PATIENT EDUCATION

The American College of Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

Gynecologic Problems • EP099

Chronic Pelvic Pain

Pain in the pelvic area that lasts for 6 months or longer is called chronic pelvic pain. An estimated 15–20% of women aged 18–50 years have chronic pelvic pain that has lasted for more than 1 year.

Chronic pelvic pain can disrupt work, physical activity, sexual relations, sleep, or family life. It also can affect a woman's mental and physical health.

Chronic pelvic pain can be caused by a variety of conditions. If a cause is found, chronic pelvic pain usually can be treated. For some women, a cause is never found. For these women, treatment is directed at pain relief.

This pamphlet explains

- *types of pelvic pain*
- *causes*
- *how it is diagnosed*
- *how it is treated*

Types of Pelvic Pain

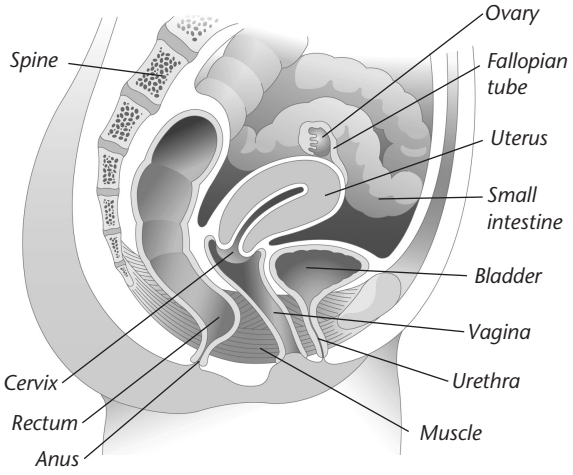
Pelvic pain may be either acute or chronic. Acute pain lasts a short time (a few minutes to a few days) and often has a single cause. This type of pain may be a warning of a problem that needs immediate medical care. Some problems that cause acute pelvic pain include infections, ***ectopic pregnancy***, or an ovarian cyst that has twisted or ruptured (burst).

Chronic pain can come and go, or it can be constant. It does not have to occur every day for it to be considered chronic. Sometimes chronic pelvic pain follows a regular cycle. For example, it may occur during ***menstruation***. It also can occur only at certain times, such as before or after eating, while urinating, or during sex.

Causes

Chronic pelvic pain can be caused by a variety of conditions. Some of these conditions may not be related to the reproductive organs but to the urinary tract or

Female Pelvic Area



Chronic pelvic pain may be caused by problems in the reproductive organs or by problems in the urinary tract or digestive system. Muscular and skeletal problems also may cause chronic pelvic pain.

bowel. Some women have more than one condition that might be the cause of their pain. For some women with chronic pelvic pain, no cause is found. Not finding a cause does not mean that the pain is not real. Experts agree that with pelvic pain, it is not always possible to pinpoint a specific cause.

There also appears to be a link between chronic pelvic pain and sexual or physical abuse. About one half of all women with chronic pelvic pain have a history of abuse. The reason for this connection is not clear. Depression also appears to be a complicating factor. It is rarely the sole cause of chronic pelvic pain, however. Physical causes should always be considered.

Pelvic Inflammatory Disease

Pelvic inflammatory disease (PID) is an infection of the reproductive organs that may cause both acute and chronic pelvic pain. Symptoms may include abnormal vaginal discharge, fever, and pain in the lower pelvic area, but many cases of PID do not cause any symptoms. PID often is caused by ***sexually transmitted infections (STIs)***, most commonly ***gonorrhea*** and ***chlamydia***. PID occurs when bacteria move from the ***vagina*** and ***cervix*** upward into the ***uterus***, ***ovaries***, or ***fallopian tubes***. The bacteria can lead to an ***abscess*** in a fallopian tube or ovary. Scar tissue, called ***adhesions***, can form, which can make pain worse. Sometimes, adhesions bind organs together. Long-term problems, such as infertility, can occur if PID is not treated promptly. Some women continue to have pelvic pain even after treatment.

Dysmenorrhea

Although mild pain is common during the menstrual period, some women have severe pain that lasts 1 or 2 days a month. This type of pain is called ***dysmenorrhea***. One cause of dysmenorrhea is high levels of ***prostaglandins***, chemicals made by the lining of the uterus during menstruation. Prostaglandins cause the uterus to contract. High levels of prostaglandins may lead to strong uterine contractions that cause severe pain.

Endometriosis

If menstrual pain gets worse over time, if the pain lasts beyond the first 1 or 2 days of menstrual flow, or if pain occurs throughout the month or during sex, ***endometriosis*** may be the cause.

Endometriosis occurs when tissue that lines the uterus is found in other places in the body, such as the ovaries, fallopian tubes, bowel, and bladder. This tissue responds to changes in ***hormones***. During menstruation, it breaks down and bleeds like the lining of the uterus. The breakdown and bleeding of this tissue each month can cause adhesions to form.

Fibroids

Fibroids are benign (not cancer) growths. They can occur on the inside of the uterus, within the wall of the uterus, or attached to the outside of the uterus by a stalk. They may cause heavier or more frequent menstrual periods. A woman who has fibroids may feel pain or pressure in the abdomen or lower back. Fibroids attached to the uterus may twist and cause acute pain.

