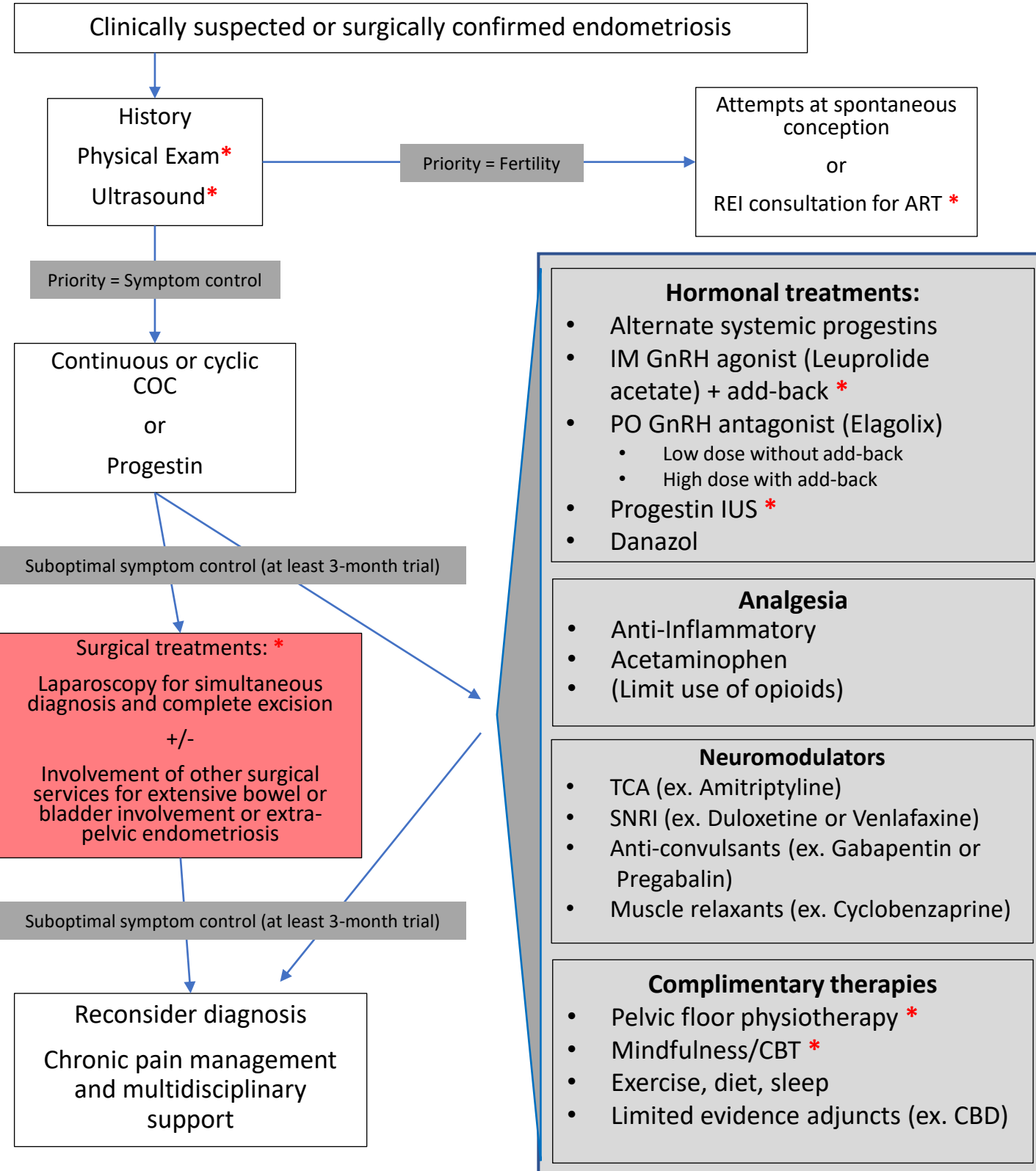


COVID19: An update regarding the care of women with pelvic pain or infertility related to endometriosis

The SOGC and its membership acknowledge that the current pandemic has had a significant impact on patients who are struggling with chronic pelvic pain and infertility secondary to suspected or confirmed endometriosis. Patients may be awaiting initial consultation while others may have had treatment postponed due to the recent events. The cancellation of non-emergency surgeries, clinic visits, and interventions has affected thousands of patients across Canada. However, limiting non-emergency medical and surgical care are recognized public health measures to assist in controlling the spread of COVID19.

