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Who are we?

Meet the team behind Vagenius Training.



Rachel Andrew

Titled APA Continence and Women's Health Physiotherapist. Clinical Masters of Women's Health, BSc Physiotherapy, Certificate Conservative Management of Prolapse. Rachel is a skilled and experienced clinician. She has worked in the public sector in neuro and pelvic health, and currently works in the private Women's Health space. Rachel has a special interest in pelvic pain and is Founder of Pelvic Physio and Co-Founder of Vagenius Training.



Dr Emily Ware

Women's Health GP Specialist. FRACGP DRANZCOG(Adv) MBBS(Hons) BMedSci. Emily is a highly qualified Women's Health General Practitioner (GP) Specialist who is passionate about improving the quality of life for women of all ages. She works across public and private sectors, and in a multi-disciplinary team for women with persistent pelvic and vulval pain. Emily enjoys sharing her knowledge through writing clinical guidance and educating others to care for women holistically and inclusively. Emily leads on Vagenius courses.



Colette McKiernan

Trainer and Educator, engagement in learning specialist, facilitator, assessor of supervisory and management standards (UK). Involved in VET Education, School to Work Program (work related skills now embedded in every VET course across Australia), competency-based training packages, Education Business Partnership projects (Facilitator for Leaders from schools and leaders from business (LEEP) Gov Initiative across four states and the ACT) M.Ed, B.Ed (Hons), Dip Man and Co-Founder of Vagenius Training.

How to make the most of this booklet



All of the information and tips here are to **bolster your confidence** in managing, what can be, a complex set of symptoms. We've included some underpinning stats and rationale to lead the way.



You will find **5 tips** for managing patients with Persistent Pelvic Pain on **pg 7**. We work with patients in a multi-disciplinary team. We know what works. We get results.



Whole person-centered care is your craft. See if some of the following tips resonate with you. Can you identify any suggestions that will help you in your daily clinic? [Want to learn more?](#)



Pick one or two tips which relate directly to your work currently. Try these out, to see if they work. **Adapt them as needed.**



Why it's important to know how to manage PPP

- PPP is a complex, multi factorial condition causing pain below the umbilicus for 6 months or more.
- It can present in unusual ways with bowel or bladder predominant symptoms related to ovulation, periods and sex, and can affect a patient's ability to function on a daily basis.
- Pain can be intermittent or constant with times of flare, and some symptoms can be due to pain centralisation, which is an important feature to diagnose.
- When patients are managed in a holistic way, taking into consideration their physical, psychological and social needs, with a multidisciplinary team, practitioners can be involved in life changing care.
- Managing patients with PPP well, is a rewarding, and a fulfilling journey to be on, especially with patients who have previously felt unvalidated and uncared for by the medical system.

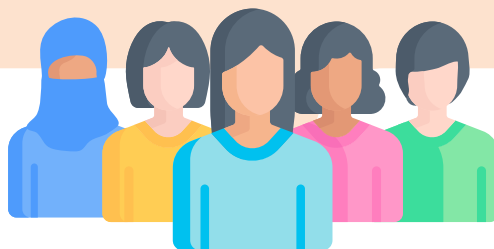
Make a difference to your patients' lives with our PPP course.



Why upskill?

Persistent Pelvic Pain in people AFAB.

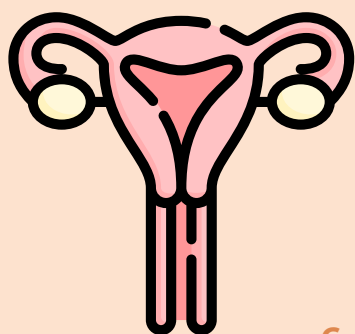
1 in 7



assigned female at birth, born 1973–78 were diagnosed with endometriosis by age 44–49.¹

1 in 5

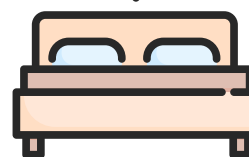
assigned female at birth have persistent pelvic pain.



1 in 9

assigned female at birth have endometriosis.

It takes an average of 6.4yrs to get a diagnosis of endometriosis.



1 in 4

assigned female have dyspareunia.

