

Start	End	Topic	Speakers
11:00	11:05	Introduction	Elise De Urology
11:05	11:15	Cases 1 - Urgency Frequency Pelvic Pressure Dyspareunia 2 - rUTI, Urethral Pain, Incontinence 3 - Prostatic Pain 4 - Cyclic LLQ Pain 5 - Lower Abd Pain, Anorexia, Slow Transit Constipation 6 - Tenesmus Lower Abdominal Pressure Frequency 7 - Right Scrotal Pain after Inguinal Hernia Repair	Philip Bearn Colorectal Surgeon
11:15	11:30	Differential Diagnosis of GU and Gyn Pain	Elise De Urology
11:30	11:45	Differential Diagnosis of GI pain	Philip Bearn Colorectal Surgeon
11:45	12:00	Musculoskeletal Pain	Elizabeth Shelly Physiotherapist
12:00	12:15	Diffuse Pain - Small Fiber Neuropathy and Central Sensitization	Charles Argoff Neurologist
12:15	12:30	Audience Cases - Discussion	Elise De Philip Bearn Elizabeth Shelly Charles Argoff

Aims of Workshop - This workshop aims to provide concrete tools for everyday practice to simplify evaluation and improve treatment for even the most complex patients with Chronic Pelvic Pain. Anchored in a few key cases, the differential diagnosis of etiology, and treatment algorithms will be presented. Clinical materials (patient educational materials, websites, questionnaires, and other resources) will be shared.

Educational Objectives - This workshop is designed to optimize retention by the learner - with take-home algorithms, visual and verbal means of internalized learning, and cases on which to anchor recollection.

Learning Objectives

1. Differential Diagnosis for Causes of Pelvic Pain
2. What to try First with Specific Case Presentations, What not to Miss
3. Associated Conditions - Signs of Systemic Versus Localized Pelvic Pain and How to Approach

Target Audience - Urology, Urogynaecology and Female & Functional Urology, Bowel Dysfunction, Conservative Management

Suggested Learning before Workshop Attendance

- Facing Pelvic Pain. A Guide For Patients And Their Families. De EJB, Stern TA, Eds: Massachusetts General Hospital Psychiatry Academy, Boston MA. 2021. ISBN-13: 978-1-951166-22-9 (Print) www.facingpelvicpain.org
- Pelvic Pain. Chapter 42 in: The Practical Management of Pain, 6th edition. Editors: Benzon, HT, Turk D, Rathmell J, Wu C, Argoff C, Hurley R, and Nicol A. Paredes. By: Mogica JA, Bochkur Dratver M, De EJB: Elsevier, 2021.
- Small-fiber polyneuropathy: implications for etiology and management of complex chronic pelvic pain. Chen A, De EJB, Argoff C. International Urogynecologic Association (IUGA) Newsletter. 12 (3) pp 10-11. Sept 2017.
- A Standard for Terminology in Chronic Pelvic Pain Syndromes: A Report From the Chronic Pelvic Pain Working Group of the International Continence Society. Doggweiler R, Whitmore KE, Meijlink JM, Drake MJ, Frawley H, Nordling J, Hanno P, Fraser MO, Homma Y, Garrido G, Gomes MJ, Elneil S, van de Merwe JP, Lin ATL, Tomoe H: Neurourology and Urodynamics. Neurourology and Urodynamics DOI 10.1002/nau
- Pain Practice, Volume 12, Issue 2, 2012 111–141. Chronic Female Pelvic Pain – Part 2: Differential Diag & Management.
- Opioids vs Nonopioids for Chronic Back, Hip, or Knee Pain. Covington E1, Argoff C2, Stanos SP3. JAMA. 2018 Aug 7;320(5):507-508. doi: 10.1001/jama.2018.6941.
- Excessive peptidergic sensory innervation of cutaneous arteriole-venule shunts (AVS) in the palmar glabrous skin of fibromyalgia patients: Implications for widespread deep tissue pain and fatigue. Albrecht PJ, Hou Q, Argoff CE, et al. Pain Med 2013;14(6):895–915.
- Botulinum neurotoxin type A injection of the pelvic floor muscle in pain due to spasticity: a review of the current literature. Bhide AA, Puccini F, Khullar V, Elneil S, Digesu GA. Int Urogynecol J. 2013 Sep;24(9):1429-34.
- An International Urogynecological Association (IUGA)/International Continence Society (ICS) joint report on the terminology for the conservative and nonpharm management of female pelvic floor dysfunction. Bo K, Frawley HC, Haylen BT, Abramov Y, Almeida FG, Berghmans B, Bortolini M, Dumoulin C, Gomes M, McClurg D, Meijlink J, Shelly E, Trabuco E, Walker C, Wells A. Int Urogynecol J. 2017 Feb;28(2):191-213.

