

Epidural and sacral neuromodulation for visceral hyperalgesia - a case series

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Background

Chronic pelvic pain (CPP) is a common and disabling condition which can be difficult to treat. CPP can be characterised by visceral hyperalgesia and may co-exist with pelvic organ dysfunction. Treatment for pelvic pain is usually directed to identifying biomedical causes. Pain management addresses the mechanisms of pain and is interdisciplinary. Spinal cord neuromodulation has been used for decades in pain management. We present three cases in which combined epidural and sacral neuromodulation was used to address visceral hyperalgesia.

Cases

Patients underwent multidisciplinary assessment and proceeded to permanent neuromodulation after a trial. Pelvic Pain Impact Questionnaire (PPIQ) assesses pain, quality of life, bladder and bowel symptoms. Results are presented at six months follow up.

All patients had undergone multiple laparoscopies, physiotherapy, pharmacotherapy, psychology, and interventions including botulinum toxin to the pelvic floor, sacroiliac injection, superior hypogastric and iliohypogastric blocks.

Patient A:

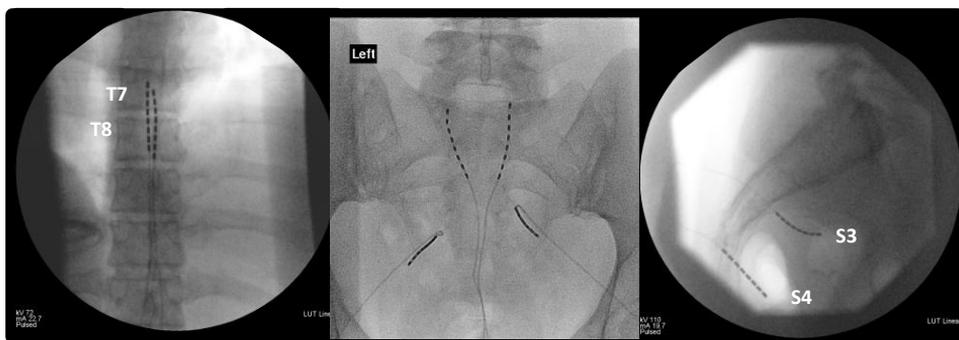
- 39 years old
- Left pelvic and lumbosacral pain, urinary and faecal incontinence
- S3, S4 and epidural leads.

Patient B:

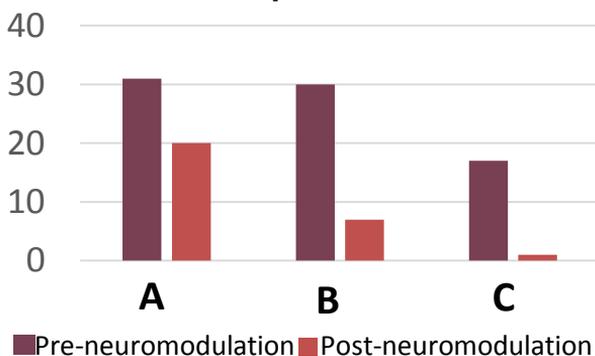
- 26 years old
- CPP and urinary retention after insertion of Mirena then laparoscopy with ureteric injury
- Bilateral S3, sacral hiatal and epidural leads
- Oral morphine daily dose (oMEDD) reduced from 295mg to 100mg

Patient C:

- 37 year old woman
- Chronic post-surgical pain following laparoscopic resection of endometriosis
- Sacral hiatal and epidural leads
- Improved exercise tolerance, from walking <1km to 10km a day.



Pelvic Pain Impact Questionnaire



Discussion

Epidural and sacral neuromodulation can improve pain, bladder and bowel symptoms and quality of life significantly for women with visceral hyperalgesia when undertaken as part of interdisciplinary management.