

Pelvic Pain



Many women have pain in their pelvic region at some point in their lives. Each woman responds to pain in her own way. Some women are bothered by pain more than others. You should discuss any pain with your doctor, but even more so if it disrupts your daily life, if it worsens over time, or if you've noticed a recent increase in pain.

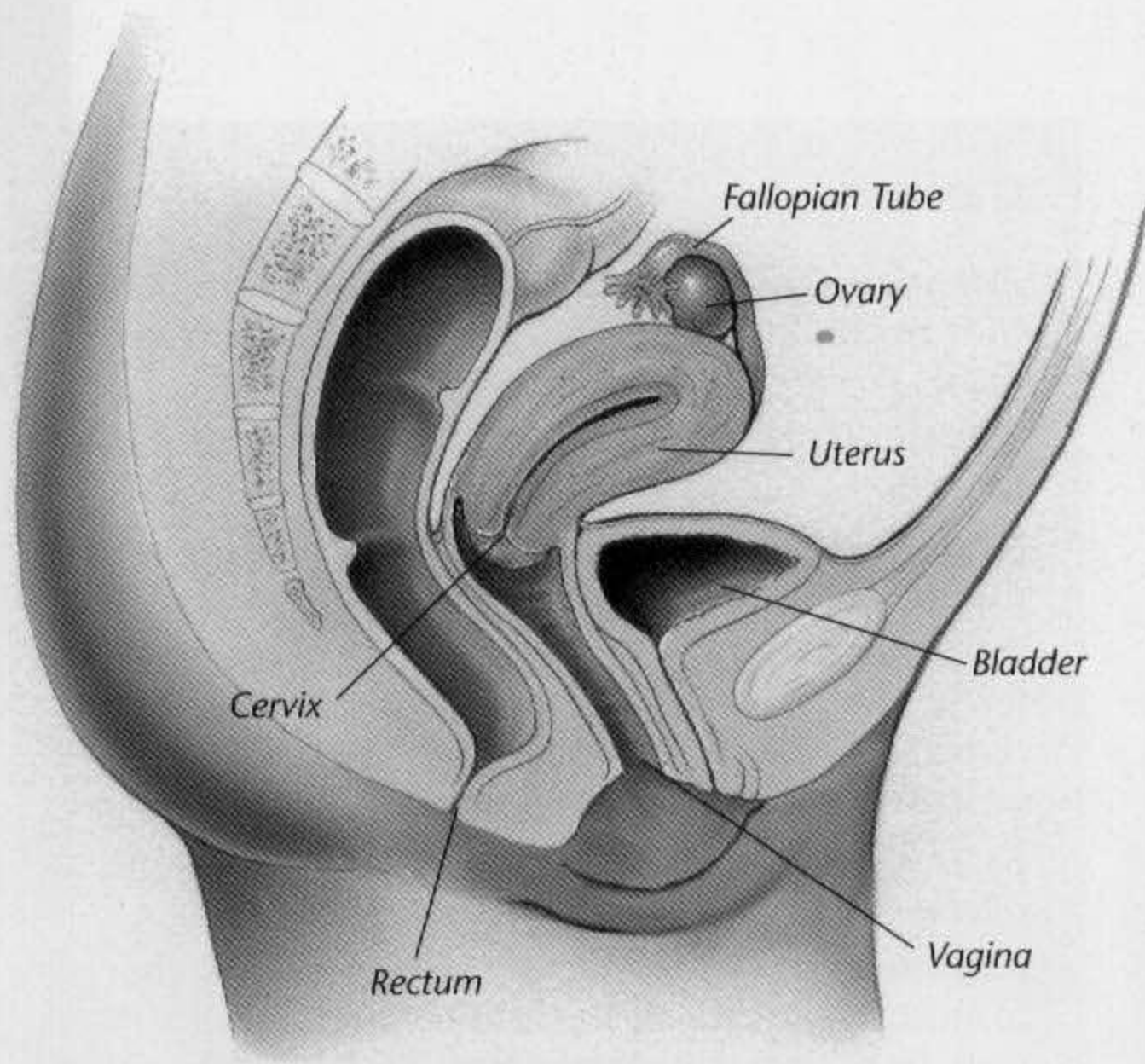
Finding the cause of pelvic pain can be a long process. Often there is more than one reason for the pain, and its exact source can be hard to pin down.

