mg po bid x 14 days
Our 3\textsuperscript{rd} patient

- 42 yo woman
- Pelvic pain for years
- Would like you to complete disability paperwork and refill her Percocet
Our 3rd patient

- Pelvic pain for years
  - Worst with menses
  - Pain with bowel movements
  - Limits sex life
Chronic Pelvic Pain

- Pain for >6 months
- No weight loss
- No fevers/chills/night sweats
- Interstitial cystitis
- Irritable bowel syndrome
- Fibromyalgia
What could this be?

- Trauma
- Obstetric/Gynecologic
- Urologic
- Gastrointestinal
- Hematologic
- Referred neurologic
Gynecologic Issues in later life?

- Endometriosis/Adenomyosis
- Ovarian cysts
- Leiomyoma
- Cancer (cervical, endometrial, ovarian)
  - Pelvic exam (Pap, endometrial Bx)
  - Pelvic US
  - CA-125??
CA-125 for everyone?

NO!

• US Prostate, Lung, Colorectal and Ovarian (PLCO) Cancer Screening Trial has not shown mortality benefit.

• United Kingdom Collaborative Trial of Ovarian Cancer Screening (UKCTOCS) didn’t either
Leiomyomas

By history

• Heavy periods
  • Worsen age 40-50
  • Resolve with menopause

• Abdominal fullness

Exam

• Irregular, large uterus
Could this be Endometriosis or Adenomyosis?

**History**
- Cyclic cramping and pain
  - with menses
- Infertility
- Dyspareunia
- Prior C-sxn, fibroid removal
- Family history
No need to bleed

• Many options for menstrual suppression
  • Pill
  • Patch
  • Ring
  • Injection
  • Intrauterine device
  • Subdermal Implant
Options in Pill Regimens

• Cyclical 21/7 dosing
  • Most older generics

• Shorter pill-free interval
  • 4 days or less of placebo
  • Extended cycle (more than 2 months in a row)
    • Typically 12 weeks of active pills, max 1 wk placebo
  • Continuous regimen, no placebo
    • Dedicated product (e.g. Seasonale)
    • Any monophasic pill
Subdermal Implant (Nexplanon)

“Placing an IV without having to hit the vein”

• No estrogen or blood clots
• Minimal patient discomfort
Nexplanon®
(sole source)
(30-40 mcg etonogestrel/day)

- **Advantages:**
  - Ok with most medical conditions
    - except hormone dependent cancer
  - Effective for 5 years
    - Label says 3 years
  - safe in women who cannot use estrogen

- **Disadvantages:**
  - irregular bleeding

**Contraindications:**
- Breast cancer
- Breast cancer
- Pregnancy
- Hepatocellular adenoma
- Undiagnosed bleeding
Many estrogen-free options

- Subdermal Arm Implant (*Nexplanon®*)
  - Labelled for 3, **good for 5 yrs**
- Intrauterine Contraception (IUC)
  - 52mg LNG (*Liletta®*/Mirena®) **good for 7 yrs**
  - 19.5 mg LNG (*Kyleena®*) labeled for 5 yrs
  - 13.5 mg LNG (*Skyla®*) labeled for 3 yrs
- Copper IUC (*ParaGard®*) labeled for 10 yrs
- Injectable DMPA (*Depo-provera®*)
- Progestin-only Pill (*Micronor®*)

®All products available are listed, most are ‘sole source’
Progestin only pill, “mini-pill”
Micronor, 0.35 mg norethindrone
Slynd, 4 mg drospirenone

- For those who cannot tolerate estrogen
  - CAD, VTE, stroke
  - Migraine w/ aura
  - DM w/ vascular complication
  - <6 wks postpartum
  - Uncontrolled hypertension

- Quick start in office
  - Few contraindications

- Higher rates of breakthrough bleeding
  - Shorter half-life
  - Back up method for 2 days if > 3hrs late w/ dose
Could this be trauma?

• 1 of every 5 US women have experienced attempted or completed rape
  • 15% are under age 12
  • 29% are age 12-17
  • 44% are under age 18
  • 80% are under age 25
Trauma-Informed Care

• Goal is Empowerment (not disclosure)
• Voice and choice
  • Survivors need to be respected,
    • Informed,
    • Connected,
    • Hopeful regarding their own recovery
• Actively resist re-traumatization
  • Exams are still needed
  • We can always pause or stop
Screen for PTSD

Sometimes things happen to people that are unusually or especially frightening, horrible, or traumatic. For example: a serious accident or fire, a physical or sexual assault or abuse, an earthquake or flood, a war, seeing someone be killed or seriously injured, having a loved one die through homicide or suicide.

• Have you ever experienced this kind of event? YES / NO (If no, screen total = 0. Please stop here.)

If yes, please answer the questions below...**In the past month, have you...**

• Had nightmares about the event(s) or thought about the event(s) when you did not want to? YES / NO
• Tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of the event(s)? YES / NO
• Been constantly on guard, watchful, or easily startled? YES / NO
• Felt numb or detached from people, activities, or your surroundings? YES / NO
• Felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused? YES / NO
Key point

*Pelvic exams can be traumatic*

- Is there any thing I can do to make this less uncomfortable for you?
  - Would you like your head up or down?
  - Do you want to listen to music or look at your phone?

- I will stop or we can change what we are doing when ever you say
Chronic Pelvic Pain management

• Improvement is possible
• Focus on function and ability to make progress towards life goals
• Respect the strength it takes to be a survivor
• *May take as long to resolve as it has been established*
Chronic Pelvic Pain management

- Sleep hygiene
- Physical activity/therapy
- High fiber diet
- Cognitive Behavioral therapy
- Regular follow up
- NOT narcotics
- Avoid surgery...
Take Home Points

• Acute pelvic pain in childbearing age female
  • Requires pregnancy test
  • Screen for STI and trauma

• Miscarriages can be managed with the use of mifepristone

• Chronic pelvic pain
  • Avoid opioids and surgery
  • Focus on sleep/diet
  • Encourage CBT/regular outpatient follow up
Questions?

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