



Adhesions: a common cause of pelvic pain

Imagine trying to spend a week or a month with your elbow super-glued to the wall of your kitchen. It would be frustrating. It would be exhausting. Eventually, it would become quite painful. This image, like something out of a Stephen King novel, is a way of visualizing ‘**adhesions**’, a surprisingly common cause of pelvic pain in women.

Adhesions are abnormal bands of scar tissue that form in the pelvis or abdomen causing organs to stick to one another. One finds ovaries stuck to each other, under tension, in the middle of the pelvis. One finds ovaries and fallopian tubes stuck to the pelvic sidewall. One finds small or large intestines stuck to ovaries, to abdominal wall, to bladder, in every possible tortuous manner.

Adhesions often develop after pelvic or abdominal surgery. They can form in response to endometriosis, appendicitis, pelvic inflammatory disease (PID), sexually transmitted diseases or anything else that causes surfaces to become abnormally rough, or inflamed. Incisions, sutures, staples, infections all can become the places where adhesions develop.

While adhesions may be asymptomatic and trouble free, adhesions can lead to a variety of problems including:

Pelvic pain: An estimated 38 percent of women suffering from pelvic pain have adhesions. The surfaces of ovaries, fallopian tubes and intestines have nerves. So when these organs get stuck together the stretching and pulling of everyday movements can cause pain. The pain caused by adhesions can begin soon after surgery or infection, or months and years later, as the adhesions thicken, contract, and produce increasing tension over time.

Pain during intercourse: Adhesions can also cause pain during intercourse (a condition called dyspareunia).

Infertility: Adhesions of the fallopian tubes can make it difficult or impossible for sperm to reach the egg.

Bowel obstruction: Adhesions involving the bowel can lead to twisting or kinking of the bowel causing obstruction in which the normal passage of contents is restricted or stopped. Symptoms of bowel obstruction may include pain, nausea, and vomiting.

Adhesions can not be seen on ultrasound, x-ray, CT scan, or MRI. These studies can only show that organs lay along side one another. They can not reveal whether the organs are stuck together or not. You and your gyn doctor can assess the likelihood that your pain is caused by adhesions through a thorough history and physical exam. The most common history in women with pain from adhesions is one in which the pain is aggravated by movement or made worse by being in certain positions.

Once you come to the conclusion that your pain may be caused by adhesions, the way to know for sure, and to treat the adhesions is through laparoscopy and 'lysis' of adhesions. Laparoscopy is minimally invasive surgery through tiny incisions. Lysis of adhesions involves delicately separating the organs which are stuck together and taking steps to prevent the adhesions from reforming. Ask your doctor for more information about this common and very treatable cause of pelvic pain.

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