This pamphlet explains:

- Some causes of pelvic pain
- How it is diagnosed
- How it is treated



Because pelvic pain has a number of causes, finding the source of your pain can be a long and involved process. This may frustrate you, but try not to give up.



Problems in your reproductive organs may cause chronic or acute pain. Some pelvic pain, though, may be caused by problems in other parts of your body.

Causes of Pelvic Pain

The type and nature of pelvic pain—whether it comes and goes or is constant, whether it is short term or long term—will help your doctor detect the problem. Pelvic pain is often caused by a mix of factors. Some of them are described here.

Acute Pain

Acute (sharp) pain starts over a short time (a few minutes to a few days). It often has one cause. Most often an exam and some tests can pinpoint the cause. Acute pain is a warning that something has gone wrong. The causes of acute pain need to be looked into and treated promptly.

Infection. Pelvic pain can be caused by an infection or inflammation. The infection does not have to be in the reproductive organs to cause pelvic pain. The source of the pain may be the bladder, bowel, or even the appendix.

Pelvic inflammatory disease (PID) is a broad term used to describe infection of the uterus, fallopian tubes, and ovaries. Most cases of PID are thought to come from sexually transmitted diseases (STDs). An STD is a disease spread through sexual contact. If an STD that affects the cervix is not treated, the infection can travel into the uterus and tubes and cause

PID. Symptoms of PID include fever and pain in the lower stomach. The pain is often a mild ache, but it can be severe.

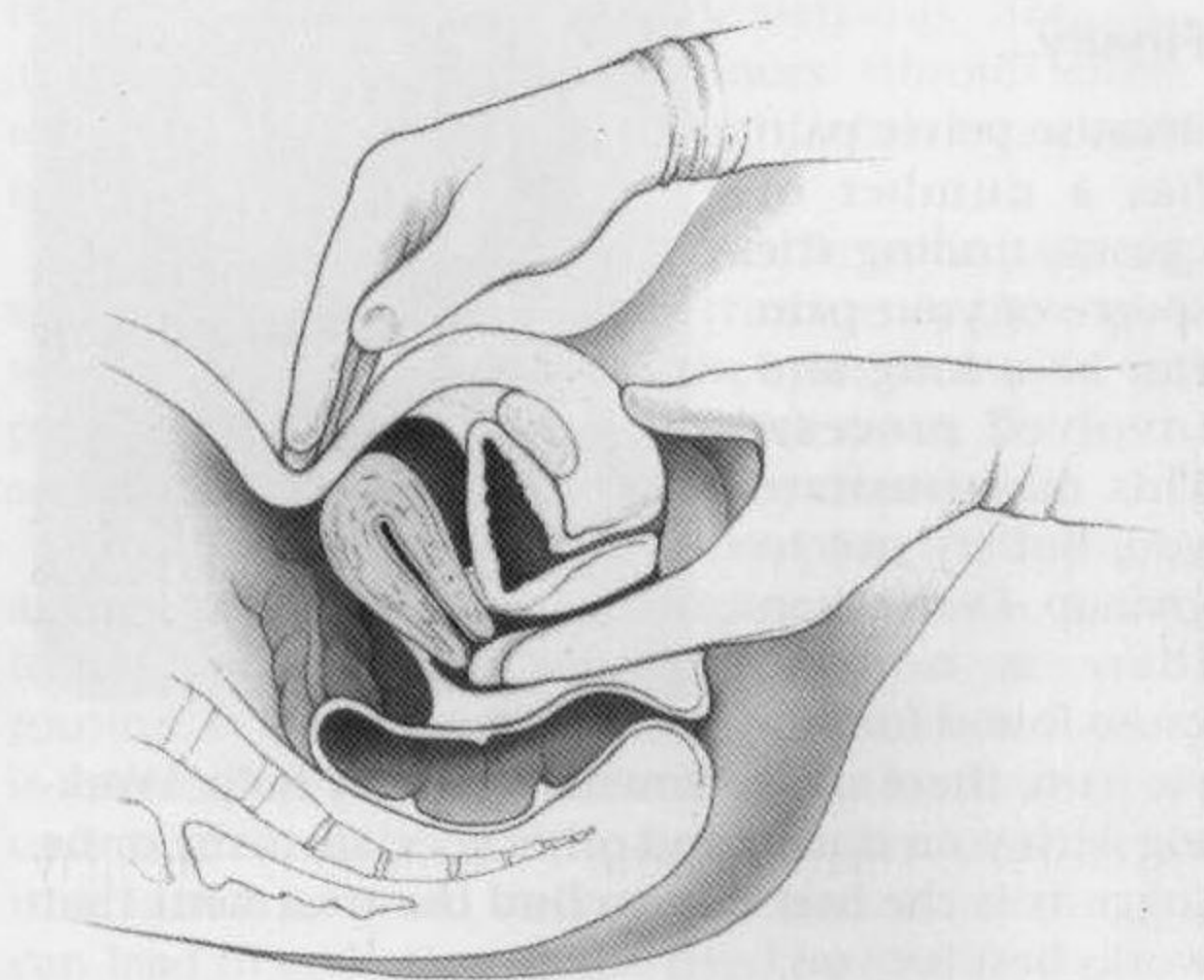
Vaginal infection (vaginitis) can sometimes be painful, mainly during and after sex. Many kinds of organisms can cause vaginal infections.

