

Management of Gynaecological Persistent Pelvic Pain in Paramedic and Emergency Settings.

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Background: Gynaecological persistent pelvic pain (PPP) has a high prevalence among adult women. This pain can be debilitating and life-impacting, affecting quality of life across all dimensions of health. Many barriers to specialised care exist leading women to rely on unscheduled, general care such as emergency departments or in the paramedic-practice setting.

Objective: (1) Investigate evidence regarding pain management in acute, non-specialist settings for women with gynaecological PPP. (2) Identify areas of suboptimal care.

Methods: A scoping review searching academic and grey literature conducted in line with the JBI scoping review methodology.

Results: Of 1,563 records screened, 19 articles were included. Key themes included pharmacological interventions, holistic care, and ongoing management. Literature varied in quality with gaps in best-practice pain assessment and clinician education identified.

Conclusions: This review highlights the need to define the role of clinicians in managing gynaecological PPP exacerbations in the acute, non-specialist setting. Majority of included articles recommended antiquated, unidimensional management strategies shown to have limited effectiveness. Holistic and effective PPP management requires a multidisciplinary and biopsychosocial approach across all healthcare fields. Despite paramedics being considered in only one article, if given the opportunity, they can meaningfully contribute to this multidisciplinary team to improve patient outcomes.

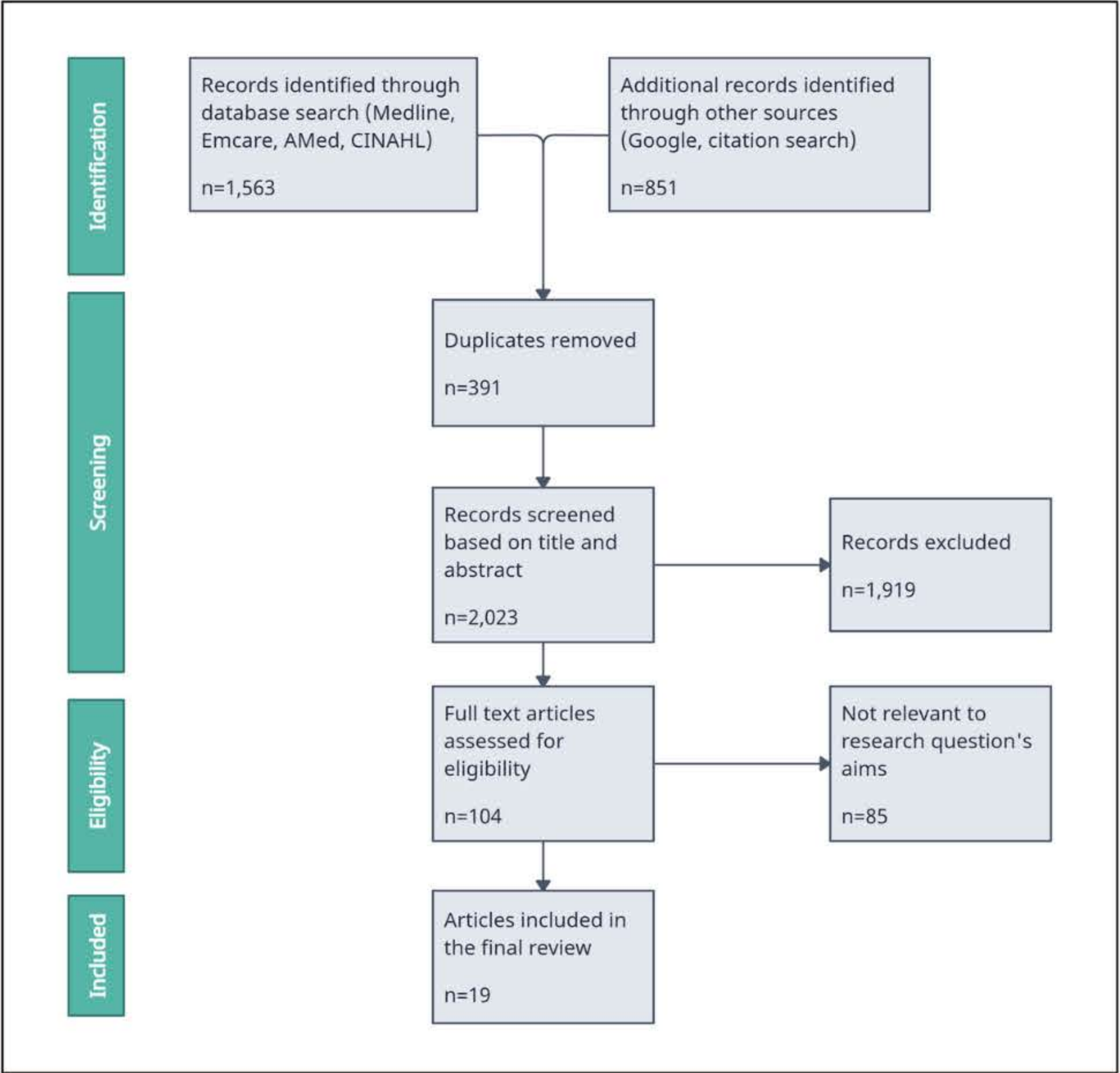


Figure 1 - PRISMA chart

