



**W6: LIVE WEBINAR: Pelvic Pain Beyond the Syndromes – Practical Tools to Help Your Patients**

Workshop Chair: Elise De, United States

Start	End	Topic	Speakers
		Introduction, Distribution of Practical Clinical Materials, and Solicitation of Audience Needs	Elise De
		Differential Diagnosis of Pelvic Pain, Male GU pain, GI Pain	Elise De
		Gynecological Etiology of Pelvic Pain and the role of Botulinum toxin type A as treatment option for CPP	Alex Digesu
		Overview of Musculoskeletal Pelvic Pain. Specific strategies of diaphragmatic breathing and aerobic exercise.	Elizabeth Shelly
		Audience Cases: Localized Pelvic Pain. Discussion, and Questions	Elise De Alex Digesu Elizabeth Shelly Charles Argoff
		Small Fiber Polyneuropathy and Central Sensitization: how do these concepts apply to pelvic pain?	Charles Argoff
		Audience Cases: Pelvic Pain Associated with Systemic Pain. Discussion, and Questions	Elise De Alex Digesu Elizabeth Shelly Charles Argoff
		Questions	All

**Aims of Workshop**

This workshop aims to provide concrete tools for everyday practice to simplify evaluation and improve treatment of patients with Chronic Pelvic Pain. The differential diagnosis of etiology and treatment algorithms will be presented. Clinical materials (patient educational material, book Facing Pelvic Pain, questionnaires, and other resources) will be shared.

**Learning Objectives**

Differential diagnosis for causes of pelvic pain

**Target Audience**

Urology, Urogynaecology and Female & Functional Urology, Bowel Dysfunction, Conservative Management

**Advanced/Basic**

Intermediate

**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)
- 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 Diagnosis and Management.
- Presence of Decreased Intraepidermal Nerve Fiber Density Consistent with Small Fiber Neuropathy in Patients with Central Post-Stroke Pain. Cavalier Y1, Albrecht PJ2, Amory C1, Bernardini GL3, Argoff CE1. Pain Med. 2016 Aug;17(8):1569-71. doi: 10.1093/pm/pnw001. Epub 2016 Feb 18.
- 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. doi: 10.1007/s00192-012-2015-5. Epub 2013 Jan 12.
- The pelvic floor muscle hyperalgesia (PFMH) scoring system: a new classification tool to assess women with chronic pelvic pain: multicentre pilot study of validity and reliability. Bhide AA, Puccini F, Bray R, Khullar V, Digesu GA. Eur J Obstet Gynecol Reprod Biol. 2015 Oct;193:111-3. doi:10.1016/j.ejogrb.2015.07.008. Epub 2015 Jul 31.
- An International Urogynecological Association (IUGA)/International Continence Society (ICS) joint report on the terminology for the conservative and nonpharmacological 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. doi: 10.1007/s00192-016-3123-4. Epub 2016 Dec 5. PMID:27921161
- Shelly E, Neville C PT, DPT, WCS; and Allison Snyder PT, MSPT, CEEAA: Chapter 7: Which Musculoskeletal Problems Can Lead to Pelvic Pain? In De, E and Stern, T: Facing Pelvic Pain. A Guide For Patients And Their Families. Copyright 2021 Massachusetts General Hospital Psychiatry Academy, Boston MA ISBN-13: 978-1-951166-22-9
- Beth Shelly PT, DPT, WCS, BCB PMD; Cynthia Neville PT, DPT, WCS; and Allison Snyder PT, MSPT, CEEAA: Chapter 11: What Is the Role of Physical Therapy, a Healthy Diet, and Exercise in Managing Pelvic Pain? In De, E and Stern, T: Facing Pelvic Pain. A Guide For Patients And Their Families. Copyright 2021 Massachusetts General Hospital Psychiatry Academy, Boston MA ISBN-13: 978-1-951166-22-9

### 500 Words from Faculty:

An estimated 6-30% of people worldwide experience chronic pelvic pain (CPP). 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 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.

