

# CHRONIC PELVIC PAIN



## BASIC INFORMATION

### DESCRIPTION

Chronic pelvic pain is defined as pain occurring in the lower abdomen and pelvic region for at least 6 months. The pain may be intermittent or recurrent, or it may be constant and severe. It is a common reason for women to seek medical care. Symptoms vary for different women. Various factors may increase or decrease the pain, and the pain may be related to menses, movement, urinating, defecation, sexual activity, sleep, or eating. Treatment of chronic pelvic pain can be frustrating, because possible causes can be gynecologic or non-gynecologic. There is often a combination of causes. Sometimes no cause is found.

### FREQUENT SIGNS AND SYMPTOMS

- May be described as pain, discomfort, pressure, aching, tenderness, or heaviness in the pelvic and lower abdominal regions.
- Walking with a characteristic gait to decrease the discomfort. Severe spasms in the muscles in the pelvic floor may occur.
- Irritable bowel symptoms.
- Premenstrual pain, menstrual pain, dyspareunia (pain with sexual activity), exercise-related pain, cramping, and deep, one-sided, or generalized pain with or without having a menstrual period.
- Limited physical or sexual activities because of the pain.
- Signs of depression, such as sleep problems, poor appetite, constipation, and slowed body movements and reactions.

### CAUSES

- Premenstrual syndrome (PMS).
- Mittelschmerz—severe midcycle pain due to ovulation.
- Dysmenorrhea (pain related to the menstrual cycle).
- Endometriosis (abnormal tissue growth).
- Adenomyosis (endometriosis of the uterus).
- Ovarian cysts and masses or pelvic malignancy (rare).
- Acute pelvic inflammatory disease (salpingitis, endometritis).
- Pelvic congestion syndrome.
- Fibroids (benign tumors of the uterus).
- Adhesions resulting from previous surgery or pelvic infection.
- Deep-thrusting by the partner during sexual intercourse.
- Vulvodynia (vulvar pain) is pain with no apparent cause.
- Pain may be referred from organs outside the pelvis.
- Gastrointestinal or urinary tract problems; interstitial cystitis.
- Pain that radiates down the legs or is worsened by motion suggests a musculoskeletal problem.
- Symptoms of pelvic relaxation (cystocele, rectocele, or uterine prolapse).
- Backache, a common complaint, is more often caused by poor posture, lack of exercise, trauma, or a skeletal disease.
- Abdominal wall trigger points can cause pelvic pain.
- Emotional problems may manifest as physical complaints.
- Psychological, and social factors—either alone or in combination—may often play a role in chronic pain syndromes.
- Surgical emergency (ovarian cyst torsion, ectopic pregnancy, ruptured tubo-ovarian abscess, appendicitis, bowel perforation).

### RISK INCREASES WITH

- Women who have suffered sexual abuse, physical abuse or emotional abuse at any time in their lives.
- Married women in their early 30s. They tend to have higher rates of chronic pelvic pain than single or divorced women.

### PREVENTIVE MEASURES

Since the causes are numerous, no specific preventive measures are known or recommended. Maintaining good physical and mental health may help.

### EXPECTED OUTCOME

The pain symptoms can usually be relieved or controlled with treatment.

### POSSIBLE COMPLICATIONS

- Symptoms may recur after treatment.
- Continued pain that interferes with normal activity.



## TREATMENT

### GENERAL MEASURES

- Diagnosis begins with a medical history and physical examination, including a pelvic examination. Laboratory tests may include blood and urine tests and a pregnancy test. X-rays and ultrasound may be recommended. Laparoscopy may be helpful in some patients, not only in confirming a diagnosis, but also for treatment.
- Treatment will be recommended for any medical problem diagnosed (including gynecologic disorders, urologic diseases, gastrointestinal ailments, musculoskeletal problems or psychosocial problems). Pain symptoms may take weeks to months to improve.
- If the diagnosis is unclear, a patient may be advised to keep a menstrual calendar for 2 months to document the pain for correlation with the menstrual cycle. She and her health care provider can review her symptoms and the calendar. This helps to place the symptoms in perspective and decide whether the pain is sufficiently severe and disruptive to justify more invasive testing or surgery.
- Some women may benefit from hormone suppression testing. Medication is given to stop menstrual periods for 2 months to see if the symptoms are relieved.
- Alternate types of therapy (such as hypnosis) may help some women.
- Physical therapy in the form of heat, ultrasound, whirlpools and exercises may be helpful for the lower back and hip muscles.
- Nerve blocks can be performed in certain patients.
- Hysterectomy is reserved for patients with chronic pelvic pain unresponsive to medical or conservative surgical therapy, but pain may remain or even worsen after hysterectomy.
- Psychological counseling and support groups may help.
- For more information, visit your local library or do a web search.

### MEDICATION

- Nonsteroidal anti-inflammatories are of help to many women.
- Other medications may be prescribed for underlying conditions.

### ACTIVITY

A regular exercise program is usually recommended.

### DIET

No special diet unless the cause involves gastrointestinal problems.



## NOTIFY OUR OFFICE IF

- You or a family member has chronic pelvic pain.
- Your pelvic pain continues despite treatment steps.