

Study examines effectiveness of laparoscopic surgical treatments to alleviate chronic pelvic pain

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A surgical procedure known as LUNA (laparoscopic uterosacral nerve ablation) did not result in improvements in chronic pelvic pain, painful menstruation, painful sexual intercourse or quality of life when compared with laparoscopic surgery that does not interrupt pelvic nerve connections, according to a study in the September 2 issue of *JAMA*.

"Chronic pelvic pain in women is as common as asthma and chronic back pain, is one of the most difficult and perplexing of women's health problems and has a multifactorial etiology," the authors provide as context for their study. "Chronic pelvic pain has a major effect on health-related quality of life, work attendance and productivity, and health care use, accounting for 40 percent of referrals for diagnostic laparoscopy, and is an important contributor to health care expenditures. Treatments for chronic pelvic pain are often unsatisfactory." The authors add, "LUNA was adopted by many practitioners because afferent nerves from pelvic organs pass through the utero-sacral ligament and it was thought that disruption of these would reduce the perceived pain."

Jane Daniels, M.Sc., from Birmingham Women's Hospital, University of Birmingham, England and colleagues from the LUNA Trial Collaboration conducted a randomized controlled study with 487 women with chronic pelvic pain at 18 hospitals in the United Kingdom between February 1998 and December 2005. The women were randomized into two groups: 243 women received the LUNA procedure and 244 received



laparoscopy without pelvic denervation (no LUNA). Follow-up questionnaires were sent to study participants at three and six months and at one, two, three and five years. The primary outcome was pain and the secondary outcome was health-related quality of life.

"After a median [midpoint] follow-up of 69 months, there were no significant differences reported on the visual analogue pain scales for the worst pain between the LUNA group and the no LUNA group," the authors found. There were also no significant differences found for noncyclical pain, dysmenorrhea (painful menstruation), or dyspareunia (difficult or painful sexual intercourse). Nor were there differences observed between the LUNA group and the no LUNA group for quality of life.

In conclusion the authors write, "The LUNA trial was designed to assess the effects of LUNA compared with no denervation among women undergoing diagnostic laparoscopy for chronic pelvic pain. LUNA did not alleviate any type of pain - noncyclical pain, dysmenorrhea, or dyspareunia - or improve the quality of life, irrespective of the presence or absence of mild endometriosis."

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