Infections of the urethra, bladder, or kidneys (urinary tract infections) may cause pain, too. Patients often feel pain during urination and a strong and frequent urge to urinate even when little urine is there. When pain is also felt in the back, the infection may have spread to the kidneys.

All of these causes of pain may require a visit to your doctor. A history will be taken, you will have a physical exam, and some tests may be done.

Ovarian Cysts. Sometimes a cyst may form on an ovary. A cyst is a sac filled with fluid. It is somewhat like a blister. Some cysts on the ovaries form as a result of the normal process of ovulation (release of an egg from the ovary). Often a cyst begins fairly quickly but goes away within a day or two. Some cysts can last a long time. These cysts are often felt as a dull ache or heaviness. Sometimes they cause pain during sex. Sharp pain can occur if a cyst leaks fluid or bleeds a little. This may happen around the middle of the menstrual cycle.

A pelvic exam often will detect a cyst. In some cases, pelvic ultrasound (a test in which sound waves are used to view the internal organs) is needed to be



A pelvic exam checks for anything abnormal in your reproductive organs. The exam may detect a cyst.

sure. Most small cysts will go away by themselves. Rarely, more severe, sharp, and constant pain happens when a large cyst twists. Large cysts and those that don't go away on their own within a few months may need to be removed by surgery.

Ectopic Pregnancy. A tubal or ectopic pregnancy is one that starts outside the uterus, often in one of the fallopian tubes. This happens most often in women who have some damage to their tubes. The pain often starts on one side of the abdomen after a missed period. Vaginal bleeding or spotting may occur with the pain. This problem needs urgent care and may require surgery. An ectopic pregnancy can lead to bursting of the tube and bleeding inside the abdomen. This can threaten your life.

Chronic Pain

Chronic pain can be either intermittent (it can come and go) or constant (it is there most of the time). Intermittent chronic pain often has a distinct cause. Constant chronic pain may be caused by more than one problem. An illness may start with intermittent pain that becomes constant.

Dysmenorrhea. *Dysmenorrhea* is a case of long-term, intermittent chronic pain. Although some mild pain is common during a woman's menstrual period, some women have severe pain with their periods. It may be caused by prostaglandin, a hormone made by the lining of the uterus (endometrium). It causes spasms or cramping of the uterus.

Endometriosis and Adenomyosis. Sometimes menstrual cramps can be a sign of disease. If they get worse over the years or stay strong beyond the first 1 or 2 days of flow, they may be due to a disease such as *endometriosis* or *adenomyosis*.

The cause of endometriosis and the reasons for pain during the menstrual cycle are not known for sure. Endometriosis often makes menstrual cramps worse. It can also cause pain at times other than during the menstrual cycle. Sometimes sex is painful. How severe the pain is, though, does not depend on the amount of endometriosis present. For instance, a small amount of endometriosis may cause a lot of pain, and a large amount may not.