1 in 2

assigned female have dyspareunia ongoing 1 year post child-birth.

LATEST STATISTICS SHOW:



Females were more likely than males to go to a GP.

86.9%

(compared to 77.6% males).²



Females may visit a GP

7 times in a year.³

“ Nearly 50% of participants said that sexual and reproductive health issues like endometriosis directly affected their health and wellbeing. The impact was even greater for Aboriginal and LGBTIQ+ people.⁴ ”

Notes:

¹ Australian Institute of Health and Welfare latest web update, 2023.

² Australian Bureau of Statistics 2022-2023

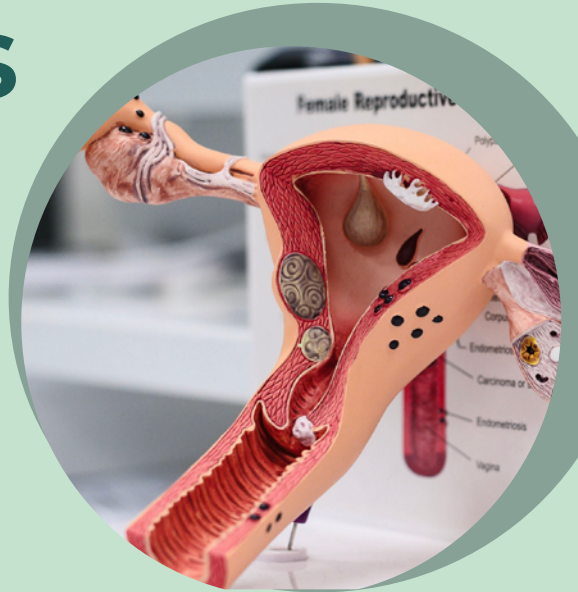
³ Australian Bureau of Statistics 2022-2023

⁴ Listening to women's voices – Results of the Victorian women's health survey 2023 Victoria State Government Department of Health 2024

Why Vagenius Training?

At Vagenius, we are practicing clinicians, and we know how challenging times are for you as GPs. That's why we have produced a course that efficiently and effectively delivers all that you need to be competent and confident to manage women with persistent pelvic pain.

This PPP course is:



Evidence based

- Research in this area is evolving. The course summarises the latest evidence so it is at your fingertips.



Patient focused

- We use 6 real patient stories, woven throughout the course, for you to apply your learning, gain further reflective practice, and keep you engaged!



MDT + Leadership-driven

- PPP needs to be managed within a MDT - the load is shared, and a team based approach is vital.
- Our lead clinician on the course interviews visiting specialists involved in the MDT team, and some teach to their specialty, so you can better understand the depth and breadth providers offer.



Full of practical tips

- We understand you are time poor and can feel overwhelmed; so we offer this as structured learning.
- Vagenius aims to be practical in our approach with relevant learning you can begin to use in your clinic.
- After each module you'll have useable skills to implement.



Resource rich

- We provide you with worksheets, and educational resources to ensure you have the best support to do your best work. We provide options and multiple ideas to choose from.

5 Top Tips

Here are 5 tips for you to use in your clinic – immediately!

1 *Be curious*

Question thoroughly – ask for lots of details on their pain history, as this is where you can find answers to the drivers of pain.

- For example – if a patient has bladder pain, ask follow up questions. Is the pain before, during or after urination? Is it stinging, burning, or stabbing pain? Is it felt in the lower pelvis or around the urethra. Is it associated with urinary hesitation, frequency (how frequent), nocturia, incontinence or haematuria? Is urge associated with bladder filling pain or fear of incontinence?
- Pelvic floor dysfunction (muscle spasm and myalgia) can be a common driver of painful bladder syndrome and often needs a combination of treatments including pelvic floor physio, bladder training and neuromodulation.

If they have any key phrases – note them down, these can be really great to reflect back on.

“Every time I have a poo, it feels like someone is stabbing me in my bum, with a knitting needle that is on fire.”

