

# REVIEW OF CONFERENCE ON CONVERGENCES IN PELVIPERINEAL PAIN (CONVERGENCES PP)

16-18 December 2009, Nantes, France

220 delegates from 18 countries descended on Nantes in December 2009 to attend Convergences PP. This was a unique, bilingual, multidisciplinary conference on pelviperineal pain co-organised by SIFUD, AFU, CNGOF, PUGO/IASP, SCGP, SFETD, SIREPP, SNFCP and SOFMER at the International Congress Centre of Nantes in France. Special thanks are due to Dr JJ Labat, congress president, and Professor R. Robert, Honorary President, from Nantes and the organizing and scientific committees for their hard work in getting this interesting and important meeting off the ground. For those who missed it, it is hoped to organize this conference every two years with the next one in 2011.

Details of the 2009 scientific programme can still be found on <http://www.convergencespp.org/~convpp/ CPPprogrammefinal.pdf>

## *Patient organizations represented*

Several patient organizations working in this field were represented here, including the IPBF, Association Française de la Cystite Interstitielle, Pelvic Pain Support Network, UK as well as representatives from the Association Française d'Algies Périnéales & Névralgies Pudendales, kindly provided with complimentary info tables for their patient support groups by the organizers. The IPBF would like to express its grateful thanks to Dr Labat for giving us this opportunity.

## *Workshops*

The conference began on 16 December with 5 workshops, three of which were in French only and two in English only (the rest of the conference was bilingual with simultaneous translation). Since the workshops were given twice, delegates could choose to attend two. They covered the following topics: nerve blocks, innovative therapies (surgery botulinum toxin, neuromodulation), analgesic therapy for pain, psychological approach, re-education techniques.

## *Scientific programme*

While basic scientific knowledge of pain has improved dramatically in the past 20 years, there is still a long way to go. In addition, many current viewpoints are hypothetical and continually changing as new knowledge is acquired. While many advances have been made in anatomical knowledge of innervation of the lower urinary tract and in surgical techniques at these centres of excellence in Nantes and Aix-en-Provence in France and also in Italy, it is now vital for this experience and know-how to be shared worldwide.

According to Professor R. Robert, there are still many unanswered questions regarding the complex lower urinary tract innervation. Better knowledge in the future will lead to better surgery and nerve blocks.

Topics included: basic science, anatomy, clinical assessment, management and prevention of pelviperineal pain, surgical techniques for nerve decompression; the many causes of pelviperineal pain, pudendal and obturator neuralgia, entrapment of the pudendal or other nerves, myofascial pain and its treatment, post-operative pelviperineal pain including the complications that can arise following mesh repair with videos showing how to solve them surgically. Mesh repair is increasingly being used in women and may have specific complications such as shrinkage and retraction, erosion and mesh exposure, including penetration of the bladder. The consequences for the patient can include pain, painful sex and vaginal tenderness. Other conditions covered included interstitial cystitis/painful bladder syndrome, vulvodynia, fibromyalgia, endometriosis, irritable bowel syndrome, their criteria and evaluation and possible relationships between these disorders; complex regional pain syndrome; post traumatic stress syndrome and potential consequences in relation to chronic pelvic pain; the central nervous system and central sensitization following years of chronic pain was a recurring theme, as well as cross-talk and cross-sensitization between organs

The Pelvic Pain Support Network in the UK spoke on patient expectations and the feelings of surgeons. While patients at these specialised French clinics are receiving every attention from knowledgeable doctors who can empathize with their patients, this is far from being the case elsewhere. The speaker concluded that there is a large gap between patient expectations and feelings of surgeons, that preoperative information is of paramount importance, that empathy and communication are vital ingredients for success, teamwork is essential, and above all listen to the patient. This last piece of advice - listen to the patient - was reiterated by speakers throughout the conference. This can give important clues as to which nerve may be affected.

The small poster exhibition included a poster on:  
TREATMENT OF BLADDER PAIN SYNDROME/INTERSTITIAL CYSTITIS BY A  
LUMBAR SYMPATHETIC NERVE BLOCK IN L2

*J. Rigaud, JJ Labat, T. Riant, M. Guerineau, O Bouchot, R Robert (Nantes)*

The purpose of this pilot prospective study was to evaluate the efficacy of a continuous lumbar sympathetic nerves block for the treatment of BPS/IC in 14 patients (11 women, 3 men). Bilateral catheters were inserted near the lumbar sympathetic trunk in L2 with computed tomography guidance. Infiltration by injection of Ropivacaine in each catheter was carried out on 4 consecutive days in hospital. While 6 patients failed (43%), there was an improvement in 8 cases (57%) which continued at 6 months except in 2 cases. There were no adverse effects during infiltration. The research team concluded that infiltration of lumbar sympathetic nerves in L2 seems to be a new interesting target for the treatment of BPS/IC with encouraging results.

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