Description:

An estimated 6-30% of people worldwide experience chronic pelvic pain (CPP). CPP is responsible for numerous surgical procedures, is a major risk factor for disability and depression, and has a tremendous burden on society. CPP patients have among the poorest QOL scores in chronic disease. "Chronic prostatitis" is the most common urologic diagnosis in men older than age 50 years; the global prevalence is estimated to be 8-14%. Pelvic pain is even more common in women, affecting 1 in 7 and prompting approximately 10% of all gynecological office visits. Because it predominately affects people aged 30-50, it causes great impact in the workplace and at home. We all see patients with pelvic pain in daily practice. Pain derives from gynecological, genitourinary, gastrointestinal, musculoskeletal, and neurological structures, can have local versus systemic causes, and can interplay with psychological factors. Therefore, treating pain within our specialty, one can feel overwhelming or unsuccessful. This workshop provides concrete perspective and tools on what causes pelvic pain and how to get patients to the correct next steps in work up and treatment.

VULVAR PAIN:	Infection Exposures (irritants) Vulvar atrophy (low estrogen) Low testosterone (can be caused by external hormones) Dermatologic conditions (e.g., lichen sclerosis) Neuropathy
INTROITAL PAIN:	Low testosterone Friction from sexual activity or clothing
URETHRAL PAIN:	Vulvovaginal atrophy Urethral caruncle Friction Tight external sphincter muscle or strict (turbulence) Skene's gland Stone at ureterovesical junction or urethra diverticulum Tumor Infection (ureaplasma/mycoplasma) or sexually transmitted infection Recurrent urinary tract infections
PELVIC FLOOR MUSCLES:	Dysfunctional voiding Increased PFM tone
GYNECOLOGICAL PAIN:	Endometriosis (cyclic pain) Endometritis Uterine fibroids Ovarian venous abnormality Ovarian cysts, torsion, or other growths Ectopic pregnancy Sexually-transmitted infection
MALE ORGAN PAIN:	Prostatitis or epididymitis, Prostatic Utricle, Testis mass, torsion, or nerve pain Ejaculatory duct or vas deferens obstruction Peyronie's Disease Sexually transmitted infection Bladder pain Interstitial cystitis Bladder outlet obstruction
GASTROINTESTINAL PAIN:	Chronic proctalgia Levator ani syndrome Proctalgia fugax Unspecified functional anorectal pain Constipation Fissures Hemorrhoids Pruritis ani Anal cancer Paget's disease Warts Pelvic tumor Diverticulitis Appendicitis Adhesions Inflammatory bowel disease
VASCULAR PAIN:	Pelvic venous disorder
NEUROMUSCULOSKELETAL:	Back, knee, foot, or hip problem Injury to nerves, bones, ligaments, or tendons Inflammation of bone (osteitis or osteomyelitis) Muscle deficit (myopathy) Upper motor neuron syndrome (upper spine/brain nerves) Spinal stenosis herniated disc Multiple sclerosis Stroke, Cerebral palsy Lower motor neuron syndromes (lower spinal cord) Cauda equina syndrome Tethered cord syndrome Sacral plexus Peripheral nerve problem Pudendal neuropathy or other nerve entrapment Peripheral neuropathy or neuroinflammation
PSYCHOLOGICAL:	Depression Anxiety History of sexual abuse/assault Poor emotional coping/communication Personality disorders Couple distress
MULTISYSTEM PAIN:	Small fiber neuropathy, fibromyalgia, central sensitization, Neuroinflammatory disease (e.g. Lyme, MS) Rheumatologic disease Vasculitis

It is particularly challenging when patients have pain in multiple organ systems – chronic overlapping pain syndromes - for example interstitial cystitis, irritable bowel syndrome, migraines, and fibromyalgia. Historically providers used to attribute the constellation to a psychogenic component. We now know that physiologic systemic factors are at play in these cases: small fiber polyneuropathy, rheumatologic disease, central sensitization and some more rare conditions.