2 *Validate and educate*

- Validate your patient’s concerns, “This is real, and we are going to make a plan, and work towards getting things better for you.”
- Pick one symptom your next patient presents with, and see if you can explain why that is going on. Medical literacy on average is grade 6 – so work to your audience; try to avoid big words, and scary diagnoses, talk about symptoms that are affecting function and use pictures to educate about potential pathology. A pelvic anatomy diagram, and female hormone menstrual cycle are great to have on hand.
- Health related anxiety will add to your patient’s problems.
- If you are able to demystify any symptoms **this can be therapy within itself.**

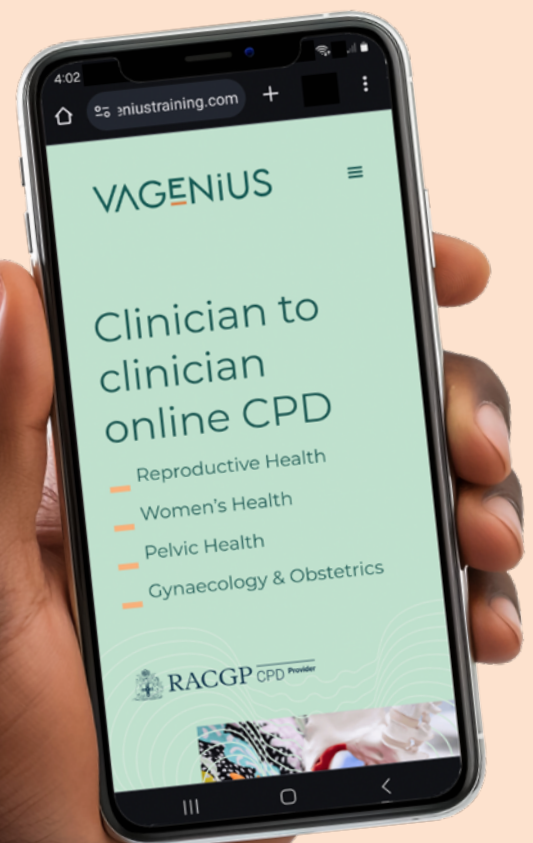
3 *Patient homework*

- Empowering girls and women to be involved in working out the way their body is functioning, aids your therapeutic relationships, gets patients interested in their care and gives you data!
- Give your patients a 2-3 month symptom diary to correlate with their menstrual cycle. This can be a great way to see if bowel and bladder symptoms flare in the luteal phase or with ovulation (before the period).

4 *Know your community*

Find your multi-disciplinary team and surround yourself with support. Treating persistent pelvic pain, takes a network.

- Meet your local network, ask your reception, or practice manager to find local pelvic health physiotherapists, dietitians, psychologists and ask them to meet with you.
- If you are working in a remote area, is there anyone in a local town or major city?





5 Automation

Work with your practice manager, or reception and aim to automate some of your note taking and letter writing.

- ☒ Have you got templates set up? Pick one and try it.
- ☒ Have you got a check list of all the tests you might request if someone presents with persistent pelvic pain?
- ☒ Have you got your multi-disciplinary team on your software?
- ☒ Have you set up a protocol for PPP patients in your practice?
- ☒ Does your reception send patients an email with further resources to explore?

We estimate that in a full clinic day, you will see at least 2 patients with pelvic pain.

Become a VAGENiUS

At Vagenius Training, we believe in structured, applicable-in-practice courses, that will give you a full range of options and deeper levels of knowledge and skills, wherever you are.

Let's get you started! Be a Vagenius.



RACGP approved Persistent Pelvic Pain Course

✓ 15.5 CPD hours



RACGP CPD Approved Activity

Educational
Activities

9

hours

Reviewing
Performance

1.5

hours

Measuring
Outcomes

5

hours



2hrs PGL
case-based
activities
within
CPD year.



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Course feedback*



I am currently working at a sexual and reproductive health clinic where I encounter pelvic pain frequently. Despite some clinical experience and education regarding persistent pelvic pain, I still at times feel overwhelmed when seeing these patients. Completing the Vagenius course has been excellent. It is comprehensive in its information delivery by various relevant experts – but equally and importantly, it has outlined a practical and useful approach to planning and developing a patient goal- centered and team approach to their care. I would highly recommend this course – I feel so much more empowered in my ability to be a team leader in the care of these women.

— Dr S. Young, Endometriosis and Pelvic Pain Clinic

*From Persistent Pelvic Pain course released 2024