

# #387 - The role of the Multi-disciplinary Team in the Management of the Chronic Pelvic Pain: There is strength in numbers!

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### Aim of the study

The Chronic Pelvic Pain (CPP) is a complex and debilitating syndrome that can strongly impact the quality of life, work productivity and health care utilization of both females and males patients. Most of urologists are not confident with the management of this disease and its available therapies. It follows that many patients "jump" from a practitioner to another starting different treatments without a precise therapeutic plan.

Since CPP is a syndrome caused by many underlying causes and involving different organs, its management might be better lead by the mutual assistance of different healthcare givers. In this light, the aim of the study is to evaluate the effectiveness of a Multidisciplinary team in the treatment of this disease.

## **Methods and Materials**

All Group B patients were managed only with DMSO instillations and a strict diet. Data were entered into a Microsoft Excel (Version 14.0) database and then transferred to Sofastat TM 1.4.6 for Windows. Descriptive statistics were reported as median (first to third quartile). Continuous variables with nonparametric distribution were compared using the Mann–Whitney test, while the frequencies were compared using the T-test Calculator. Two-tailed tests were used for all comparisons; a p value < 0.05 was considered statistically significant.

#### Results

The Group A was made of 41 females and 6 males while the Group B was made of 38 females and 5 males. Interstitial cystitis, bladder pain syndrome and prostatodynia were the main causes for the referral. All patients had a suprapubic and/or perineal pain. The two groups were not statistically different in terms of age, initial PUF and IPSS score, urgency/frequency times reported at the bladder voiding diary. The main results of the two different groups are summarized in the Table 1.

The data of all consecutive patients referred to our Institution for a CPP from November 2016 to December 2018 has been prospectively collected and retrospectively evaluated. The sample was divided in two different groups: Group A, made by patients managed after the institution of our Multi-disciplinary team set in October 2017, and Group B, made of patients managed before this date. The Multidisciplinary team is composed by three urologists, a physiatrist and a physiotherapist. All patients underwent a complete clinical evaluation with a physical exam and a treatment motivation assessment (1-10 scale). The Pelvic Pain Urgency Frequency (PUF) questionnaire was administered before the treatment and at 6 months-time. Male patients were further assessed with the International Prostatic Symptoms Score (IPSS) while all patients were asked to provide a 72-hours voiding diary (VD) at the same 0-6 months timing. The Patient Global Impression of Improvement (PGI) was assessed at the end of the treatment.

All Group A patients underwent a weekly bladder instillation with dimethyl sulfoxide (DMSO), a weekly kinesitherapy for trigger points treatment and a weekly Percutaneous Tibial Nerve Stimulation (PTNS) for 10 consecutive weeks. All patients were asked to perform a self-treatment following the Stanford Protocol and to adhere strictly to a specific diet for interstitial cystitis.

## Interpretation of the results

The Group A patients showed a statistically significant improvement in the PUF, in the frequency times reported at the 6 months VD, and a better PGI. On the contrary, the IPSS showed no improvement in Group A patients but this might be influenced by the very low number of the male sample on which it was evaluated. Therefore, our data support the efficacy of the Multidisciplinary team in the management of CPP.

# Conclusions

The multimodal approach might represent an effective and reproducible non-invasive option to manage successfully CPP patients. Of fundamental importance is the definition of the various health care givers involved, their role in the diagnostic and therapeutic process, and a strong synergy of the team. Further studies on larger samples are needed in order to confirm the effectiveness of the multimodal approach and outline the best treatment protocols.

	PUF at time 0	PUF at 6 months	<b>PUF</b> improvement	PGI	IPSS at time 0	IPSS at 6 months	IPSS improvement	VD at time 0	VD at 6 months
Group A	29 (25-29)	13 (11-17)	-16	2 (2-2)	25 (23-29)	17 (11-19)	-8	14 (12-16)	7 (7-9)
	SS 18	SS 8	-10						
	DC 11		6						

	0511	03.5	0						
Group B	27 (25-29)	19 (13-21)	-8	3 (2-3)	27 (22-27)	21 (15-22)	-7	14 (13-16)	10 (7-11)
	SS 16	SS 10	-6						
	BS 11	BS 9	-2	-					
	p 0.62	p < 0.05	p < 0.05	P < 0.05	p = 1	p = 0.27	p = 0.31	p = 0.92	p = 0.041

**Table 1** – Legend: Data are expressed as median; SS = Symptom Score; BS = Bother Score.