



سنة ١٤٤٠ هـ



Urologic Causes of the Chronic Pelvic Pain in Women



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کہ در آفرینش یکت کو ہرند

دگر عضو ہا را مانند دستہ ار

نشاہ کہ نامت نند آدمی

بنی آدم اعضاء یکدیگرند

چو عضو سے بد آؤں روزگار

تو کہ نامت دیگران بی معنی

The Children of Adam are limbs of each other
Having been created of one essence.

When the calamity of time afflicts one limb
The other limbs cannot remain at rest.

If thou hast no sympathy for the troubles of others
Thou art unworthy to be called by the name of a man.

Sa'adi

Chronic Pelvic Pain (An Overview)

Definition

Chronic Pelvic Pain (CPP) is pain of apparent pelvic origin that has been *present most of the time* for the past six months

Chronic Pelvic Pain

Definition

- Difficult to diagnose
- Difficult to treat
- Difficult to cure

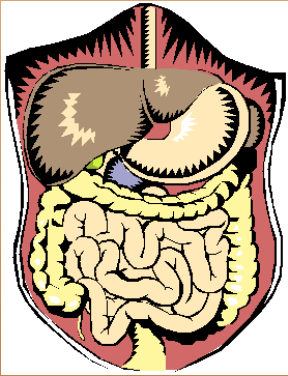
**Frustration for
patient and
physician**

Psychological

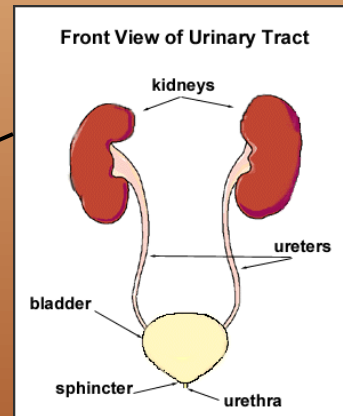


Etiology

Gastrointestinal



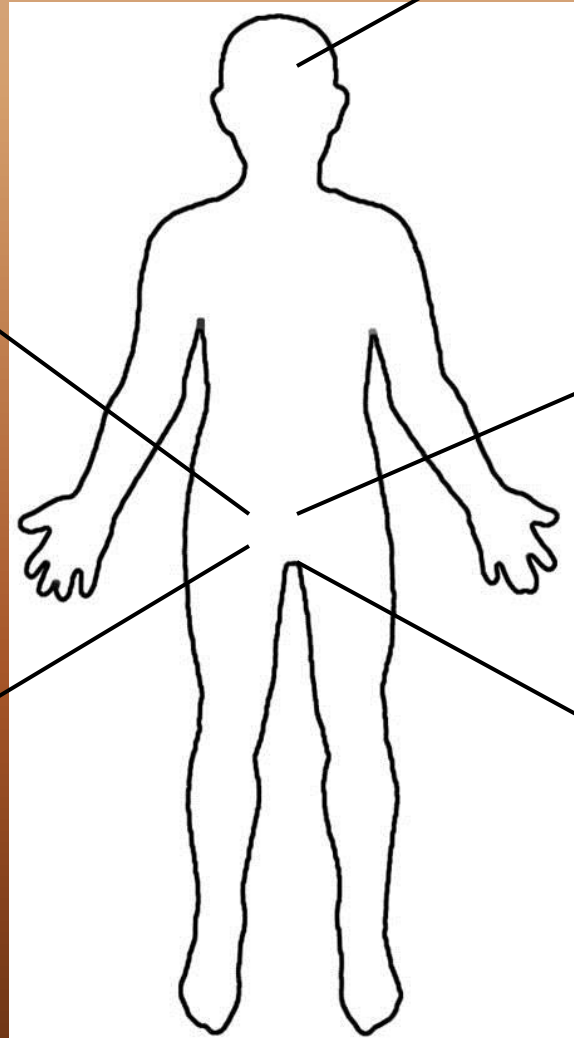
Urological



Gynecological



Musculoskeletal



Chronic Pelvic Pain

Diagnosis Distribution

Gastrointestinal	37.7%
Urinary	30.8%
Gynecological	20.2%

Found that diagnoses related to the urinary and GI tracts were more common than gynecological diagnoses.

Chronic Pelvic Pain

Diagnosis


Obtaining a
COMPLETE and DETAILED HISTORY
is the most important key to
formulating a diagnosis

Chronic Pelvic Pain

Diagnosis: Obtaining the History

Urological Review of Systems

- *Pain with urination?*
- *History of frequent or recurrent urinary tract infection?*
- *Hematuria?*
- *Symptoms of urgency or urinary incontinence?*
- *Difficulty voiding?*
- *History of nephrolithiasis?*



Although the causes of CPPS remain unknown, the condition's symptoms seem to arise from the interaction between:

- Psychological factors,
- Immune,
- Neurologic, and
- Endocrine system dysfunction.




Etiology

- Cytokines
- Genetic
- Hormones
- Autoimmunity
- CNS abnormality(NGF)
- Biofilm(E.coli)
- Fastidious Bacteria(Mycoplasma)
- Myofascial pain syndrome



EAU:

- Urology
 - Gynecology
 - GIT
 - Neurology
 - Sexology
 - Pelvic floor
- 


Differential Diagnoses

- The many differential diagnoses associated with PPS reveal the conundrum of diagnosing this condition.
- Because the *diagnosis is one of exclusion*, in theory, this diagnosis cannot be made until all of these alternatives have been definitively excluded.

