

## Female Pelvic Pain Referral

### Diagnosis/Definition

- Abdominal pain focused primarily in the pelvis or lower abdomen that is of an ongoing nature (greater than three months).
- Pain may or may not be associated with menses, intercourse, or accompanied by vaginal discharge.

### Initial Diagnosis and Management

- History of pain originating in or referred to the pelvis.
- Bimanual examination, Aptima for GC and Chlamydia, urinalysis with reflex culture.
- Confirm that cervical cancer screening is up to date. If not, obtain pap smear
- Provide comprehensive cervical screening history
- Evaluation of GI and GU tracts and psychiatric evaluation (when appropriate).
- Rule out pregnancy: BHCG.
- Pelvic ultrasound

### Management:

- The primary care provider may consider a trial of 'around the clock' NSAIDs for 48-72 hrs if pain is cyclic and / or oral contraceptive pills (OCPs), if an OCP candidate.
- Consider SCF Physical Therapy referral, to the attention of the Pelvic PT Team
- If the BHCG is positive, please see the Prenatal Worksheet / Timeline on the Clinical Guidelines page.

### Indications for Specialty Care Referral

- After appropriate diagnostic work-up and persistent pain after a three-month trial of OCPs or 'around the clock' NSAIDs for 48-72 hrs.
- If the BHCG is positive, please see the Prenatal Worksheet / Timeline on the Clinical Guidelines page

### Customer Owner Information

- Dependent on etiology:
  - If starting oral contraceptive agents, please warn the CO she may develop irregular bleeding within 3-4 months of initiation and that her pain symptoms may not improve until that time has transpired
  - 'Around the clock' NSAIDs means 600-800 mg ibuprofen q 8hrs for 48-72 hrs beginning just before or early in a cyclic pain pattern. Be sure to have a small amount PO intake prior.

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