Table 1, with permission from Facing Pelvic Pain: [www.facingpelvicpain.org](http://www.facingpelvicpain.org)

<b>LOCATION</b>	<b>POTENTIAL EXPLANATIONS</b>
Vulvar pain	Infection Exposures (irritants) Vulvar atrophy (low estrogen) Low testosterone (can be caused by external hormones) Dermatologic conditions (e.g., lichen sclerosus) Neuropathy
Introital pain	Low testosterone Friction from sexual activity or clothing
Urethral pain	Vulvovaginal atrophy Urethral caruncle Friction Tight external sphincter muscle or stricture (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 Overactivity of muscles 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 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	<p>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</p>
Vascular pain	Pelvic venous disorder
Neuromusculoskeletal	<p>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</p>
Psychological	<p>Depression  Anxiety  History of sexual abuse/assault  Poor emotional coping/communication  Personality disorders  Couple distress</p>
All-over pain	<p>Fibromyalgia  Small fiber polyneuropathy  Central sensitization  Neuroinflammatory disease (e.g. Lyme, MS)  Rheumatologic disease</p>

It is particularly challenging when patients have pain in multiple organ systems, 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 other more rare conditions.

**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 still needed 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 pelvic 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 can improve care and lessen provider burden
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 based on comprehensive intake data.

## INFORMATION ABOUT PELVIC PAIN:

Pelvic pain can be a simple or complex story, but it is usually difficult to experience. Fortunately, there is usually something that can be done!

Here are some resources that may be helpful.

- [American Urogynecological Society \(AUGS\)](https://www.voicesforpfd.org/): <https://www.voicesforpfd.org/>
- [American College of Ob-Gyn](https://www.acog.org/): <https://www.acog.org/>
- [American Physical Therapy Association](https://www.apta.org/): <https://www.apta.org/>
- [Herman Wallace Institute](https://pelvicrehab.com/): <https://pelvicrehab.com/>
- [Beth Shelly DPT](https://www.bethshelly.com/new-patients/pelvic-pain-and-spasms/): <https://www.bethshelly.com/new-patients/pelvic-pain-and-spasms/>
- [Global Pelvic Health Alliance](https://pelvicguru.com/): <https://pelvicguru.com/>
- [Endometriosis Association](https://endometriosisassn.org/): <https://endometriosisassn.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/): <https://iffgd.org/>
- [Interstitial Cystitis Network](https://www.ic-network.com/): <https://www.ic-network.com/>
- [Interstitial Cystitis Association](https://www.ichelp.org/): <https://www.ichelp.org/>
- [International Pelvic Pain Society](https://www.pelvicpain.org/): <https://www.pelvicpain.org/>
- [Comprehensive Book: Facing Pelvic Pain](http://www.facingpelvicpain.org): [www.facingpelvicpain.org](http://www.facingpelvicpain.org)
- [World Federation for Incontinence and Pelvic Problems](https://wfipp.org/): <https://wfipp.org/>
- [Vulvodynia Association](https://www.nva.org/): <https://www.nva.org/>
- [Vulvar Pain Foundation](https://www.thevpfoundation.org/): <https://www.thevpfoundation.org/>
- [Pudendal Neuralgia Association](https://www.pudendalassociation.org/): <https://www.pudendalassociation.org/>
- [Pudendal HOPE](http://www.pudendalhope.info/): <http://www.pudendalhope.info/>
- [Neuropathy Commons](https://neuropathycommons.org/): <https://neuropathycommons.org/>

## Facing Pelvic Pain TREATMENT MAP

©Elise De MD et al for the MGH Facing Series

This tool will allow you to communicate and map treatment over time. Your health care providers can use this information to understand your diagnosis and to plan future treatments. This document is based on official guidelines as well as multidisciplinary provider experience.