Adenomyosis occurs when the endometrium buries itself in the muscle wall of the uterus. This can cause menstrual cramps. It also can cause pres-

sure and bloating in the lower abdomen before periods and more bleeding during periods.

Ovulation Pain. Pain that is felt around the time of ovulation is sometimes called *mittelschmerz* (German for "middle pain"). Ovulation occurs in the middle part of the menstrual cycle. Pain can range from a mild pinch or twinge to something more severe. It can occur every month in some women. It is intense only now and then, though.

Constant Chronic Pain

Some women may feel pain almost every day. This may mean that a problem has gotten worse. Or it could mean that a person has become less able to cope with pain. The pain may then get worse even though the disease that started the problem hasn't changed.

Not being able to deal with pain is more likely when the pain disturbs work, physical activities, sexual relations, sleep, or family duties. Not knowing the cause of the pain can make it more stressful because you might fear severe illness.

When pain has been present for a long time, it affects your mental and physical health. In seeking the cause for pelvic pain, your doctor may ask you questions about the pain and its effect on your life and your emotions.

Other Causes of Pain

Adhesions or scar tissue can form as a result of the healing process. Scar tissue causes the surface of organs and structures inside the stomach to bind to each other. Endometriosis, surgery, or a severe infection such as PID can cause adhesions or scar tissue. Adhesions can involve the uterus, tubes, ovaries, and bowels. They can attach any of these structures to each other or to the sides of the pelvic area.

Fibroids may grow on the inside of the uterus, on its outer surface, or within the wall of the uterus. It is not known for certain what causes fibroids. **Estrogen** is thought to play a role in their growth, though.

Fibroids often cause no symptoms. When symptoms do occur, they may include heavier or more frequent menstrual periods and pain or pressure in the stomach or lower back. Fibroids attached on a stem may become twisted and cause more acute symptoms.

Other causes of lower abdominal and pelvic pain include:

- Diverticulitis (inflammation of a pouch bulging from the wall of the colon)
- Irritable bowel syndrome (a condition that may cause alternating bouts of diarrhea and constipation and often seems to be related to stress)
- Kidney or bladder stones
- Appendicitis
- Muscle spasms or strain

Diagnosis

Because there are so many causes of pelvic pain, your doctor may use many tests to rule out likely causes of your pain. Although it may seem complex and time-consuming, this approach is the best way to find out what is causing the pain.

Your doctor may ask you to keep a journal in which you describe the exact nature of



the pain (see box). What you write down can help to rule out certain causes. Bring it with you when you see your doctor.

Your doctor may consult with or refer you to other specialists. It depends on what your doctor suspects may be the cause of the pain. The specialists may include doctors who deal with problems of the gastrointestinal, urinary, or neurologic systems.

Physical Factors

The evaluation begins with an exam. Cultures and blood tests are sometimes needed to look for infection.

Other studies are sometimes useful to find the cause of pain. They are often less helpful for evalu-

Pain Journal

A record of your pain will help your doctor 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 when you feel pain:

- Time of day
- At certain times of your monthly cycle
- Before, during, or after:
 - Eating
 - Urination
 - Bowel movement
 - Sex
 - Physical activity
 - Sleep

Describe the pain and note how long it lasts:

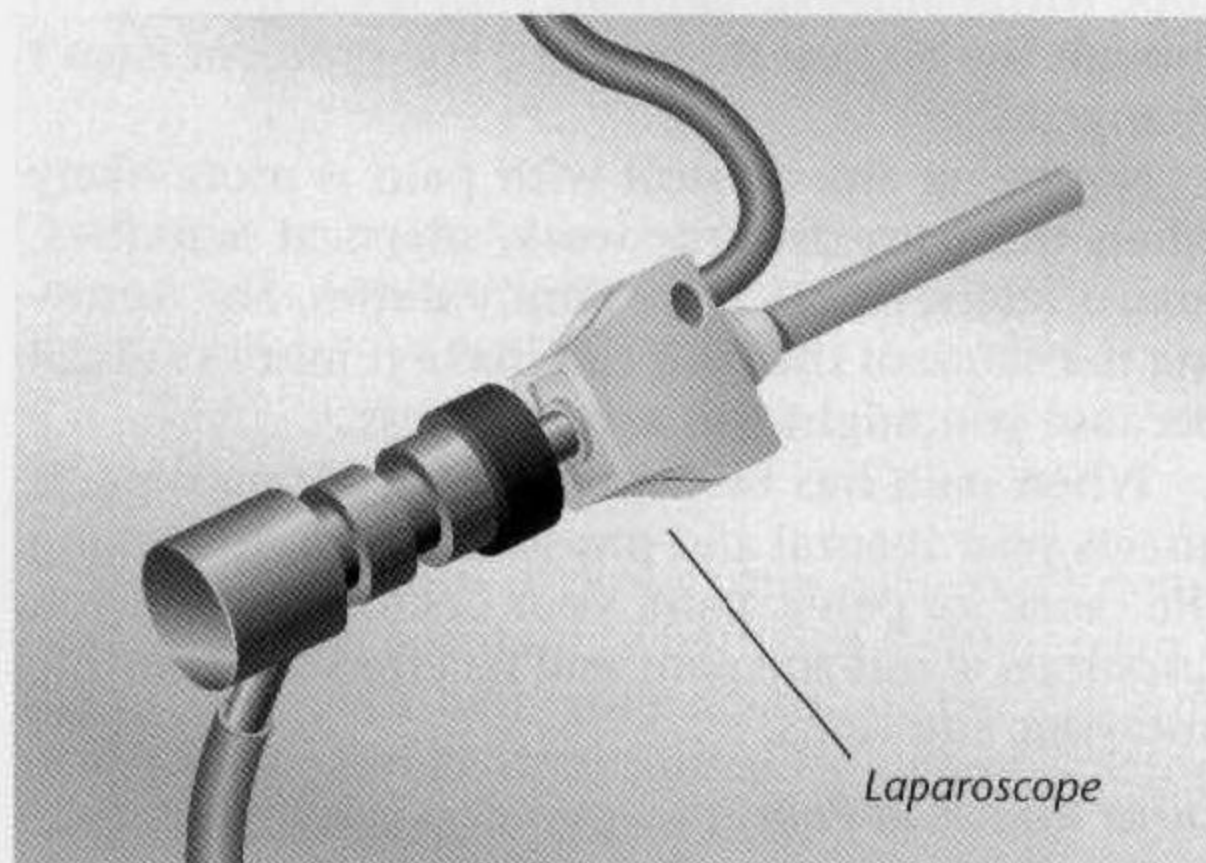
- Is it a sharp stab or a dull ache?
- Does it come in phases or is it steady?
- How long does it last?
- How intense is it?
- Does it always occur in the same place(s)?
- Is it mostly in one place or over a broad area?

ating chronic pain than for other gynecologic conditions, though. They include:

- *Ultrasound*: A test in which sound waves are reflected off the internal organs, producing an image that can be viewed on a screen
- *Computed tomography (CT)*: A type of X-ray that shows internal organs and structures (sometimes called a "CAT scan")
- *Magnetic resonance imaging (MRI)*: A method of viewing internal organs and structures by using a strong magnetic field
- *Intravenous pyelography (IVP)*: A type of X-ray taken after fluid is injected into a vein and excreted by the kidneys
- *Barium enema*: A solution given through the rectum that helps problems in the colon show up on X-rays

Sometimes these tests are referred to as "imaging studies." This is because they are all used to make an image of the inside of the body, using sound waves, X-rays, or other techniques. These studies cannot always detect endometriosis or adhesions, which may be a cause of chronic pelvic pain.

Laparoscopy is the best way to assess endometriosis and some other problems. In this type of surgery, a slender device that transmits light is inserted through the navel while you are under anesthesia. This allows the doctor to see inside the body. Sometimes, treatment can be done at the same time. A doctor cannot be certain of a diagnosis of endometriosis unless surgery is done.



Psychologic Factors

Being in pain can put great strain on a woman and those close to her. Women who have depression in their family or who had a difficult childhood (especially when sexual abuse was involved) are more likely to have chronic pain.

For these reasons, your doctor may ask many questions about you and your family to see if there is a need for emotional help. Sometimes the doctor may suggest that you get counseling.

Mood and pain may be chemically linked in the brain. Chemical changes may make the brain less able to cope with pain or may block out pain signals. Treatment of chronic pain can sometimes be improved by using antidepressant medications. Antidepressants alter these signals.