Urinary Tract Problems

Many urinary conditions have been linked to chronic pelvic pain, including ***kidney*** stones, repeated urinary tract infections, and cancer of the ***bladder***. One of the most common is interstitial cystitis, an ***inflammation*** of the bladder wall and lining. This condition may affect as many as 38–85% of women who see their health care providers for chronic pelvic pain. Symptoms include pelvic pain, frequent urination, and urgency.

Digestive System Problems

Irritable bowel syndrome (IBS) is a condition in which abdominal or pelvic pain is accompanied by diarrhea or constipation. It is one of the most common disorders associated with chronic pelvic pain. Other digestive problems that may cause pelvic pain include inflammatory bowel disease, diverticulitis (inflammation of a pouch bulging from the wall of the colon), or cancer.

Muscular and Skeletal Problems

Lower back pain, disk injuries, and pelvic muscle spasms all may cause chronic pelvic pain. Being obese or overweight can strain joints and muscles, including those in the pelvis. Pain that starts during pregnancy or right after pregnancy may point to a condition called peripartum pelvic pain syndrome. Ligaments in the pelvis and spine that are strained from the extra weight of the uterus during pregnancy may cause this syndrome. Poor posture may contribute to chronic pelvic pain. Myofascial pain syndrome is a condition

in which tender spots in the muscle, called trigger points, cause pain in nearby areas of the body. Trigger points in the abdomen, vagina, and lower back may lead to chronic pelvic pain.

Diagnosis

Because pelvic pain can have many causes, it often is hard to diagnose. You should see your health care provider if you have pain that does not go away.

Your health care provider will ask about your medical history. You will have a physical exam, including a ***pelvic exam***. Tests also may be done to find the cause. In evaluating the cause, your health care provider may ask questions about the pain and its effect on your daily life. It also may be necessary to see other specialists to find out the cause of your pain, such as a gastroenterologist (a physician who focuses on digestive problems) or urogynecologist (a gynecologist specializing in urinary and related problems). These doctors may do specialized testing depending on your symptoms.

History

Your health care provider will ask about the degree and location of the pain. He or she may ask the following questions:

- When did the pain start?
- When and how often do you feel it?
- How severe is the pain?
- How does the pain affect your daily life?

You also will be asked about your medical and sexual history, including questions about pregnancies and any physical, sexual, or mental abuse. You may be asked to keep a journal describing the pain (see box).

Tests

The tests you will have depend on your symptoms and the results of the pelvic exam. You also may have lab tests, such as tests of your blood or other tissue. Some of the following imaging tests may be performed:

- ***Ultrasound***—Sound waves are used to make an image of the pelvic organs that can be viewed on a screen.
- ***Laparoscopy***—In this type of surgery, a special scope is used to view the pelvic organs.
- ***Cystoscopy***—A slender tube with a lens and light source is used to view the inside of the bladder and the ***urethra***.
- ***Colonoscopy***—The entire colon is examined using a small, lighted device. It is used to look for growths or cancer.
- ***Sigmoidoscopy***—A slender device is placed into the rectum and lower colon to look for growths or cancer.

Pain Journal

A record of your pain will help your health care provider find its cause. You may be asked to keep a pain journal so that more complete information can be obtained. In your pain journal, note the following information:

1. When do you feel pain?
   - Time of day
   - At certain times of your menstrual cycle
   - Before, during, or after the following activities:
     –Eating
     –Urination
     –Bowel movement
     –Sex
     –Physical activity
     –Sleep
2. How would you describe the pain?
   - Is it a sharp stab or a dull ache?
   - Does it come in waves or is it steady?
   - How long does it last?
   - How intense is it?
   - Is it mostly in one place or over a broad area?
   - Does it always occur in the same place(s)?
   - What makes it better or worse?
3. You also should note any medications you have taken.

Treatment

If the cause of the pain is found, it is treated. If a cause is not known, treatment focuses on pain relief. It is important not to give up on treatment if a cause is not found. There are many ways to lessen or relieve pain or to avoid making it worse.

Medical Treatment

Chronic pelvic pain that is caused by a specific condition is treated with medication or surgery. PID is treated with ***antibiotics***. Birth control pills, the birth control implant, the birth control injection, or the hormonal ***intrauterine device (IUD)*** may be prescribed for treatment of dysmenorrhea and endometriosis. Drugs that stop hormone release also may be used to treat endometriosis. Some research suggests that ***antidepressants*** may be helpful in the treatment of chronic pelvic pain.

For some problems, surgery may be done if medications do not work. Fibroids and cysts can be removed surgically. Endometriosis tissue also can be removed with a special type of laparoscopic surgery. ***Hysterectomy*** may be an option.

