**Pelvic pain-endometriosis**

Chronic pelvic pain can be regarded as the pain that usually occurs below the belly button for a period of approximately six months and could be or not related to menstrual periods (Earbieri, Brubaker, and Eckler, 2017). There is a possibility of chronic pelvic pain being caused by either a single or various condition, however, in most of the instances, it emanates from the nervous system malfunction. Endometriosis is one of the extra-uterine causes of secondary dysmenorrhea, which is the presence of the stroma and endometrial glands towards the exterior of the uterus.

 According to Beckmann et al., (2014), both primary and secondary dysmenorrhea result to continuing disability for various women especially during their initial reproductive years, hence, it would be best to refer such cases to a gynecologist. Gynecologists can establish the individuals having severe intensely permeating endometriosis and refer the patients to endometriosis centers (NHS commissioning board, 2013).  Besides, gynecologist can determine whether to carry out a normal clinical diagnosis or provide suggestions for patients to undergo a surgery.

  There are women who lack endometriosis symptoms and the most prevalent symptoms are related to periods. The pain can be experienced just before the onset or during the period of menstruation, within menstrual periods accompanied by extreme pain or during or after sex (Levy, Barbieri, and Eckler, 2017). Besides, the condition can result in difficulties for women getting pregnant or result in the development of ovarian cysts.

 Nurse practitioners should conduct initial outpatient examination and view new referrals at first appointment. During this stage, they should conduct questionnaires regarding patient’s symptoms and perform renal and pelvic scan where suitable (NHS Kernowccg, 2013). In the case where they confirm that, patients have a less likelihood of having endometriosis, and then they should discuss the case with the consultants and change the management accordingly. On the other hand, if they view that a certain patient is likely to have endometriosis or having already established the endometriosis diagnosis then they should arrange for further management. Other ways that they can follow up is by engaging patients in programs for pain management as well as follow up the patients using telephone to complete a questionnaire regarding symptoms

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