**My primary symptoms are:**

Special considerations I wish to communicate (exam anxiety, gender, requests):

Timeline and story of symptoms:

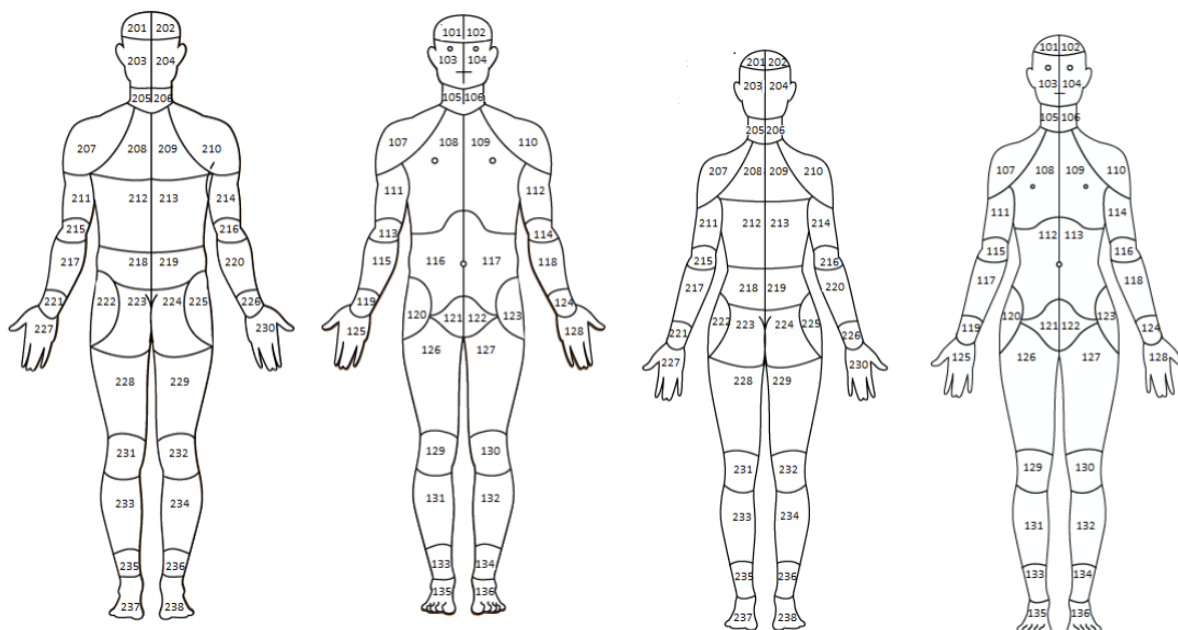
I Have the Following Conditions:	Yes	Suspected	No
<b>Pelvic Conditions:</b>			
Pelvic/ lower abdominal pain			
Urethra and bladder pain:			
<input type="checkbox"/> Pain as my bladder fills with urine that is relieved by urination			
<input type="checkbox"/> Pain during urination			
<input type="checkbox"/> Pain that worsens after urination			
<input type="checkbox"/> Pain on the skin / vulva / tip during urination			
Perineum (bicycle seat) pain			
Vulvar/ vaginal pain			
Clitoral pain or unwanted arousal			
Testicular/ penile pain			
Anal/ rectal pain (incl. pain with bowel movement)			
Pain with sitting relieved by standing			
Lubrication or erection trouble			
Sexual pain			
Pain with menses			
Endometriosis			
Irritable bowel syndrome			
Pelvic floor muscle dysfunction			
Recurrent urinary tract infections			
History of sexually transmitted infection			

Pelvic cancer			
Urinary incontinence			
Bowel incontinence			
Constipation			
Blood in the stool			
Pelvic organ (bladder, rectum, uterus) prolapse			
Prostate problems			
Difficulty starting urine stream			
Incomplete emptying of the bladder			
Urinary urgency, frequency, nighttime urination			
Blood in the urine			
Neurogenic bladder or bowel			
Balance problems or leg or arm weakness			
Varicose veins on <input type="checkbox"/> legs <input type="checkbox"/> buttocks <input type="checkbox"/> privates			
Other pelvic conditions:			
<b>Conditions Affecting other Areas of the Body:</b>	<b>Yes</b>	<b>Suspected</b>	<b>No</b>
GERD (heartburn)			
Migraines			
Fibromyalgia			
TMJ (jaw pain)			
Nerve pain – spine or back, or sciatica			
Nerve pain – peripheral e.g. sensitive feet			
Loss of hair on extremities			
Palpitations (rapid heart beat)			
Ringing in the ears			
Asthma or respiratory problems			
Nausea			
Dizziness			
All over body pain or joint pains (where?)			
Vision Changes			
Depression or anxiety			
History of sexual abuse or other trauma			
Dependence on medication alcohol or drugs			
<b>Other Medical Problems or Surgical History:</b>	<b>Year of Diag</b>	<b>Doctor</b>	<b>Comments</b>



Please mark ALL areas on the body maps (not just the pelvis) where you have had pain in the last week.