Pain Relief

Several pain-relief measures can be used to treat chronic pelvic pain. They include medications, physical therapy, nutritional therapy, and surgery:

- Lifestyle changes—Good posture, regular exercise, and weight loss may help reduce pelvic pain.
- Pain-relieving drugs—Nonsteroidal antiinflammatory drugs (NSAIDs) target prostaglandins and are helpful in relieving pelvic pain, especially dysmenorrhea. Stronger pain drugs also can be prescribed if pain is severe. A drawback of these drugs is that they can cause drowsiness and make it hard to do normal activities.
- Physical therapy—Acupuncture, acupressure, and nerve stimulation therapies may be useful in treating pain caused by dysmenorrhea. Physical therapy that eases trigger points may give relief of myofascial pain. Some types of physical therapy teach mental techniques for coping with pain. Such types include relaxation exercises and ***biofeedback***.
- Nutrition therapy—Vitamin B_1 and magnesium may be used to relieve dysmenorrhea.
- Surgery—Pelvic pain that does not respond to other treatments can be relieved by surgery. Cutting or destroying nerves blocks pain signals from reaching tissues and organs.

Counseling

In addition to medical treatment, counseling may be helpful. If your health care provider suggests counseling, it does not mean that your pain is "all in your head." Counseling may be helpful as part of an overall treatment plan, especially if you have a history of physical or sexual abuse or depression. These experiences may be contributing factors to your pain. In addition, learning techniques that help you relax or manage stress may help ease pain.

Finally...

Because pelvic pain has a number of causes, finding the source can be a long process. Sometimes no specific cause is found. There are still treatments that may help reduce pain. Working together, you and your health care provider can find the treatment that works best for you.

Glossary

Abscess: A collection of pus located in a tissue or organ.

Adhesions: Scarring that binds together the surfaces of tissues.

Antibiotics: Drugs that treat infections.

Antidepressants: Medications that are used to treat depression.

Biofeedback: A technique in which an attempt is made to control body functions, such as heartbeat or blood pressure.

Bladder: A muscular organ in which urine is stored.

Cervix: The lower, narrow end of the uterus at the top of the vagina.

Chlamydia: A sexually transmitted infection caused by bacteria that can lead to pelvic inflammatory disease and infertility.

Colonoscopy: An exam of the entire colon using a small, lighted instrument.

Cystoscopy: A test in which the inside of the urethra and bladder are examined.

Dysmenorrhea: Discomfort and pain during the menstrual period.

Ectopic Pregnancy: A pregnancy in which the fertilized egg begins to grow in a place other than inside the uterus, usually in one of the fallopian tubes.

Endometriosis: A condition in which tissue that lines the uterus is found outside of the uterus, usually on the ovaries, fallopian tubes, and other pelvic structures.

Fallopian Tubes: Tubes through which an egg travels from the ovary to the uterus.

Fibroids: Benign growths that form in the muscle of the uterus.

Gonorrhea: A sexually transmitted infection that may lead to pelvic inflammatory disease, infertility, and arthritis.

Hormones: Substances made in the body by cells or organs that control the functions of cells or organs. An example is estrogen, which controls the function of female reproductive organs.

Hysterectomy: Removal of the uterus.

Inflammation: Pain, swelling, redness, and irritation of tissues in the body.

Intrauterine Device (IUD): A small device that is inserted and left inside the uterus to prevent pregnancy.

Kidney: One of two organs that cleanse the blood, removing liquid wastes.

Laparoscopy: A surgical procedure in which an instrument called a laparoscope is inserted into the pelvic cavity through a small incision. The laparoscope is used to view the pelvic organs. Other instruments can be used with it to perform surgery.

Menstruation: The monthly discharge of blood and tissue from the uterus that occurs in the absence of pregnancy.

Ovaries: Two glands, located on either side of the uterus, that contain the eggs released at ovulation and that produce hormones.

Pelvic Exam: A physical examination of a woman's reproductive organs.

Pelvic Inflammatory Disease (PID): An infection of the uterus, fallopian tubes, and nearby pelvic structures.

Prostaglandins: Chemicals that are made by the body that have many effects, including causing the muscle of the uterus to contract, usually causing cramps.

Sexually Transmitted Infections (STIs): Infections that are spread by sexual contact, including chlamydia, gonorrhea, human papillomavirus infection, herpes, syphilis, and infection with human immunodeficiency virus (HIV, the cause of acquired immunodeficiency syndrome [AIDS]).

Sigmoidoscopy: A test in which a slender device is placed into the rectum and lower colon to look for cancer.

Ultrasound: A test in which sound waves are used to examine internal structures.

Urethra: A tube-like structure through which urine flows from the bladder to the outside of the body.

Uterus: A muscular organ located in the female pelvis that contains and nourishes the developing fetus during pregnancy.

Vagina: A tube-like structure surrounded by muscles leading from the uterus to the outside of the body.

This Patient Education Pamphlet was developed by the American College of Obstetricians and Gynecologists. Designed as an aid to patients, it sets forth current information and opinions on subjects related to women's health. The average readability level of the series, based on the Fry formula, is grade 6–8. The Suitability Assessment of Materials (SAM) instrument rates the pamphlets as "superior." To ensure the information is current and accurate, the pamphlets are reviewed every 18 months. The information in this pamphlet does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to the institution or type of practice, may be appropriate.

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