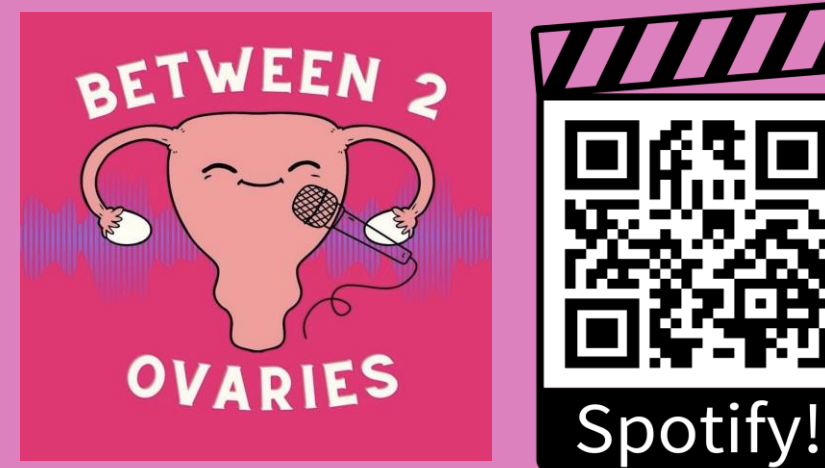


IS A DIAGNOSTIC LAPAROSCOPY ACCEPTABLE TO INFORM THE UNDERLYING PATHOLOGY OF CHRONIC PELVIC PAIN

Bristow E, Fallon N, Twiddy H, Hapangama D, Tempest N. Department of Women's and Children's Health, Liverpool Women's Hospital, University of Liverpool



Background

- Chronic pelvic pain (CPP) → pain in lower abdomen/pelvis lasting >3 months
- Single aetiology difficult to elicit- diagnosis challenging
- 40% of diagnostic laparoscopies do not find pathology if prior scan and examination normal (negative laparoscopy)
- No pathology can leave women in a cyclical process of repeat procedures and no answers leading to detrimental effects on mental health and QoL



Aim: Understand the acceptability of a diagnostic laparoscopy to identify the cause of CPP in women

Methods

- Anonymous ethically approved online questionnaire distributed through social media platforms and women's health charities
- Questionnaire consisted of 63-items assessing:
 - Demographics
 - Previous medical tests
 - Acceptability, views and experiences with diagnostic laparoscopy for CPP