	Baines (2001)	Bowler (2019)	Cirilli (2012)	Dason (2023)	ANZCA (2024)	Forcier (2009)	Hauswald (1989)	Javadian (2016)	Keeler (2020)	Nadeau (2021)	Nadeau (2021)	NICE (2024)	North Met (2023)	Powell (2014)	QLD Health (2024)	Roman (2024)	RANZCOG (2021)	Steele (2014)	Stenberg (2024)
Pharmacological management																			
NSAIDs		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓				✓		
Other analgesics	✓	✓								✓		✓	✓		✓		✓		✓
Opioid avoidance		✓						✓					✓		✓		✓	✓	✓
Hormonal therapy			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			✓		
Holistic care																			
Psychosocial considerations		✓		✓					✓			✓	✓	✓	✓	✓	✓		
Non-pharmacological analgesia		✓					✓		✓			✓		✓	✓	✓	✓		✓
Perception																✓			
Ongoing care																			
Education					✓										✓	✓			
Referral	✓	✓	✓		✓	✓		✓		✓		✓	✓		✓		✓	✓	✓

Table 1 - Identified themes

Key takeaways

- (1) NSAID's were overwhelmingly the most common pharmacological analgesic intervention cited.
- (2) Several articles recommended NSAID's without consideration of other pharmacological agents.
- (3) Evidence shows limited effectiveness of NSAID's in the treatment of PPP beyond relief of general menstrual cramping or dysmenorrhea¹.
- (4) Half of articles mentioned psychosocial considerations/ non-pharmacological analgesia.
- (5) This is despite the delivery of empathetic and affirmative communication being a cornerstone in delivery of care for these patients.^{2,3}
- (6) Eight articles referenced management strategies across all three care categories.
- (7) Evaluating pain through a biopsychosocial lens with multidimensional management strategies considering all dimensions of health can guide effective care and reduce stigma perpetuated by healthcare providers.^{4,5}