Differential, work up, and referral algorithms will be briefly presented. Prior to attending this session, learners will be encouraged to submit cases for opinion. At the end of the session, select cases will be presented in a Q and A format. Overall, learners attending this session should have tools to manage the most common as well as the most complex cases of pelvic pain.

The Key Learning Points Are:

1. Patients with pelvic pain present with similar symptoms from varied underlying causes.
2. High quality guidelines (e.g. EAU) provide terminology for Chronic Pain Syndromes and recommendations for managing certain diagnoses (e.g. the AUA guideline for IC/Painful Bladder) but overall education is lacking regarding:
 - a. A practical approach to chronic pelvic pain
 - b. Differential diagnoses
 - c. Concrete intervention strategies
 - d. The roles of central sensitization and small fiber polyneuropathy in refractory pain or concurrent pain syndromes.
3. Many cases of pelvic pain are so complex that the diagnoses overwhelm the provider
 - a. Tools for patient engagement and education: www.facingpelvicpain.org
 - b. The Treatment Map: www.facingpelvicpain.org/treatment-map
4. Successful management of chronic pelvic pain stems from a careful, thorough, initial evaluation aided by questionnaires, a multifaceted approach to symptoms, and multidisciplinary involvement stemming from intake data.
5. At the beginning, throughout, and end of the session, cases will be presented to highlight application of the strategies taught during the workshop.

Chair:**Elise De, Urologist, United States**

Dr. Elise De specializes in Female Pelvic Medicine and Reconstructive Surgery within the Department of Urology at Albany Medical Center. She is the Chair of the Education Committee. Her residency was in Urology and fellowship in Pelvic Medicine and Reconstructive Surgery under Lenaine Westney, John Hairston, and Gazala Siddiqui. Along with Dr. Philippe Zimmern, she co-edited the book *Native Tissue Repair in Incontinence and Prolapse*. Her clinical practice is composed of incontinence, prolapse, neurogenic bladder, pelvic pain and voiding dysfunction in men and women. She has spoken at meetings throughout the societies nationally and internationally. Her current research includes systems of care in pelvic floor disorders. Most recently she co-edited the book *Facing Pelvic Pain*, a book with 45 authors in 18 multidisciplinary specialties giving people with pelvic pain (and their providers) the tools to diagnose and treat pelvic pain of all causes.

Speaker 1:**Philip Bearn, Colorectal Surgeon, United Kingdom**

Mr Phil Bearn has been a Consultant General and Colorectal Surgeon in the Department of Surgery at Ashford & St. Peter's Hospitals NHS Trust since 1999 and honorary senior lecturer at Royal Holloway, University of London since 2014. From 1995 to 1999, he was a consultant at the Good Hope Hospital in Birmingham. He received pre-clinical training at Cambridge University and clinical training at Guys' Hospital. His senior training included rotations at Guys, Charing Cross, Hammersmith and UCH. He was awarded a MS by London University for a study involving mesothelial cells. During this period he was awarded a junior BHF fellowship. Post research, his senior training included placements in world renowned units such as Basingstoke under Bill Heald and the Anorectal Physiology Unit at St Mark's under Mike Henry.

As a consultant he founded anorectal physiology units in Chertsey and Birmingham. He was responsible for starting laparoscopic colorectal surgery in both units. He has gained a wide experience in the medical and surgical management of colorectal disease including pelvic floor problems, colorectal and anal cancer, inflammatory bowel disease and endoscopy. General surgery interests include the investigation of abdominal pain and the management of abdominal wall hernias (including groin, umbilical and incisional), groin pain and benign skin lesions. He is experienced in the treatment of colorectal cancer, haemorrhoidal and fistula problems, inflammatory bowel disease, and pelvic floor issues (faecal incontinence, constipation, and obstructive defecation syndrome).

Mr Bearn is now the Clinical Chair at BMI The Princess Margaret Hospital and a Joint Colorectal Cancer Lead for the Surgery and Sussex Cancer Alliance establishing the management of colorectal cancer and guidelines in the region. He is also a Technical Editor for Colorectal Disease.

