IMPROVING THE EXPERIENCE OF PATIENTS WITH CHRONIC PELVIC PAIN: A DEBILITATING MEDICAL CONDITION

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Overview

The pelvic pain unit recently developed by the Urology department at Hamad Medical Corporation is the first of its kind in the region to provide a multidisciplinary evidence-based treatment approach to men suffering from chronic pelvic pain syndrome (CPPS) and chronic orchialgia (CO). These debilitating medical conditions affect men of all ages and constitute about 10% of OPD visits to Urologists worldwide [1]. More importantly, they can have a significant impact on the patients' quality of life and wellbeing. In fact about 25% of men experience loss of work and approximately 50% show reduction in leisure time at some point due to CPPS [2]. Not to mention the expenses imposed by the many unnecessary medications that are often prescribed to these patients [2]. This is because historically many Urologists tend to treat CPPS and CO patients with unnecessary courses of antibiotics that are ineffective and more importantly may increase emergence of resistant organisms. Current research into this field of medicine have resulted in the development of a new classification system for the proper diagnosis and treatment of patients with CPPS. The classification system is called the UPOINT phenotype system (Figure 1). After performing a thorough history and physical examination, the urologist applying this phenotypic system will be able to classify patients according to their different presentation allowing him/her to provide treatment that is directed towards the patients' symptoms. Treatment is usually multidisciplinary that is shared by the Urologist, Physiotherapist and Psychiatrist based on the each individual patient presentation. The UPOINT system has been utilized in USA, Europe and china with results revealing it to be very effective in treating patients with CPPS [3,4,5].

CO has been an up growing increasingly demanding complaint in the past few years commonly affecting young men and interfering with their daily activities. It is defined as continuous or intermittent testicular discomfort of at least three months' duration. The challenges faced in managing patients with CO stem from the fact that various etiologies may result in overlapping symptoms, and while several treatment modalities exist, they may have suboptimal outcomes. Microsurgical spermatic cord denervation (MSCD) has been proposed as an alternative surgical option for patients with idiopathic CO or those who fail other surgical modalities. The rationale behind the utilization of this treatment option is based on blocking pain reception through obliterating nerve fibers traveling along the spermatic cord.

This abstract aims to present the patient experiences and the clinical outcomes after the implementation of the pelvic pain service at Hamad Medical Corporation.

Figure 1: The UPOINT classification system

Urinary	➡	Antimuscarinics, Alpha-Blockers
Psychosocial	➡	Counseling, antidepressants, stress reduction
Organ specific	➡	Quercetin, ESWT, interstitial cystitis therapy
Infection	➡	Antibiotics
Neurogenic/Systemic	➡	Neuroleptic drugs
Tenderness of skeletal muscles	➡	Pelvic floor therapy

Methodology

- We opened two extended pelvic pain clinics per week. Gears such as sterile containers and swabs for cultures, anesthetic agents, a stretcher and an ultrasound machine were placed inside the unit. Additionally, a low intensity extracorporeal shock wave machine was made readily available.
- Collaboration with the department of physiotherapy was done and three sessions (2 hours each) per week were allocated for physiotherapists experienced in myofascial release.
- Collaboration with a psychiatrist experienced in psychosomatic and psychosocial conditions was done and a track for direct patient referral was developed.
- We prepared educational material to help in patient counselling.
- The national institute of health – chronic prostatitis symptom index (NIH-CPSI) questionnaire was made available in Arabic and English languages to be filled by patients with CPPS during each visit.
- Collaboration with the laboratory department was achieved to ease the processing of urine samples, expressed prostatic secretions and swab cultures obtained in the clinic.

Results

The service greatly improved the patient experience. We have conducted surveys and studies to monitor the quality and report the outcome of our service. These include:

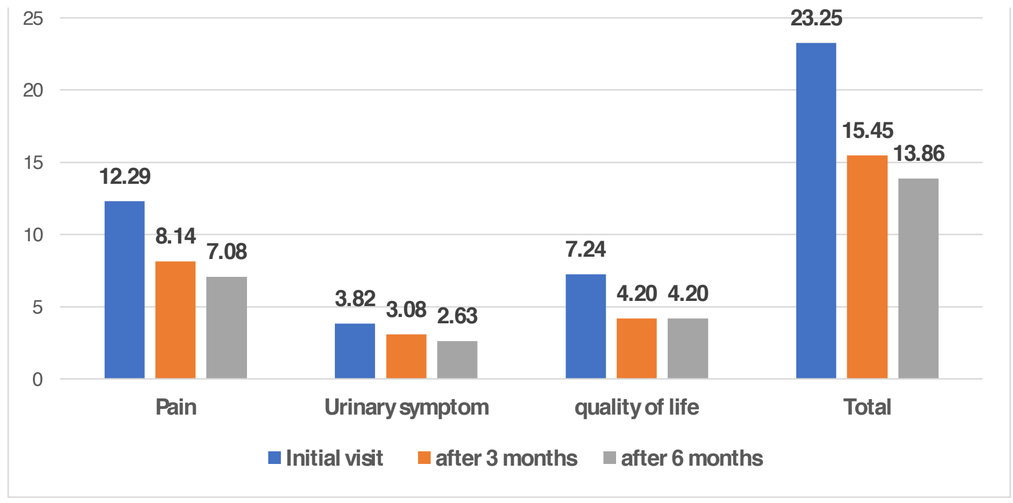
Patient satisfaction:

A random satisfaction survey was conducted on 20 patients showing general acceptance and approval of the service. All patients (100%) recommended the services offered by HMC for management of their clinical condition. 80% of patients reported an excellent explanation of their illness, while 100% denoted an excellent clarity of communication by the providing physician.

NIH-CPSI outcome:

A monitor of the outcome of the service was done, on 51 patients, through comparing their NIH-CPSI score between the initial visit and the follow-up visits (at 3 and 6 months' intervals). Results revealed a reduction in the total score by 7.93 points at 3 months and further reduction by 1.17 points at 6 months following therapy suggesting an improvement in the presenting symptoms.

Figure 2: Changes in NIH-CPSI questionnaire results after 3 and 6 months of therapy



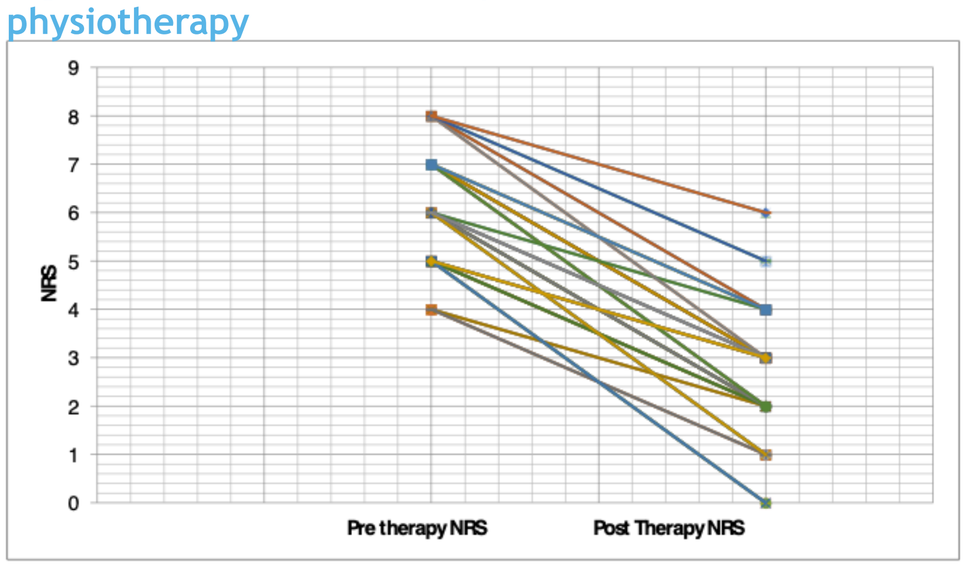
Extracorporeal Shock Wave Therapy (ESWT) Outcome:

A prospective self-control study of 34 patients diagnosed with CPPS & referred for ESWT was conducted. Patients were monitored with the NIH-CPSI questionnaire. Results revealed that compared with the pretreatment baseline questionnaire score, 1 month post treatment showed a total score mean reduction of 9.7 ± 6.3, with 100% of patients showing improvement. On the 6 months follow up, a total mean score reduction of 8 ±8.1 was noted with 79.4% of patients maintained improvement.

Physiotherapy Outcome:

A study was conducted by the physiotherapy team on 29 patients who were followed with the numerical rating scale (NRS) for pain. The median NRS score at initial evaluation was 6.1 [1.2] which decreased to 2.6 [1.4] at the eighth visit or after. Sixteen of the 29 patients (55%) in the study had a reduction of greater than three points (the minimum NRS reduction expected at eighth session) and 8 (28%) had a change of three points. Five patients (17%) did not have any meaningful change in NRS at eighth session (less than three points in NRS) were given additional 3-5 sessions to reach the desired goal. No patients had an increase in NRS.

Figure 3: NRS scores initially and after 8 visits of physiotherapy



Conclusion

With our newly established pelvic pain service, we have greatly improved the patient experience in accordance with HMC's vision to deliver the highest quality of care with utmost compassion. HMC's strategic planning are met in the following manner:

- Applying evidence based practice: patients are now regularly followed by healthcare workers who are specialized in this field of medicine and who are applying high standard internationally recognized practices for the management of men with CPPS and CO
- Integration of effort: a multidisciplinary team comprised of urologists, physiotherapists and psychiatrists are working together to enrich patient care and deliver an outstanding experience for patients.
- Results of the patient surveys and the treatment response indicate a favorable outcome to the implementation of this service.

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In Collaboration with