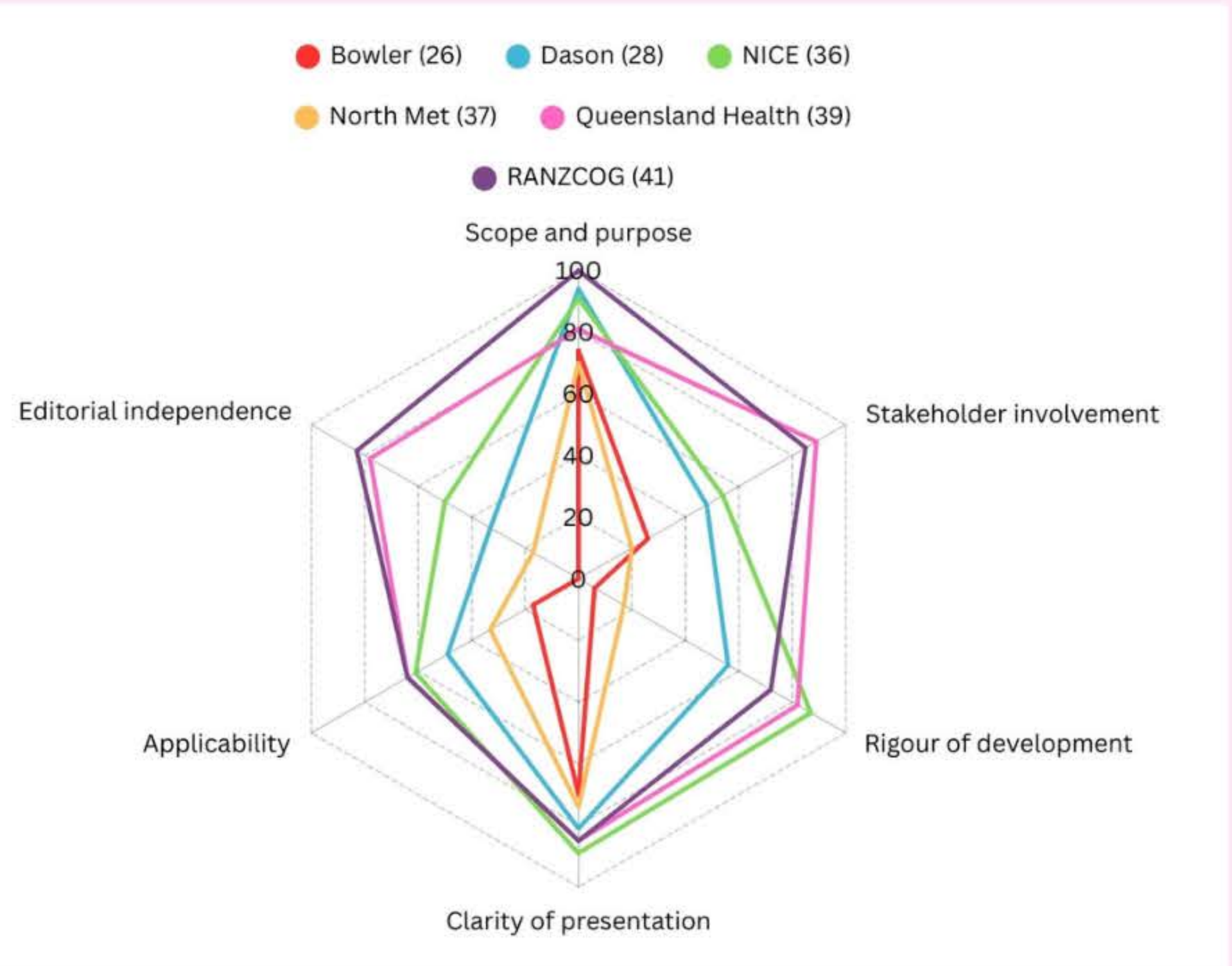


Figure 2 - AGREEII appraisal of included guidelines

Key takeaways

- (1) Patients with gynaecological PPP are underserved by the current quality of guidelines and recommendations for care.
- (2) Large disparity of quality seen between included guidelines.
- (3) The domain of scope and purpose was shown to be of highest quality. All guidelines clearly communicated objectives and intended patient cohorts.
- (4) Applicability, the domain pertaining to barriers and facilitators of implementation (the most relevant domain to this study) was shown to be of low-medium quality.

References

(1) Brown et al., (2017) NSAID's for pain in women with endometriosis - a Cochrane review.
(2) Howich et al., (2018) Effects of empathetic and positive communication in healthcare consultations.
(3) Licciardone et al., (2024) Physician empathy and chronic pain outcomes.
(4) Scher et al., (2020) Multidimensional pain assessment tools for ambulatory and inpatient nursing practice.
(5) Wideman et al., (2019) The multimodal assessment model of pain. A novel framework for further integrating the subjective pain experience with research and practice.