Area # or letters	Left Right or Center	No Pain 0	1	2	3	4	5	6	7	8	9	Pain as bad as you can imagine 10



MAPP II Interactive CHOIR Body Map  
<https://choir.stanford.edu>

Prior Medications Tried:	Tried?	Relief?	Still Using?
<b>Bladder Relaxing Medications</b>			
Oxybutynin (Ditropan®)			
Oxybutynin Gel (Gelnique®) transdermal sachet daily			
Oxybutynin Transdermal Patch (Oxytrol®) over counter			
Tolterodine (Detrol®)			
Fesoterodine (Toviaz®)			
Tropium (Sanctura®)			
Darifenacin (Enablex®)			
Solifenacin (Vesicare®)			
Mirabegron (Myrbetriq®)			
Hyoscyamine (Levsin®)			

<b>Medications to Open Bladder Outlet</b>			
Terazosin (Hytrin®)			
Tamsulosin (Flomax®)			
Doxazosin (Cardura®)			
Alfuzosin (Uroxatral®)			
Silodosin (Rapaflo®)			
<b>Bladder Pain Medications</b>			
Pentosan Polysulfate Sodium (Elmiron®)			
Phenazopyridine (Pyridium®)			
Amitriptyline (Elavil®), Nortriptyline (Pamelor®)			
Uribel® (methenamine, sodium phosphate monobasic, phenyl salicylate, methylene blue, and hyoscyamine sulf)			
Allergy Medications: Hydroxyzine (Atarax®) Diphenhydramine (Benadryl® Genahist®, Sominex®, Unisom®), Cimetidine® (Tagamet®), Cetirizine hydrochloride (Zyrtec®), Fexofenadine (Allegra®), Loratidine (Claritin®)			
Bladder instillations (heparin, lidocaine, sodium bicarbonate, antibiotic)			
Bladder instillation (Dimethyl sulfoxide, DMSO/Rimso-50®)			
Cyclosporine A (Gengraf®, Neoral®, Sandimmune®)			
<b>Infection Management</b>	<b>Tried?</b>	<b>Relief?</b>	<b>Still Using?</b>
Oral or IV Antibiotics (doses and # days)			
Proanthocyanidins (Ellura®, Theracran®) or other cranberry extract			
D-Mannose			
Methenamine (Hiprex®, Mandelamine®, Urex®)			
Probiotics			
Antibiotic Instillation in the Bladder			
Other:			
<b>Vulvar / Vaginal Treatments</b>	<b>Tried?</b>	<b>Relief?</b>	<b>Still Using?</b>
Avoidance of Irritants (select toilet paper, soap)			
Vaginal creams, ointments, etc.:			
<input type="checkbox"/> Barrier cream/ointment (type):zinc oxide, dimethicone, petroleum)			
<input type="checkbox"/> Estrogens (commercial or compounded)			
<input type="checkbox"/> Anti-yeast/antifungal agents			
<input type="checkbox"/> Antibacterial agents for bacterial vaginosis			
<input type="checkbox"/> Steroid (clobetasol, hydrocortisone)			
<input type="checkbox"/> Diazepam (Valium®) vaginal Suppositories			
<input type="checkbox"/> Baclofen (Lioresel®)			
<input type="checkbox"/> Lidocaine			
<input type="checkbox"/> Gabapentin (Neurontin®)			