- *Tuberculosis of the genitourinary system*
- *Urethral cancer*
- *Urethral diverticula*
- *Urethritis*
- *Sexually transmitted diseases*
- *Congenital or acquired abnormalities of the urethra*
- *Chronic urethritis*
- *Carcinoma in situ of the urinary bladder*
- *Interstitial cystitis(Painful Bladder Sx.)*

Workup

- Because chronic pelvic pain syndrome (CPPS) is a **diagnosis of exclusion**, review the patient's records and perform a thorough physical examination to eliminate the possibility that **another, more treatable disease** is causing these symptoms.
- Assure the patient that only diagnostic tests that hold a **reasonable chance of producing a significant result** will be recommended.
- The patient should not rule out the possibility that these examinations may reveal an alternate diagnosis, but he should also know that **he will not be burdened by excessive testing.**

- 
- *Imaging studies*
 - *Flow rate*
 - *Urinalysis and Culture*
 - *Urine Cytology*
 - *Videourodynamics*
 - *Cystoscopy*
 - *Anal Sphincter EMG and/or Sphincter Function Profiles*

Treatment & Management

- **patients are often understandably tense, wary, and defensive**, and most of them will have already encountered **frustration** and **rejection** under the care of several **unsympathetic physicians**.
- These patients often approach new physicians with an off-putting combination of unrealistic **hopes for a cure** and suspicion related to past diagnosis and treatment failures.
- The *patient and physician must agree on a workable relationship* at the outset of treatment. The urologist and patient may wish to address several points, perhaps approaching treatment as a contractual agreement.
- ***Severely disabling CPPS has been treated with TAH.***

- As previously stated, CPPS is, despite its name, **a condition, not a disease or syndrome**. It is similar to other chronic conditions, such as arthritis, that, **while treatable, are not curable**.
- No known cure exists for CPPS, but treatments based on the cooperation of patient and physician **makes this condition more bearable**.
- Over time, **this condition may improve or stabilize on its own**.

- Many medications and other forms of treatment can help to alleviate the symptoms of CPPS.
- However, being patient is important; *try only 1 or 2 new treatments at a time*, giving each enough time to take effect.
- Do not overwhelm the patient with an unreasonable number of simultaneous treatments, which causes only **excessive inconvenience and expense**.
- Simultaneous treatments might actually work against one another, and the adverse effects of these treatments *might cause more, rather than fewer, problems for the patient*.

- Reassure the patient that CPPS *is a real physical condition, not an imagined one.*
- However, this devastating problem causes many psychological stresses for the patient; therefore, suggest medications to help calm the patient and offer consultation with a psychiatrist or **psychologist**.
- A mental health care professional who has a special interest in this area may prove beneficial.
- Reassure the patient that *CPPS is not cancer*, not a life-threatening condition, **not a venereal disease**, and **not contagious**.
- Explain that the patient **did not acquire this condition from someone else, nor will he pass it on to anyone.**

- In addition, remind the patient that **she is not alone**, that many women experience this problem. Local and national support groups recommended by the physician can provide additional information and encouragement.
- Agree on a schedule of *planned follow-up visits* performed as frequently as appropriate management of symptoms dictates.
- These scheduled appointments **minimize the need for emergency visits and telephone calls** while providing comfort and creating trust between doctor and patient.
- The urologist institutes treatment through, and in close communication with, the **patient's primary care physician**, who remains the mainstay of care.

- Remind the patient that *she is free to seek the advice of other physicians and health care providers* while she is under a urologist's care.
- However, the patient must keep the urologist informed of all other treatments and medications tried, including *alternative medicines and home remedies*.
- Remind the patient that *her problem is taken very seriously and that every effort will be made*, with the patient's cooperation, to minimize the problems that this condition causes. The *patient-physician relationship* should be a partnership formed to gain control of this condition and *allow the patient to more fully enjoy life*.

Prevention

The UPOINT classification has a 6-point system, as follows:

- *U - Urinary symptoms*
- *P - Psychosocial symptoms*
- *O - Organ-specific symptoms (such as the Bladder)*
- *I - Infection-related symptoms*
- *N – Neurologic/systemic symptoms*
- *T - Tenderness in the muscles and pelvic floor symptoms*

Additional Treatments

- **Dietary considerations:**

Avoid excessive intake of bladder irritants, such as tobacco (smoking), coffee, tea, soda (cola drinks and diet drinks may be especially irritating), caffeine, spicy foods, and alcohol.

- **Sitz bath**

- **Consultations:**

- **Pain management specialist, Psychiatrist, Physical medicine therapist and physiotherapist,.....**

- **Long-Term Monitoring**

Pain Management:

Multidisciplinary approach

Holistic

(Complete person, physically, psychologically, socially, and spiritually in management and prevention)

Sexology Psychology Physiotherapy pain medicine

Medications:

Antibiotics: pps < 1 year

Muscle Relaxants

Alpha Blockers: < 1 year

NSAID: Side effects



Conclusions:

- The PPS is a complex condition with a tendency toward *chronification*.
- It is important, therefore, that the patient be fully informed about the *diagnostic uncertainties* and the possibility that treatment may meet with *less than complete success*.

Six ethics of life

Before you pray - Believe

Before you speak - Listen

Before you spend - Earn

Before you write - Think

Before you quit - Try &

Before you die - Live !!

www.FaceBookQuotes4U.com

THANK YOU

Eram Garden, Shiraz, Iran



Photo by: *Pouria Hosseini*