Urology CHEAT SHEETS

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EAU Guidelines on Chronic Pelvic Pain

Epidemiology, pathophysiology and diagnosis

EPIDEMIOLOGY, PATHOPHYSIOLOGY:

Across the world chronic pain is prevalent, seriously affecting the quality of people's social, family, and working lives, with differences between countries attributable to multiple causes, including study methodology.

Chronic primary pelvic pain syndrome (CPPPS): is the occurrence of chronic pelvic pain when there is no proven infection or other obvious local pathology that may account for the pain. It is often associated with negative cognitive, behavioural, sexual or emotional consequences, as well as with symptoms suggestive of lower urinary tract, sexual, bowel or gynaecological dysfunction. CPPPS is a sub-division of chronic primary pelvic pain.

Influence on Quality of Life (QoL): Pelvic pain syndromes have an impact in terms of QoL, depression, anxiety, impaired emotional functioning, insomnia and fatigue. QoL assessment is therefore important and should include physical, psychosocial and emotional tools, using standardised instruments where possible.

Recommendations	Strength rating
All of those involved in the management of chronic pelvic pain should have knowledge of peripheral and central pain mechanisms.	Strong
The early assessment of patients with chronic pelvic pain should involve investigations aimed at excluding disease-associated pelvic pain.	Strong
Assess functional, emotional, behavioural, sexual and other quality of life issues, such as effect on work and socialisation, early in patients with chronic pelvic pain and address these issues as well as the pain.	Strong
Build up relations with colleagues so as to be able to manage CPPPS comprehensively in a multi-specialty and multi-disciplinary environment with consideration of all their symptoms.	Strong

DIAGNOSTIC EVALUATION:

Recommendation	Strength rating
Take a full history and evaluate to rule out a treatable cause in all patients with chronic pelvic pain.	Strong

1. **General evaluation: Clinical history and examination are mandatory when making a diagnosis.**
2. **Diagnostic evaluation of primary prostate pain syndrome (PPPS): PPPS has no known single aetiology and involves mechanisms of neuroplasticity and neuropathic pain.**

Recommendations	Strength rating
Adapt diagnostic procedures to the patient. Exclude specific diseases with similar symptoms.	Strong
Use a validated symptom and quality of life scoring instrument, such as the National Institutes of Health Chronic Prostatitis Symptom Index, for initial assessment and follow-up.	Strong
Assess primary prostate pain syndrome-associated negative cognitive, behavioural, sexual, or emotional consequences, as well as symptoms of lower urinary tract and sexual dysfunctions.	Strong

3. **Diagnostic evaluation of primary bladder pain syndrome (PBPS): PBPS has a high prevalence and no known single aetiology.**

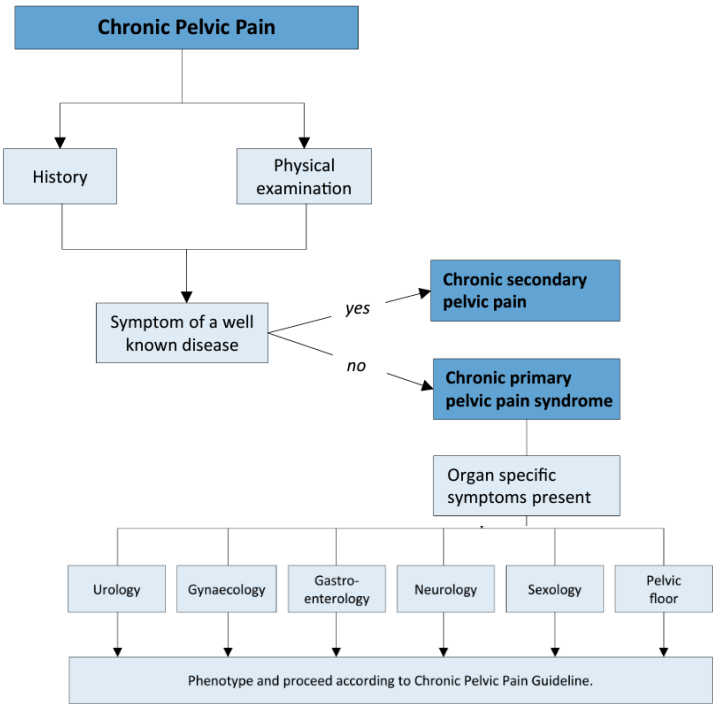
Recommendations	Strength rating
Perform general anaesthetic rigid cystoscopy in patients with bladder pain to subtype and rule out confusable disease.	Strong
Diagnose patients with symptoms according to the EAU definition, after primary exclusion of specific diseases, with primary bladder pain syndrome (PBPS) by subtype and phenotype.	Strong
Assess PBPS-associated non-bladder diseases systematically.	Strong
Assess PBPS-associated negative cognitive, behavioural, sexual, or emotional consequences.	Strong
Use a validated symptom and quality of life scoring instrument for initial assessment and follow-up.	Strong

4. **Diagnostic evaluation of scrotal pain syndrome: The nerves in the spermatic cord play an important role in scrotal pain. Ultrasound of the scrotal contents does not aid in diagnosis or treatment of scrotal pain. Post-vasectomy pain is seen in a substantial number of men undergoing vasectomy.**
5. **Diagnostic evaluation of urethral pain syndrome: Primary urethral pain syndrome may be a part of PBPS. Urethral pain involves mechanisms of neuroplasticity and neuropathic pain.**
6. **Diagnostic evaluation of gynaecological aspects of chronic pelvic pain:**

Recommendations	Strength rating
Take a full uro-gynaecological history in those who have had a continence or prolapse non-absorbable mesh inserted and consider specialised imaging of the mesh.	Strong
Refer to a gynaecologist following complete urological evaluation if there is a clinical suspicion of a gynaecological cause for pain. Laparoscopy should be undertaken in accordance with gynaecological guidelines.	Strong

7. **Diagnostic evaluation of nerves to the pelvis: Multiple sensory and functional disorders within the region of the pelvis/urogenital system may occur as a result of injury to one or more of many nerves but there is no single aetiology for the nerve damage and the symptoms and signs may be few or multiple.**

Recommendations	Strength rating
Rule out confusable diseases, such as neoplastic disease, infection, trauma and spinal pathology.	Strong
If a peripheral nerve pain syndrome is suspected, refer early to an expert in the field, working within a multidisciplinary team environment.	Weak
Imaging and neurophysiology help diagnosis but image and nerve locator guided local anaesthetic injection is preferable.	Weak



8. **Diagnostic evaluation of psychological and sexological aspects in chronic pelvic pain: Chronic pain can lead to decline in sexual activity and satisfaction and may reduce relationship satisfaction.**

Recommendations	Strength rating
Assess patient psychological distress in relation to their pain.	Strong
Ask patients what they think is the cause of their pain and other symptoms to allow the opportunity to inform and reassure.	Strong

Recommendation	Strength rating
Screen patients presenting with symptoms suggestive for chronic primary pelvic pain syndrome for abuse, without suggesting a causal relation with the pain.	Weak

9. **Diagnostic evaluation of pelvic floor function: Over-activity of the pelvic floor muscles is related to chronic pelvic pain, prostate, bladder and vulvar pain and is an input to the central nervous system causing central sensitisation.**

Recommendations	Strength rating
Use the International Continence Society classification on pelvic floor muscle function and dysfunction.	Strong
In patients with Chronic Primary Pelvic Pain Syndrome it is recommended to actively look for the presence of myofascial trigger points.	Weak

EAU Guidelines Dissemination Committee