<input type="checkbox"/> Amitriptyline (Elavil®)			
<input type="checkbox"/> Tacrolimus (Prograf®)			
<input type="checkbox"/> Naltrexone - low dose (Vivitrol®)			
<input type="checkbox"/> Douches			
<input type="checkbox"/> Other Inserts			
<input type="checkbox"/> Wipes			
<b>Hormonal Medications</b>	<b>Tried?</b>	<b>Relief?</b>	<b>Still Using?</b>
Vaginal estrogen cream, tablet or ring			
Estrogen / progesterone pills or patches			
Hormone-secreting intrauterine device (Mirena®, Liletta®, Skyla®)			
Medroxyprogesterone acetate (Depo-Provera®) injection			
Etonogestrel (Nexplanon®) progesterone implant			
Aygestin (northindrone)			
Elagolix (Orilissa®)			
Leuprolide Acetate (Lupron Depot®)			
Aromatase inhibitors: -Anastrozole (Arimidex®) -Letrozole (Femara®)			
Testosterone injections or implants			
Testosterone applied to skin (Testim®, Androgel®)			
<b>Specific Penile/ Testicular Pain Medications</b>	<b>Tried?</b>	<b>Relief?</b>	<b>Still Using?</b>
Penile injection medications for pain - Collagenase clostridium histolyticum (Xiaflex®)			
Other			
<b>Anorectal Pain Medications</b>	<b>Tried?</b>	<b>Relief?</b>	<b>Still Using?</b>
Sitz bath			
Barrier cream/ointment:e.g. zinc oxide, corn starch, dimethicone, petroleum			
Wipes			
Loperamide (Imodium®)			
Sphincter relaxing ointments: nifedipine or diltiazem (calcium channel blockers) and glyceryl nitrate (GTN)			
Lidocaine numbing gel or cream			
Anti yeast creams, ointments or oral medications			
Agents to soften stool: Docusate sodium (Colace®), Psyllium (Metamucil®) or other fiber			
Agents to bulk stool: Psyllium (Metamucil®) or other Fiber			
<b>Immune and Anti-Inflammatory Medications</b>	<b>Tried?</b>	<b>Relief?</b>	<b>Still Using?</b>
NSAIDs: Ibuprofen, Celecoxib, Diclofenac, Indomethacin , Naproxen, Oxaprozin, Piroxicam			
Mesalamine (Pentasa®, Asacol®, Apriso®, Delzicol®, Lialda®)			
Steroids			
Immunosuppressants: Azathioprine (Azasan®, Imuran®), Remicade (Infliximab®), Ustekinumab (Stelara®), and			

Monoclonal antibodies: Humira (Adalimumab®), Vedolizumab (Entyvio®)			
Immunomodulators Interleukins (IL-1, IL-17) Tumor necrosis factor alpha TNF-α IV immunoglobulin (IVIG)			
<b>General Pain Medications</b>	<b>Tried?</b>	<b>Relief?</b>	<b>Still Using?</b>
Acetaminophen (Tylenol®)			
Carbamazepine (Tegretol®)			
Gabapentin (Neurontin®)			
Pregabalin (Lyrica®)			
Topiramate (Topamax®)			
Fluoxetine (Prozac®)			
Duloxetine (Cymbalta®), Lamotrigine (Lamictal®), Oxcarbazepine (Trileptal®), Lacosamide (Vimpat®), Venlafaxine (Effexor®), Milnacipran (Savella®), Sertraline (Zoloft®)			
Amitriptyline (Elavil®)			
Nortriptyline (Pamelor®)			
Imipramine (Tofranil®)			
Opioids: Oxycodone (OxyContin®), Hydrocodone (Vicodin®), Codeine, Meperidine (Demerol®), Morphine (Roxanol®), Methadone, Hydromorphone (Dilaudid®), Tramadol (Ultram®), Fentanyl (Duragesic®, Onsolis®, Fentora®)			
<b>Oral Muscle Relaxants</b>			
Baclofen (Kemstro®, Lioresal®)			
Tizanidine (Zanaflex®)			
Cyclobenzaprine (Flexeril®, Amrix®, Fexmid®)			
Benzodiazepines (Valium®, Xanax®, Ativan®)			
<b>Blood Thinners</b>			
Aspirin			
Clopidogrel (Plavix®)			
Cilostazol (Pletal®)			
<b>Other Medications (list):</b>	<b>Tried?</b>	<b>Relief?</b>	<b>Still Using?</b>
<b>Surgery (cite hospital and surgeon, obtain op note):</b>	<b>Year:</b>	<b>Relief?</b>	<b>Details</b>
Laparoscopy, fulguration, or excision of endometriosis			
Hysterectomy (removal of uterus)			
Myomectomy (uterine fibroid removal)			
Ovarian cyst removal			
Ovary removal			
Caesarian section			
Prolapse surgery, vaginal or rectal (details):			
Urinary incontinence surgery			

