OBJECTIVES: Chronic pelvic pain (CPP) is associated with Post-Traumatic Stress Disorder (PTSD) and with dissociation, a measure of trauma that indicates impaired integrative functioning and can alter pain perception. Prior studies of trauma and dissociation among CPP patients have not examined outcomes related to surgical treatment, pelvic pain severity, or quality of life (QOL). We aimed to describe the associations between PTSD and dissociation with CPP surgery, pelvic pain severity, and mental and physical health QOL.

MATERIALS AND METHODS: CPP patients completed an 11-point pain scale (range:0-10), the Somatoform Dissociation Questionnaire (SDQ-20, range 20-100), and the Primary Care PTSD Screen for DSM-5 (range0-5); higher scores on all three are worse. Patients were dichotomized into those with HIGH levels of dissociative symptoms (SDQ scores ≥30) vs LOW SDQ scores (less or no dissociative symptoms). Patients also completed the PROMIS Global Mental and Physical Health scales to measure QOL (lower scores are worse) and answered questions about their history of CPP-related surgeries.

RESULTS: A total of 133 patients (27.8 Spanish-speaking; 7.5 Multiracial, 8.3 Black, 26.3 Latina, 41.4% White) completed surveys. Statistically significant differences were not detected in comparisons of mean pelvic pain severity (6.5+/−2.1 vs 5.7+/−2.3), treatment years (3.9+/−4.8 vs 2.8+/−3.7) and number of surgeries (5.2+/−0.8 vs 0.5+/−0.8) between the HIGH (n=51) and LOW(n=72) groups (all p>0.05). A One-Way Analysis of Variance found that the HIGH group had lower mean mental health QOL (F(1, 118)=32.849, p<.001) and physical health QOL scores (F(1, 111)=35.856, p<.001) than the LOW group. Mental health QOL was negatively associated with dissociation (b=−.254, p=.033) and PTSD scores (b=−.2027, p=.001), but not pelvic pain severity or surgical history (all p>0.05). Physical health QOL was negatively associated with pelvic pain severity (b=−.426, p<.001) and negatively with dissociation scores (b=−.234, p=.018), controlling for PTSD symptoms and other demographic covariates.

CONCLUSION: We did not find an association between dissociation or PTSD with pelvic pain severity or surgical history. High dissociation levels were linked to reduced levels of mental and physical health QOL, and attenuated physical health QOL was associated with greater pelvic pain severity in CPP patients. Studies of larger samples that examine relationships between dissociation, physical health QOL, and pelvic pain severity are encouraged.

DISCLOSURE OF RELEVANT FINANCIAL RELATIONSHIPS: Lisa S. Panisch: Nothing to disclose; Rebecca Rogers: Uptodate, Writer, Royalties; IUGA, Editor and Chief of IUGA, stipend and travel; ABOG , Board examiner, travel and stipend ; ACOG, Speaker, travel and honorarium; Michael Breen: Intuitive Surgical, Proctor, travel and honorarium; SGS CORPS, Chair, No compensation; Provepharm Inc, Consultant, Consulting fees/ hourly wage; Johnson and Johnson, Expert witness, Hourly wage.

DISCLOSURE OF RELEVANT FINANCIAL RELATIONSHIPS:

Bracha L. Pollack: New York Medical College, Student researcher, Summer Medical Student Research Grant; Patrick Popiel: Nothing to disclose; Elizabeth Druge: Nothing to disclose; Moses Bibi: Nothing to disclose; Sela Pollack: Nothing to disclose; Rebecca Friedman: Nothing to disclose; Leland Alishahian: Nothing to disclose; Adrienne Bielawski: Nothing to disclose; Ashley Sacks: Nothing to disclose; Kira Lebron: Nothing to disclose; Dena Phillips: Nothing to disclose; Sara R. Rubin: Nothing to disclose; Miriam Toaff: Nothing to disclose; Rida Khan: Nothing to disclose; Eeesha Khan: Nothing to disclose; Masha Marioutina: Nothing to disclose; Merit Gorgy: Nothing to disclose; Cara L. Grimes: SGS CORPS, Chair, No compensation; Provepharm Inc, Consultant, Consulting fees/ hourly wage; Johnson and Johnson, Expert witness, Hourly wage.

06 Is post-traumatic stress disorder or dissociative symptoms associated with surgical treatment, pelvic pain severity, and quality of life among women with chronic pelvic pain?
L. S. Panisch 1, R. Rogers 2, M. Breen 3, S. Nutt 1, S. Dahud 1, C. Salazar 3
1School of Social Work, Wayne State University, Detroit, MI 2Obstetrics and Gynecology, Albany Medical Center, Albany, NY 3Women’s Health, University of Texas at Austin, Austin, TX

07 Changing practices in the surgical management of adnexal torsion: an analysis of the national surgical quality improvement project (NSQIP) database
H. T. Ryles 1, C. X. Hong 2, 3, N. Koelper 1, U. Andy 1, M. Farrow 1
1Obstetrics and Gynecology, Hospital of the University of Pennsylvania, Philadelphia, PA 2Female Pelvic Medicine and Reconstructive Surgery, University of Michigan, Ann Arbor, MI