AIM OF STUDY

Pain perceived inside the pelvis may arise from various mechanisms, many of which are still not well understood. Some processes have been 'well defined' over the years and it is very important to identify and treat them through a strategy based on scientific evidence, for example, pudenda neuralgia. The aim of this project is to suggest an easy process to assess women with pelvic pain, diffuse vulvar pain and/or dyspareunia.

METHODS

Descriptive study about the first pelvic floor visits made in 2017 in gynecology office.

RESULTS

Even though 57.91% of patients had two associated pain symptoms, after doing pelvic relaxation, 73.68% of all patients had either total or near total improvement.

CONCLUSIONS

Physical examination is an essential procedure in the assessment of all patients. A physical examination is needed to rule out functional pathologies associated with organic pathologies. Properly functioning pelvic floor muscles improve the symptoms of women with pelvic pain and/or dyspareunia and dysmenorrhea. **We propose a simple exploration algorithm for the first gynaecological visit.** And if we find any musculoskeletal involvement in the physical exploration, we would recommend physiotherapist treatment as a priority.

REFERENCES