Urinary incontinence injection (e.g. Collagen, Macroplastique®, Coaptite®)			
Urethral diverticulum or fistula surgery			
Cystoscopy (may include biopsy)			
Urethral dilation			
Bladder hydrodistension			
Kidney stone surgery (shock wave or telescopic)			
Prostate surgery			
Testis surgery (including vasectomy)			
Ejaculatory duct surgery			
Bowel or rectal surgery			
Anal surgery			
Lysis of Adhesions			
Sacral nerve stimulation (Interstim®)			
Spinal stimulator (type and level if known)			
Medication pump (e.g. baclofen or pain medication)			
Release of nerve entrapment			
Surgical denervation (cutting of nerves)			
Back surgery			
Hip, knee or foot surgery			
Pelvic bone surgery			
Blood vessel surgery			
Botulinum toxin: OnabotulinumtoxinA (Botox®), RimabotulinumtoxinB (Myobloc®), AbobotulinumtoxinA (Dysport®) to:			
<input type="checkbox"/> Bladder detrusor muscle			
<input type="checkbox"/> Bladder exit (sphincter)			
<input type="checkbox"/> Pelvic floor muscles (trigger point)			
<input type="checkbox"/> Skin surface (e.g. vulva, scrotum)			
<input type="checkbox"/> Spermatic cord (nerves to testis)			
<input type="checkbox"/> Anal sphincter			
<input type="checkbox"/> Hip / leg muscle			
<input type="checkbox"/> Iliopsoas muscle			
Other surgery:			
<b>Procedures and Treatments</b>	<b>Tried?</b>	<b>Relief?</b>	<b>Details</b>
Acupuncture			
Massage			
Nerve blocks or injections (name nerves and what medication was used if known):			
Pessary			
PTNS			
TENS Unit			

Radiofrequency Ablation			
Cryoablation (freezing) e.g. nerves of Spermatic Cord			
Vaginal Laser Therapy			
Blood vessel embolization or stenting			
Emsella® Chair			
Other Treatments			
<b>Bladder Management</b>	<b>Tried?</b>	<b>Relief?</b>	<b>Details</b>
<input type="checkbox"/> Bladder empties naturally			
<input type="checkbox"/> Timed voids by the clock			
<input type="checkbox"/> Intermittent catheterization ___ times per day			
<input type="checkbox"/> Indwelling tube changed every ___ weeks			
<input type="checkbox"/> Supply information:			
<b>Pelvic Floor Physical Therapy</b>	<b>Tried?</b>	<b>Relief?</b>	<b>Details</b>
Pelvic Floor Physical Therapy in general (any type)			
<input type="checkbox"/> Hands on work / joint and tissues mobilization			
<input type="checkbox"/> Stretching or yoga exercises			
<input type="checkbox"/> Aerobic exercises			
<input type="checkbox"/> Strength exercises: abdominal, legs			
<input type="checkbox"/> Biofeedback			
<input type="checkbox"/> Body mechanics and posture training			
<input type="checkbox"/> Physical Therapy focused on pain management			
<input type="checkbox"/> Physical therapy for back, knees, hips, etc.			
<b>Lifestyle and Behavior Changes</b>			
Diet alteration to avoid irritants			
Avoidance of Caffeine, Sweeteners, Tea			
Fluid alteration to target 1500-2500 cc per 24 hours			
Attention to seat surface and ergonomics at work, commute, home			
Avoidance of vulvar or scrotal irritants			
<b>Counseling and Psychological Therapies</b>	<b>Tried?</b>	<b>Relief?</b>	<b>Details</b>
Meditation, Relaxation Strategies			
Any psychotherapy			
Individual therapy			
Cognitive behavioral therapy			
Mindfulness-based therapy			
Group therapy			
Couples therapy			
Formal Sex Therapy			
Other:			

