Chronic Urogenital Pain

Following self-directed learning and/or instruction, attainment of the following general (I, II, III, etc.) and specific (A, B, C, etc.) learning outcomes relating to knowledge and skills can be tested.

I. Can apply the neuroscience understanding of visceral, somatic, and neuropathic pain in the context of urogenital pain.
   A. Can describe the anatomy of urogenital structures, bony pelvis and associated musculature, and autonomic and sensory nerves, with special reference to the hypogastric plexus and pudendal nerve (Wesselmann et al. 1997).
   B. Can explain concepts of visceral hyperalgesia, viscerosomatic convergence/hyperalgesia, and viscero-visceral hyperalgesia (Giamberardino 2000).
   C. Can describe the influence of sex and gender (Fillingim et al. 1998, 1999) and hormones (Bradshaw et al. 1999) on pain experience.

II. Can outline the epidemiology of urogenital pain (Mathias et al. 1996; Zondervan et al. 1998; Kreiger et al. 2002; Parsons et al. 2002; Diokno et al. 2003).

III. Can apply the clinical distinction between gastrointestinal, urological, gynecological, and musculoskeletal pain (see www.pelvicpain.org/pdf/FRM_Pain_Questionnaire.pdf).
   A. Can obtain a focused history.
   B. Can undertake a relevant physical examination.
   C. Can identify any features suspicious of malignancy.
   D. Can identify pathological conditions of the pelvis that cause pain.

IV. Can apply psychological principles to clinical assessment, explanation, and treatment (Elcombe et al. 1997).
   A. Can identify and manage distress and concerns, for example fertility, sexuality, and sexual functioning (Berghuis et al. 1996).
   B. Can identify patients in whom sexual and physical abuse may be an unresolved issue and can discuss appropriate referral (Collett et al. 1998; Raphael et al. 2001).

V. Can explain the importance of the doctor-patient relationship in influencing outcome (Selfe et al. 1998).
   A. Can demonstrate good consultation skills.
   B. Can demonstrate nondiscriminatory and empathic attitudes and practice.
   C. Can outline the components of a multidisciplinary care model (Collett et al. 2000).

VI. Can identify in men the features of the following nonspecific clinical conditions and symptoms, investigations, and management options:
   A. Prostatitis/prostatodynia (Kreiger et al. 2002; Moldwin 2002; Sant et al. 2003).
   B. Type III chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS).
C. Interstitial cystitis (Berger et al. 1998; Mann 1998; Warren and Keay 2002).
D. Testicular/scrotal pain (Ness 2001).
E. Perineal pain (Nickel et al. 2001).
F. Musculoskeletal pain (Clauw et al. 1997; Weiss 2001).

VII. Can identify in men the features of the following specific clinical conditions and symptoms, investigations, and management options:
A. Bacterial prostatitis (Potts 2001).
C. Orchitis (Berger 1994).
D. Hernia pain (Karlsson et al. 1994).
E. Nerve entrapment pain (Robert et al. 1998; Shafik and Doss 1999).
F. Cancer pain (Gerstenbluth et al. 2002).
G. Miscellaneous.

VIII. Can identify in women features of the following clinical conditions, investigations (Howard 1993, 2000; Cody and Ascher 2000), and management options (Prentice 2000; Stones 2003):
A. Endometriosis (Vercellini 2000).
B. Adhesions.
C. Chronic pelvic inflammatory disease.
D. Ovarian cycle dependent/functional (Stones 2003b).
E. Dysmenorrhea.
F. Interstitial cystitis/urethral syndrome (Parsons et al. 2002).
G. Musculoskeletal pain (King Baker 1998; Weiss 2001).
H. Vestibulitis (Glazer et al. 1995; Zolnoun et al. 2003).
I. Vulvodynia (Smart and Maclean 2003).
K. Postsurgical pain (Perry 2003).
L. Nerve entrapment pain (Robert et al. 1998; Shafik and Doss 1999).

REFERENCES


Kreiger JN, Ross SO, Riley DE. Chronic prostatitis: epidemiology and role of infection. Urology 2002; 60:8–12.


