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Chronic Pelvic Pain

These materials are for your general information and are not a substitute for medical advice. You should contact your physician or other healthcare provider with any questions about your health, treatment, or care.

Chronic pelvic pain is pain that occurs below the umbilicus (or belly button) that lasts for at least six months. It may or may not be associated with menstruation. Chronic pelvic pain is not a disease, rather, it is a symptom that may be caused by several different conditions.

WHAT CAN CAUSE CHRONIC PELVIC PAIN? — A variety of gynecologic, gastrointestinal, and systemic disorders, can cause chronic pelvic pain.

Gynecologic causes — Some of the gynecologic causes of pelvic pain include:

- Endometriosis — The tissue lining the inside of the uterus is called the endometrium. Endometriosis is a condition in which endometrial tissue is also present outside of the uterus. Some women with endometriosis have no symptoms, while others experience marked discomfort and pain and may have problems with fertility.
- Chronic pelvic inflammatory disease — Pelvic inflammatory disease is typically an infection caused by a sexually transmitted organism. Occasionally, it is caused by a previous ruptured appendix or scarring resulting from previous pelvic surgery. It can involve the uterus, ovaries, and fallopian tubes (narrow tubes that link the ovaries and uterus). Pelvic inflammatory disease can cause pain, abnormal uterine bleeding, and symptoms of infection such as fever and chills.
- Adenomyosis — Adenomyosis is the presence of endometrial tissue within the uterine muscle. It can cause an enlarged uterus, pain, and abnormal uterine bleeding.
- Uterine leiomyomas — Often called fibroids, these are benign (non-cancerous) tumors in the uterus that can cause abnormal uterine bleeding and pain.

Other causes — Some of the more common non-gynecologic causes of chronic pelvic pain include:

- Irritable bowel syndrome — Irritable bowel syndrome is a gastrointestinal condition characterized by chronic abdominal pain and altered bowel habits (such as loose stools, more frequent bowel movements with onset of pain, and pain relieved by defecation) in the absence of any specific cause.
- Interstitial cystitis — Interstitial cystitis is marked by inflammation of the tissues of the bladder that is not due to infection. Symptoms usually include the need to urinate frequently (frequency) and a feeling of urgently needing to urinate (urgency). Some women with interstitial cystitis present with lower abdominal pain rather than urinary tract symptoms.
- Diverticulitis — A diverticulum is a sac-like protrusion that sometimes forms in the muscular wall of the colon (or intestine). Diverticulitis occurs when diverticula become inflamed. This usually causes abdominal pain; nausea and vomiting, constipation, diarrhea, and urinary symptoms can also occur.
- Fibromyalgia — Fibromyalgia is one of a group of chronic pain disorders that affect connective tissue structures, including muscles, ligaments, and tendons. It is characterized by widespread muscle pain (or "myalgia") and tenderness in certain areas of the body. Women with fibromyalgia may also experience fatigue, sleep disturbances, headaches, and mood disturbances such as depression and anxiety.

HOW IS THE CAUSE OF CHRONIC PELVIC PAIN IDENTIFIED? — Because a number of different conditions can cause chronic pelvic pain, it is sometimes difficult to pinpoint the specific cause. A thorough history and a physical examination of the abdomen and pelvis are essential components of the diagnostic work-up. Laboratory tests, including a white blood cell count, urinalysis, tests for sexually transmitted infections, and a pregnancy test may be performed. The lab results may suggest causes of pelvic pain such as infection or pregnancy.

Some diagnostic procedures may also be helpful in identifying the cause of chronic pelvic pain. For example, a pelvic ultrasound examination is very good at detecting pelvic masses, including ovarian cysts (sometimes caused by ovarian endometriosis) and uterine fibroids.

A surgical procedure called a laparoscopy may be helpful in diagnosing some causes of chronic pelvic pain such as endometriosis and chronic pelvic inflammatory disease. At laparoscopy, a flexible tube with a special fiberoptic lens is inserted through a small incision just below the umbilicus. Through the tube, or laparoscope, the surgeon can visualize the contents of the abdomen, especially the reproductive organs. If the laparoscopy reveals a normal pelvis, the physician can then focus the diagnostic and treatment efforts on non-gynecologic causes of pelvic pain.

HOW IS GYNECOLOGIC PELVIC PAIN TREATED? — Chronic pelvic pain due to a gynecologic condition is often treated medically. In some cases, however, surgery may be the treatment of choice.

Medical treatment — Medication may be prescribed once laboratory and imaging tests suggest the pain is due to a gynecologic condition. Drugs that may be used include:

- Nonsteroidal anti-inflammatory medications such as ibuprofen
- Oral contraceptive pills prescribed as monthly cycles or as "long cycles." When prescribed as long cycles, a woman takes the active pill continuously for three to four months followed by one week off the pill.
- Doxycycline, an antibiotic used to treat some causes of pelvic inflammatory disease.
- Medications called gonadotropin releasing hormone (GnRH) agonist analogues used to treat endometriosis.

If these medications are not effective in treating the pain, the woman is sometimes referred to a medical practice specializing in pain management. Pain services frequently utilize multiple treatment modalities including acupuncture and behavioral and relaxation feedback therapies. Nerve stimulation devices or injection of tender sites with anesthetic agents may also be used. Psychological counseling may be offered to help women manage the pain. Pain services can also be helpful in treating women who have become dependent on narcotics for pain management.

Surgical treatment — A few causes of gynecologic pelvic pain can be treated surgically. For example, some women may benefit from surgical removal of their endometriosis. Uterine fibroids can be excised (a procedure called myomectomy) or removed as a consequence of hysterectomy (surgical removal of the uterus). For numerous valid reasons, many women are reluctant to have a hysterectomy procedure and prefer to explore options that do not result in removal of the uterus. Clinicians should be sensitive and responsive to these preferences.

Hysterectomy may alleviate chronic pelvic pain, especially when it is due to uterine disorders such as adenomyosis or fibroids. However, pain can persist even after hysterectomy, particularly in younger women (those less than 30) and in women with a history of chronic pelvic inflammatory disease. Hysterectomy is not a good choice for the management of chronic pelvic pain in women who have not completed their family.

Surgery to cut some of the nerves in the pelvis has also been studied as a treatment for chronic pelvic pain. However, the effectiveness of this approach has not yet been demonstrated.

WHERE TO GET MORE INFORMATION — Your doctor is the best resource for finding out important information related to your particular case. Not all patients with chronic pelvic pain are alike, and it is important that your situation is evaluated by someone who knows you as a whole person.