The following algorithm and recommendations have been released to assist providers with the assessment and management of women with pain and infertility related to suspected or confirmed endometriosis during the COVID19 pandemic.

Management of Symptoms Associated with Suspected or Confirmed Endometriosis



***Limited/altered availability during COVID19 pandemic**

-Developed by the SOGC Endometriosis Working Group

-Adapted with permission from Leyland N, Casper R, Laberge P, Singh SS. Endometriosis: diagnosis and management. Journal of obstetrics and gynaecology Canada: JOGC 2010;32:S1-S2 and the Ottawa MIS Group Pelvic Pain Care Plan

Management of Symptoms Associated with Suspected or Confirmed Endometriosis

Special considerations during COVID19 pandemic

ISSUES

Restrictions on elective surgery

Limited access to physical examination and imaging

Limited access to providers for injectables and complementary therapies

Limited access to REI providers for ART

RECOMMENDATIONS

- **Optimize medical management strategies:**
 - Consider all available hormonal, analgesic, and complementary options to achieve the synergistic benefit of multimodal therapy for all women with pain
 - Ensure that central sensitization is identified (ex. daily non-cyclic pelvic pain) and the role for neuromodulators and complimentary therapies are considered
- **Limit surgical planning to:**
 - Severe pain unresponsive to exhaustive medical therapies
 - Acute complications of endometriosis (ex. bowel or ureteric obstruction unresponsive to conservative therapy)

- **Consider use of emailed pre-consultation questionnaires* to optimize telehealth assessment and identify/address:**
 - Comorbid conditions (ex. depression, constipation, IBS)
 - Central sensitization (ex. noncyclic daily pain)
 - Previously successful/unsuccessful therapies
 - Contraindications that might limit certain options
- **Limit physical examination or outpatient imaging to women with:**
 - Symptoms of acute surgical concerns (ex. ovarian torsion, bowel obstruction)
 - Complex adnexal masses concerning for malignancy

*ex. International Pelvic Pain Society forms at www.pelvicpain.org

- **Consider alternatives to injectables in hospital settings:**
 - GnRH ANTagonist (Elagolix) 150mg PO Daily (without add-back) or 200mg PO BID (with add-back) may have comparable clinical benefit to IM GnRH agonist (Leuprolide acetate)
 - Women who wish to remain on Leuprolide acetate may access their primary care providers or nursing providers in other settings
- **Consider patient-directed education and complementary therapies:**
 - Online CBT and mindfulness exercises
 - Online or telehealth pelvic physiotherapy options
 - Online pain education resources
 - Examples:
 - **Pain education:** www.tamethebeast.org
 - **Self-care and pelvic physio:** <https://www.ed.ac.uk/centre-reproductive-health/exppect-pelvic-pain/information-for-patients/covid19-advice-nhs-lothian-pelvic-pain>

- **Individualized counseling depending on treatment priorities (pain vs. fertility) and level of concern regarding conception during COVID19 pandemic:**
 - Some women may choose to pursue spontaneous conception, off of all hormonal treatments for endometriosis
 - **Reminder:** Hormonal therapies are incompatible with spontaneous conception
 - Some women may choose to delay conception, spontaneous or ART, until after resolution of the COVID19 pandemic
 - **Reminder:** Optimize pain control during ART delays and consider GnRH agonist therapy prior to ART for potentially improved ART outcomes