

Inclusion criteria:

- Reproductive-aged natal females referred to gynecology clinic and decision is made to pursue diagnostic laparoscopy for evaluation of endometriosis

Exclusion criteria:

- Patient already seen by Complex Pain Clinic

High Risk

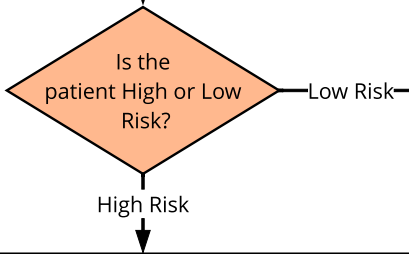
If the patient has **any** of the following:

- 3 months or more of severe-disabling acyclic pelvic pain
- Previous emergency department/urgent care visits for pelvic pain
- Other chronic pain disorders (e.g., sickle cell) or medical diagnosis that may complicate pain management (e.g., Crohn's, transplant)
- Taking chronic pain medications including gabapentinoids (e.g., gabapentin, pregabalin), TCAs (e.g., amitriptyline) or SNRIs (e.g., duloxetine)
- Patient has been seen and cleared by more than one specialty at the time of Gyn referral (e.g., GI, urology, nephrology etc.)

Low Risk

- Does not meet High Risk criteria
- Patient with pelvic pain who is anticipated to do well with surgery and menstrual suppression

Gynecology clinic will review the endometriosis referrals to determine if the patient is at a high or low risk of a pain crisis during the perioperative period



• No Complex Pain Clinic referral
 • Schedule surgery
 • Schedule PAT visit

Gynecology Clinic Provider

Facilitate Complex Pain Clinic Evaluation

- Submit referral to Pain Management. In comment put "Complex Pain Clinic, high risk endometriosis"
- Update patient's email address in Cerner to help get REDCap form sent
 - Intake form must be completed prior to scheduling
 - Once completed, patient is prioritized on wait list

Refer to pelvic floor P.T. or OT as soon as possible

Begin Prior Authorization Process for Lupron/Orilissa (precert-clinic@cmh.edu)

Schedule surgery: include need for PAT

Start medicine regimen

- Celecoxib: 50 mg po BID for < 50 kg; 100 mg po BID for > 50 kg
 - Patients should not be taking any other concurrent NSAIDs
- Gabapentin: Start at 100 mg po TID for one week, then increase to 200 mg po TID for one week, then increase if appropriate with the final goal of 5 mg/kg TID

Stop the above medications if side effects are encountered. Gabapentinoids may cause fatigue and brain fog. In very rare cases, teenagers may experience exacerbation of depression symptoms including suicidality

For immediate questions, contact Complex Pain Clinic team

- Can email, Message Center, call 816-983-6750, or message via Connect

Patient seen in **PAT** for pre-surgery evaluation to review the following:

- Introduction to ERAS
- Pain management
- Discuss anesthesia risks and plan

Medications to order for SDS

- Pregabalin 75 mg PO x 1
- Diazepam 0.05 mg/kg IV or PO (max dose: 5 mg)

Medication/Diet Instructions

Medication:

- Patient takes all normal daily medications (except celecoxib) the night prior to surgery or the morning of surgery unless specifically instructed to stop

Diet:

- Standard NPO guidelines
- 2-3 hrs prior to surgery - drink a carbohydrate-rich drink such as Gatorade, Powerade, or Pedialyte

Arrival time/location

Medication/Diet instructions
 Given at Surgery Clinic, PAT
 AND/OR
 48 hours before surgery via SDS phone call

Abbreviations:

OT = Occupational Therapy
 PAT = Pre-admission testing
 P.T. = Physical Therapy
 SDS = Same Day Surgery
 TCAs = Tricyclic Antidepressants
 SNRIs = Serotonin-norepinephrine reuptake Inhibitors

[Preoperative to discharge](#)