Speaker 2:**Elizabeth Shelly, Physiotherapist, United States**

Dr. Beth Shelly, PT, DPT, WCS, BCB-PMD, received her first physical therapy degree at Northeastern University, Boston, MA in 1985. She completed her doctor of physical therapy at St Ambrose University, Davenport, IA in 2007. Dr. Shelly has been working in the field of women's health for over 30 years and has authored 15 professional chapters and multiple articles. Her research on the education of physical therapists in pelvic floor dysfunction has been presented at national and international conferences. Dr Shelly is one of the primary creators and past speaker for the APTA Section on Women's Health Certificate of Achievement in Pelvic Physical Therapy courses. Beth is an internationally known speaker in pelvic physical therapy and women's / men's health. She is board certified in women's health and biofeedback for pelvic floor dysfunction. Beth owns a private PT practice in Moline, IL where she treats outpatients with various pelvic floor, obstetric, and lymphatic dysfunctions.

Speaker 3:**Charles Argoff, Neurologist/Neuroscientist, United States**

Charles E. Argoff, MD, is Professor of Neurology Director of the Comprehensive Pain Center at Albany Medical Center. He conducted fellowship in developmental and metabolic neurology at the National Institutes of Health/National Institute of Neurological Disorders and Stroke (NIH/NINDS). Dr. Argoff is co-editor of the *Neuropathic Pain Section of Pain Medicine*. Dr. Argoff has written on myofascial pain, spinal and radicular pain, and neuropathic pain. He has written on such treatments as topical analgesics, interventional pain management, botulinum toxins, and oral analgesics, and has contributed many book chapters as well. Dr. Argoff had an active role in the development of the diabetic peripheral neuropathic pain guidelines published in *Mayo Clinic Proceedings*, and he has contributed to other published neuropathic pain treatment guidelines. He is one of the editors of the textbook *Raj's Practical Management of Pain*. He has also published the third edition of *Pain Management Secrets*.

- American Urogynecological Society (AUGS): <https://www.voicesforpfd.org/>
- American College of Ob-Gyn: <https://www.acog.org/>
- American Physical Therapy Association: <https://www.apta.org/>
- Herman Wallace Institute: <https://pelvicrehab.com/>
- Beth Shelly DPT: <https://www.bethshelly.com/new-patients/pelvic-pain-and-spasms/>
- Global Pelvic Health Alliance: <https://pelvicguru.com/>
- Endometriosis Association: <https://endometriosisasn.org/>
- National Health Service (NHS.UK):
 - <https://www.nhs.uk/conditions/endometriosis/>
 - <https://www.nhs.uk/conditions/fibroids/>
 - <https://www.nhs.uk/conditions/vulvodynia/>
 - <https://www.nhs.uk/conditions/pelvic-inflammatory-disease-pid/>
 - <https://www.nhs.uk/conditions/pelvic-pain/>
 - <https://www.nhs.uk/conditions/pudendal-neuralgia/>
- International Foundation for Functional Gastrointestinal Disorders: <https://iffgd.org/>
- Interstitial Cystitis Network: <https://www.ic-network.com/>
- Interstitial Cystitis Association: <https://www.ichelp.org/>
- International Pelvic Pain Society: <https://www.pelvicpain.org/>
 - <https://www.pelvicpain.org/public/resources/educational-resources/informational-handouts>
 - <https://app.v1.statusplus.net/membership/provider/index?society=ipps&t=public>
- Facing Pelvic Pain: Video and Written Resources on all Causes of Pelvic Pain:
 - <https://www.facingpelvicpain.org/pain-in-pelvis-patient-education>
- Toronto Academic Pain Medicine Institute:
 - <https://tapmipain.ca/patient/managing-my-pain/>
- World Federation for Incontinence and Pelvic Problems: <https://wfipp.org/>
- Vulvodynia Association: <https://www.nva.org/>
- Vulvar Pain Foundation: <https://www.thevpfoundation.org/>
- Pudendal Neuralgia Association: <https://www.pudendalassociation.org/>
- Pudendal HOPE: <http://www.pudendalhope.info/>
- Neuropathy Commons: <https://neuropathycommons.org/>