Treatment

Acute pain or intermittent chronic pain often involves treatment of one specific condition. Treatment of constant chronic pain is not like that. Your doctor may talk to you about a few factors that may add to the pain, but may not know which one is the main cause. Treatment may involve a few medications at once, nondrug treatments, or surgery.

Medications

If you have had a problem such as a urinary tract infection or vaginitis before and it has come back, your doctor may prescribe medication over the phone. Most often, antibiotics or vaginal creams will reduce the pain of an infection within 1 or 2 days. Severe PID, though, may require days of treatment in the hospital. With some kinds of STDs, your sex partner must also be treated, even if there are no symptoms.

Drugs that reduce inflammation, such as ibuprofen, can be used to lessen the pain of dysmenorrhea. These drugs block the making of prostaglandins, which cause the uterus to contract. Ibuprofen can be bought over the counter. If it does not work, prescription drugs may help.

For other problems, treatment with hormones may help. Combination oral contraceptives (birth control pills) can be used to relieve pain from menstrual cramps. Other hormones can shrink some types of growths, such as endometriosis, fibroids, and certain types of benign tumors. Fibroids often return to their former size, though, when treatment is stopped.

Antidepressants have been used in some patients with pelvic pain when other treatments have not worked. They can help break the cycle in which the pain and the depression add to each other. The pain seems to be made more intense by depression.

Most people try to use as little pain medication as they can. When treating chronic pain, it is better to use a nonnarcotic pain medication as part of a routine. It is not a good idea to wait until the pain is severe before you take it. Pain medication may only take the edge off the pain. It may not get rid of it. It is best to avoid strong narcotic medication. It can lead to addiction or the need for higher doses.

Surgery

Certain problems may be treated with surgery. The type of surgery depends on your exact problem. Some surgery, such as a laparoscopy, often can be done without a hospital stay. Some conditions outside the uterus can be treated by laparoscopy using laser or cautery. It often can be done at the same time that the diagnosis is made.

Some conditions inside the uterus can be treated with a hysteroscope (a thin telescope with a light). The hysteroscope is inserted through the cervix and into the uterus. Small growths may then be seen and removed.

Other times, major surgery, such as a hysterectomy (removal of the uterus), is needed. Sometimes, the fallopian tubes and the ovaries are removed also. Your doctor will discuss what options you have, based on your exact problem. Your doctor will also discuss with you the risks and benefits of these procedures and their chance of working.

Other Treatments

Heat therapy, muscle relaxants, nerve block, and relaxation exercises may all help to treat other causes of pelvic pain. If disorders of the bladder, bowel, or other organs are the cause of the pain, certain treatments will be used.

Finally...

Because pelvic pain has a number of causes, finding the source of your pain can be a long and involved process. This may frustrate you, but try not to give up. Even when there is no one cause found for pelvic pain, there are treatments that may help. Working with your doctor and other specialists she or he suggests is the best way to find the treatment that works best for you.



Glossary

Adenomyosis: A condition in which tissue like that normally lining the uterus begins to grow inside the wall of the uterus.

Adhesions: Scarring that binds together the surfaces of tissues inside the abdomen or uterus.

Dysmenorrhea: Discomfort and pain during the menstrual period.

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

Estrogen: A female hormone produced in the ovaries during the entire menstrual cycle.

Fibroids: Benign (noncancerous) growths that form on the inside of the uterus, on its outer surface, or within the uterine wall itself.

Laparoscopy: A surgical procedure in which a slender, light-transmitting instrument, the laparoscope, is used to view the pelvic organs or perform surgery.

This Patient Education Pamphlet was developed under the direction of the Committee on Patient Education of 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 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.

Photographs © 1996 PhotoDisc, Inc.

Copyright © March 1999 by the American College of Obstetricians and Gynecologists. All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording, or otherwise, without prior written permission from the publisher.

ISSN 1074-8601

Requests for authorization to make photocopies should be directed to the Copyright Clearance Center, 222 Rosewood Drive, Danvers, MA 01923.

The American College of Obstetricians and Gynecologists
409 12th Street, SW
PO Box 96920
Washington, DC 20090-6920

6789/98765