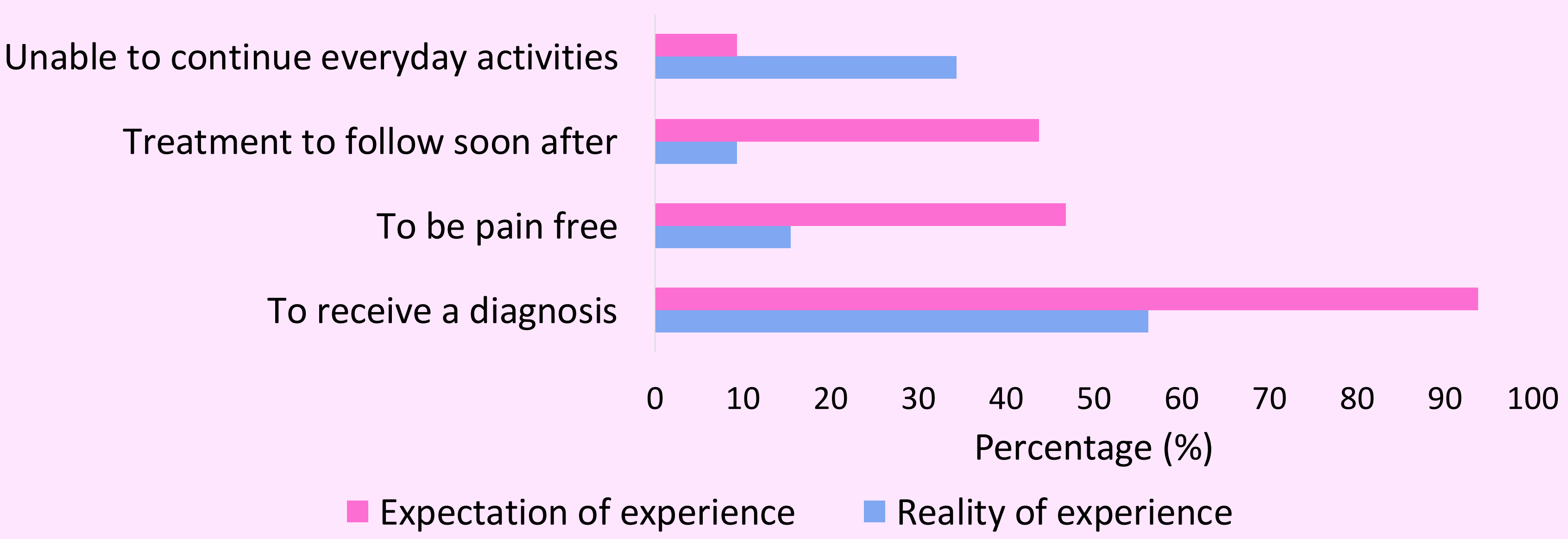


Results

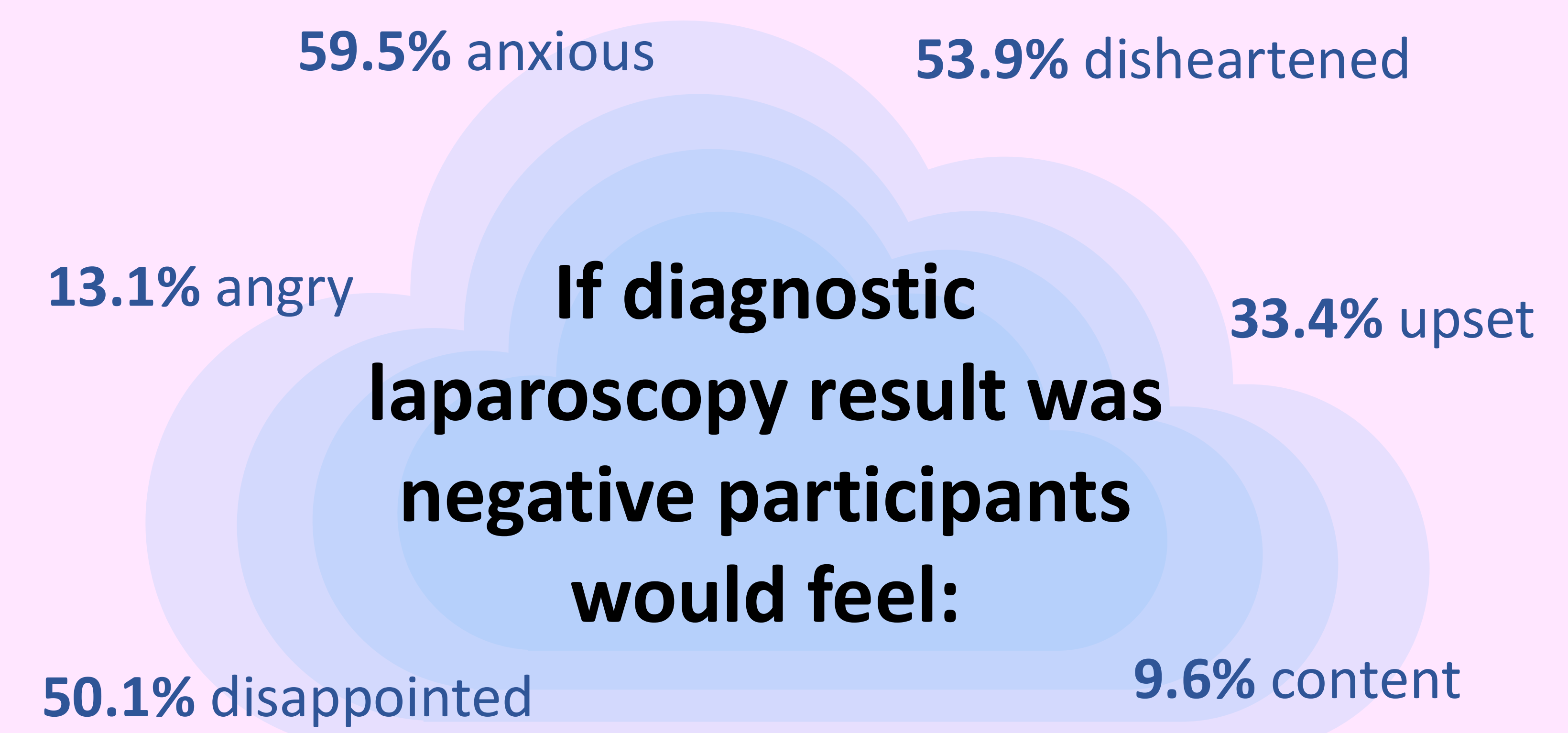
- Completed by 521 participants ≥18 years and assigned female at birth
- Mean age- 33 years
- Majority heterosexual (80%), white (89%) and resided in England (89.1%)
- 70 participants (13.4%) suffered with CPP
- 32 (45%) had undergone diagnostic laparoscopy
- 27 (81.8%) who underwent diagnostic laparoscopy received a pathological diagnosis

Acceptability of diagnostic laparoscopies with different outcomes		
General diagnostic laparoscopy	More acceptable	Negative diagnostic laparoscopy
Diagnostic laparoscopy with abnormal findings	More acceptable	General & negative diagnostic laparoscopy
Diagnostic laparoscopy with cancerous findings	More acceptable	General, negative and abnormal diagnostic laparoscopy

Expectation Vs Reality of patient experience post-diagnostic laparoscopy



Results



Conclusion

- Diagnostic laparoscopies are viewed to be least acceptable when the result is negative (no diagnosis)
- Negative laparoscopies can lead to patients feeling negative emotions, overlooked and isolated
- Psychological interventions should be included within the care pathway of CPP and a biopsychosocial approach should be applied to improve patient outcomes
 - This will help patients prepare for any diagnostic outcome- understanding that no pathology may be found and their pain could persist
 - It will also assist them in learning how to manage the pain they experience

CONTACT ME: hlebrist@Liverpool.ac.uk