



the women's  
the royal women's hospital

ABN 47 787 827 077

Locked Bag 300  
Cnr Grattan St & Flemington Rd  
Parkville VIC 3052 Australia  
Tel +61 3 8345 2000  
www.thewomens.org.au

26may11-685967-cppo-afp-ht  
2 June 2011

Dr Kathy Yu  
Melbourne Sports Medicine Centre  
Level 4 / 250 Collins Street  
MELBOURNE 3000

Dear Dr Yu,

RE: MANTALVANOS, SOULA  
3C/26 Wellington St, Collingwood, 3066  
UR: 685967 DOB: 17/11/1969

Following your referral, I have seen Ms Soula Montalvanos. She had a recent implantation of a sacral stimulator (Feb 2011), for which I will ask Prof Teddy a map of the wire pathways. She has improved a lot since implantation. She also has been seen for some issues with the bladder dysfunction by Dr Rosamilia, and her symptoms have been improving recently. Bowel is still bothering her. She had constipation and diarrhoea which have improved. She recently was booked for an ultrasound arranged by her Gynaecologist, Professor Michael Quinn which was clear but anecdotally found incredible bowel cramping and obvious bowel activity. Overactivity of levator ani muscle may suggest an explanation for that. The onset of pain was in March 2007, at the workplace when she was sitting on the gym ball that burst and she fell on her pelvis on the concrete. She was working as a graphic designer, self-employed with her husband. This has affected their quality of life as she stopped working and she and her husband had to close the company.

After four years of treatment with all kinds of techniques, she has recently much improved. She has been sent to Barbara Walker Pain Clinic at St Vincent's hospital and the Epworth Pain Clinic. She is still avoiding sitting and lying on her bed. Most of the time, she manages her pain level alone with self-exercising with Alexander technique. She had some sessions of Alexander's physiotherapy, that I suggest she continues. She has a good insight of her pain management and how to drive through.

Her sexual life has not been very affected by the pain. Pain hits only after sex or orgasm, which indicate again a possible levator ani involvement or possibly obturator internus. Overall, her current description of residual pain being mainly triggered by lifting weights, sitting for a long time, laying on her back, vibrations, are all in favor of a neuronal inflammation such as pudendal neuralgia. Interestingly when she walks barefoot, she has a very heavy pressure sensation and since septum ligament was removed by Professor Quinn she noticed a significant relief of pressure. She has no vulvar pain but she does have clitoral arousal and painful excitation. She does not have any anal pain. This is interesting as some of the symptoms are in favour of pudendal neuralgia and some of the symptoms are in favour of the levator ani syndrome.

On examination, I was able to relieve the pain, by mobilizing her hip and stretching obturator internus while positioning psoas (right) under stretch. This is actually how I currently relieve a pudendal nerve impingement (left).



the women's  
the royal women's hospital

ABN 42 787 872 077  
Locked Bag 300  
Cnr Grattan St & Flemington Rd  
Parkville VIC 3052 Australia  
Tel +61 3 8345 2000  
www.thewomens.org.au

26may11-685967-cppc-afp-ht

RE: MANTALVANOS, SOULA  
3C/26 Wellington St, Collingwood, 3066  
UR: 685967 DOB: 17/11/1969

We will start with the idea of dealing with allodynia. I will work through a pacing up program starting with sitting according to specific regimen.

I will use all the benefit of the implanted neural stimulator, to get her back to her normal functioning, to stretch and get all the muscles internally relaxed, trigger points released.

Her goal might be a return to work but for now just getting her QoL back would be nice. I told her that I would like to have her current physiotherapist involved in this pacing up program.

Following recent research by Prof Lorimer Moseley, we also will be looking at some ways of tricking the brain with toes motor learning exercise. Interestingly, toes and genitals are very close by in the homunculus motor (brain mapping). By activating motor control and perception control of the toes, I expect to switch off some of residual the pain of the genital area.

On her next appointment, I would check her muscle tension, levator ani and pubococcygeous muscles and I will teach her how to relax those.

A referral to a psychologist specializing in pain would be worthwhile at this stage.

Thank you for referring this patient and I will follow up with you if necessary.

Yours sincerely,

DICTATED NOT SIGNED

Anne Florence-Plante  
Physiotherapy Department  
Chronic Pelvic Pain Clinic

cc: Prof M Quinn Frances Perry House Suite D Level 2 20 Flemington Road PARKVILLE  
3052  
Professor Peter Teddy Melbourne Private Hospital, Royal Parade PARKVILLE 3052