Testing completed	Approx Date	Location/ Institution	Results
Urinalysis and Culture			
Urine cytology			
Urine Ureaplasma and Mycoplasma			
Testing for genital infections			
Pregnancy test			
Blood tests			
Stool Test			
Completion of a Voiding Diary			
Measurement of post void residual (PVR) urine volume (the amount remaining after urinating)			
CT Scan of:			
<input type="checkbox"/> Spine			
<input type="checkbox"/> Head			
<input type="checkbox"/> Abdomen			
<input type="checkbox"/> Pelvis			
Ultrasound of:			
<input type="checkbox"/> Abdomen			
<input type="checkbox"/> Kidneys			
<input type="checkbox"/> Pelvis			
<input type="checkbox"/> Scrotum/Vagina			
<input type="checkbox"/> Veins			
MRI of:			
<input type="checkbox"/> Spine/ sacrum			
<input type="checkbox"/> Head			
<input type="checkbox"/> Abdomen			
<input type="checkbox"/> Pelvis			
Spine Xray (type)			
Pelvis Xray			
Defacography (bowel movement under X-ray with dye)			
Anal manometry (bowel movement with measurement of pressure in rectum)			
Upper GI Study (X-ray after swallowing dye)			
Cystogram, voiding cystourethrogram (VCUG), urethrogram (X-ray with dye in bladder or urethra)			
Angiogram (X-ray with dye in artery)			
Cystoscopy (small camera passed into bladder)			
Ureteroscopy (small camera passed into ureter)			
Urodynamic testing (pressure measurement during void)			
Endoscopy (small camera passed into throat)			
Colonoscopy / Proctoscopy / Sigmoidoscopy (small camera passed via anus)			

Sitzmark Study (X-ray or beads passing through GI tract)			
Laparoscopy (small camera passed into abdominal wall)			
EMG (test of nerve response to stimulation)			
Autonomic testing (tilt table testing)			
Nerve biopsy (for small fiber polyneuropathy)			
Other:			
<b>Types of Health Care Providers Seen:</b>	<b>Name</b>	<b>Location</b>	<b>Current provider?</b>
<input type="checkbox"/> Allergy			
<input type="checkbox"/> Cancer Medicine			
<input type="checkbox"/> Cardiology			
<input type="checkbox"/> Colorectal Surgery			
<input type="checkbox"/> Gastrointestinal Medicine			
<input type="checkbox"/> Gynecology			
<input type="checkbox"/> Infectious Disease			
<input type="checkbox"/> Neurology			
<input type="checkbox"/> Ophthalmology			
<input type="checkbox"/> Orthopedics			
<input type="checkbox"/> Pain Management			
<input type="checkbox"/> Physical Therapy			
<input type="checkbox"/> Primary Care			
<input type="checkbox"/> Psychology/ Psychiatry			
<input type="checkbox"/> Pulmonology			
<input type="checkbox"/> Rehabilitation Medicine (Physiatrist, PMR)			
<input type="checkbox"/> Rheumatology			
<input type="checkbox"/> Urology			
<input type="checkbox"/> Other			
<b>Current working diagnoses:</b>	<b>Details</b>		
<input type="checkbox"/> Unsure of diagnosis			
<input type="checkbox"/> Bladder obstruction			
<input type="checkbox"/> Overactive bladder			
<input type="checkbox"/> Underactive bladder			
<input type="checkbox"/> Neurogenic bladder			
<input type="checkbox"/> Interstitial cystitis			
<input type="checkbox"/> Incontinence of urine			
<input type="checkbox"/> Recurrent urinary tract infections (UTIs)			
<input type="checkbox"/> Vulvar atrophy			



