Chronic pelvic pain: the enigma of gynaecological practice

Sir,
We were interested to read the article by Sundarapandian et al (vol 65(4), 2006, p. 192). In our experience musculoskeletal and neuropathic causes of pelvic pain are often missed. Muscular trigger points around the pelvis can be rapidly checked for by first eliciting tenderness in the thoracolumbar spine to exclude Maigne's syndrome (Maigne, 1980) and then looking for trigger points in piriformis, obturator internus, levator ani and iliopsoas. Physical therapies, acupuncture, local anaesthetic infiltration or botulinum toxin in severe cases can treat these trigger points. We disagree with the authors that trigger point therapies are invasive. If the patient's pain is widespread consider fibromyalgia.

Neuropathic pain is not uncommon after pelvic surgery (Macrae, 2001) and involves the ilioinguinal, hypogastric and genitofemoral nerves. This may result in negative or positive symptoms in the dermatomal distribution of the nerve. Targeted injections of local anaesthetic and steroids may reduce the severity of the positive symptoms. Amitriptyline and pregabalin in low dose either alone or in combination are the authors' first-line drugs for neuropathic pain.

Pudendal neuropathy is sometimes confused with genitofemoral or inferior cluneal neuropathy. Occasionally pudendal neuropathy may be caused by compression by the piriformis or obturator muscle.

We would encourage surgeons to explain to patients preoperatively that a diagnostic laparoscopy can only exclude surgical lesions and thus a negative laparoscopy does not equate with the absence of pathology.

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Maigne R (1980) Low back pain of thoracolumbar origin. *Arch Phy Med Rehab* **61:** 389–95

The European computer driving license: are we all aware?

Sir,
Information technology (IT) is increasingly important throughout the modern NHS. Efficient clinical care, audit, research and management all necessitate competent IT skills with subsequent benefits to both staff and patients.

With the introduction of fully electronic patient records (Hayes, 1996) by 2008–10 and online hospital appointment booking since 2004, all NHS personnel will need to have a certain standard of computer literacy.

Initially developed by the Finnish Computer Society in 1988, the European Computer Driving Licence (ECDL) is the internationally recognized qualification issued by the British Computer Society (BCS) that enables people to demonstrate their competence in IT skills. Since November 2001 it has been adopted as the reference standard for NHS staff in England and is the only IT qualification to be endorsed by EU member states as a European Award.

A recent survey of all hospital grades by the authors demonstrated that 57% of staff had not heard of the ECDL. Specialist registrars and research grades had the highest completion rate of the course, perhaps related to shortlisting criteria for specialist registrar posts.

The wide availability of the ECDL through numerous NHS trusts (over 280 learning centres and 600 accredited trainers) and via the NHS ECDL web-portal allow for easy access and participation in this qualification. With over 4500 individual module tests being taken monthly, with a first-time pass rate of 88.8%, the overall uptake of the ECDL within the NHS is encouraging.

However, there is still a low level of ECDL awareness among medical staff. This could be improved by:

- ECDL comprising part of undergraduate or foundation programme training
- ECDL training information incorporated into NHS trust induction programmes
- IT skills and training being assessed at appraisal for all grades.

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