WHRIA
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July 30, 2021

Dr Gayle Franks
Mosman Medical Centre
748 Military Road
MOSMAN NSW 2088

Dear Gayle,

Vera ZADNIPROVSKA - DOB: 07/08/87

Many thanks for referring 33 year old Vera . It was a pleasure to meet her today.

Current Concerns
Pelvic pain
Bladder pain
Vulvodynia
Future fertility

Pain History
Vera has a long history of pelvic pain and related issues and has sought and received care for this in the past in the form of pelvic floor therapy, vestibulectomy (twice) medication and alternative therapies. She has also worked with therapists to address past trauma and overall has fantastic insight into the associatons between her physical symptoms and her past experiences.

Vera finds her bladder symptoms to be a major issue. She has had issues since coitarche when she would have a UTI after sex. They initially responded to antibiotics but over time that has waned. When her symptoms are bad she has frequency in the day but overnight is the main issue, she could be up 6-8 times in a night. She has pain with a full bladder that improves with emptying.

Vera has vulvodynia that has markedly improved over the years, mostly thanks to her husband. She now occasionally experiences pain with intercourse, usually during the latter part of her cycle when lubrication is less adequate. She has had a vulval itch that has been prominent but that has improved recently.

Vera has had issues with her bowels since about 2012 when she had *H.pylori*. She has been diagnosed with SIBO and is having treatment with her Integrative GP. Her main symptom is bloating and her stool consistency is variable. She does not associate pain with her bowel movements.

Her cycle is regular and (other than a brief stint in 2013) does not use hormonal therapy. In 2013 Vera had about 12 months of amenorrhoea and was tried on a few pills to induce a bleed, all of which adversely affected her mood. With her periods she has always had considerable pain and associated symptoms including headaches, flushing, dizziness and mood change. Over the last 3 months Vera has had significant mid-cycle pain.

Vera and her husband have been wanting to start a family. In 2019 Vera had a first trimester miscarriage following a spontaneous pregnancy. Her health issues have delayed their trying again but they are keen to go ahead in the near future.

Vera works 4 days a week as a Reward Manager for Cochlear. This job is far less stressful than her previous job and she is taking the one day off to attend to her health. She lives with her husband Miles. Vera is a non-smoker and drinks rarely. She doesn't exercise regularly. Her diet is quite restricted at the moment with low histamine and low FODMAP. She meditates daily.

On examination today Vera had some tenderness over the lumbar spine and particularly over the right SIJ. She had instability of the pelvic girdle noted on single leg stance and single leg raise. There was reduced tone in both gluteals but more so on the left. Over the abdomen there were sensory changes including dysasthaesia and hyperalgesia over the lower abdomen. There was tenderness over the bladder and in the right iliac fossa, both improved with activation of the abdominal wall. The vulva was normal in appearance with the exception of some redness at the posterior forchette. There was allodynia at the vaginal entrance. The pelvic floor muscles were not overactive or myalgic and bimanual demonstrated a mobile uterus.

Pain Vulnerabilities
Vera was born in Ukraine and grew up in Los Angeles from the age of 9. She describes a challenging relationship with her dad growing up and recalls being unwell a bit when young. She describes herself as a sensitive person and is prone to illness if she has a significant change in her environment. Vera has experienced some adversity in her university years and recognises the association with those events and the onset of her pelvic pain. She has had dysmenorrhoea since menarche.

Gynaecological History
G1P0
- spontaneous conception
Menarche; 13
- always painful
- missed school a few times
CST; 2021 normal
- nil abnormal
Gardasil; yes
STI; chlamydia inadequately treated initially
Contraception;

- tried 2-3 for amenorrhoea; nausea, moody, sick
- normally uses withdrawal
?PCOS

Past History
H. Pylori in 2012; digestive issues started after
MTHFR
Vestibulectomy x 2
?Cystoscopy

Current Medications and allergies
Sodium cromoglycate
Rifampicin
Neomycin
Claratyne
Polaramine
Low dose naltrexone (not really taking)

Allergies
Methylated folate; "insane"

Discussion today
Vera has had a long journey with her pain. I believe she has central sensitisation in the form of visceral hyperalgesia and we discussed this today as well as the multimodal management approach that I think she would benefit from. Although she does have vulvodynia it has been well managed and is currently not a major issue. To address her symptoms I have suggested a combination of medication, physical therapy, pain education and pain counselling.

We also discussed endometriosis as a possibility and the diagnosis being via laparoscopy. Vera is not keen on invasive procedures but was interested in a pelvic ultrasound. We also talked about endometriosis being a condition that affects different people differently, that it can be part of a pain picture without being the sole cause and that a medical management approach can be very effective.

Finally, we discussed fertility. I have given Vera some information on Genetic Carrier Screening and she will let me know if she wishes to go ahead. She has had an adverse reaction to folate in the past and so that will need some consideration. I don't believe she needs to delay pregnancy but there may be a benefit in having a few months of therapy targeted at her pain first.

Impression
Visceral hyperalgesia/Painful bladder syndrome
Vulvodynia

Pelvic girdle instability

Plan
1. Amitriptyline. Start at 10mg in the evening and can increase by 10mg weekly if needed and tolerated up to 50mg.
2. Ponstan mid-cycle and from day prior to period
3. US for deep infiltrating endometriosis
4. GCS if wishes. Info given
5. See osteo
6. Resources; Curable, ACI, Explain pain
7. Pain psychologist. Recommend Kym Hando
8. Review in 3 months

Yours sincerely,

Dr Lauren Kite

Obstetrician and Gynaecologist
Minimally Invasive Surgeon
Pain Medicine Physician
MBBS BPsych(Hons) MClinTRes FRANZCOG FFPMANZCA

cc: Ms Vera Zadniprovska, 125 Awaba St, MOSMAN NSW 2088