Caring Choice
Women's Center
Obstetrics & Gynecology

Chronic Pelvic Pain

Chronic pelvic pain is a common problem endured by women. Studies show that 15 to 20% of reproductive age women suffer from pelvic pain that has lasted a year or more.

A thorough evaluation including history, physical exam, and other testing can usually find the source of the pain and suggest appropriate treatment.

Chronic pelvic pain may have a psychological cause. Studies have found that 40 to 50 % of women with chronic pelvic pain have been physically or sexually abused.

The causes of chronic pelvic pain can be divided into four areas: 30%, bladder. 30%, the female reproductive tract (uterus, ovaries, fallopian tubes). 30%, bowel (intestines and rectum). 10%, muscle, bone and joints, etc.

Bladder problems: The most common bladder related cause of chronic pelvic pain is ***interstitial cystitis***. Interstitial cystitis is an inflammatory condition of the bladder lining. It is marked by mid pelvic pain, frequent urination and frequent urge to urinate. It can be diagnosed by a urologist who looks into the bladder and performs a *'potassium sensitivity test'*. It is treated by restricting acidic and spicy foods, caffeine and using oral medicines, most commonly Elmiron.

Reproductive tract: The most common causes of chronic pain in this area are ***adhesions*** and ***endometriosis***.

Adhesions occur where pelvic organs are unnaturally stuck to one another. This can result from endometriosis, previous pelvic infections, or pelvic surgeries. This kind of pain is typically made worse by certain positions, such as lying on one side as compared with another or standing versus lying down, etc. The diagnosis and treatment of adhesions usually requires laparoscopy with mechanical separation or 'lysis'of the adhesions.

Endometriosis is a condition where tissue that normally lines the uterine cavity finds its way to, and implants itself on, other internal body surfaces. Once implanted, this 'endometrial' tissue grows, becomes inflamed and causes pain.

Endometriosis pain usually begins or worsens a few days to a week before one's period starts and decreases or disappears with the start or end of menstrual bleeding.

Diagnosis of endometriosis is made with laparoscopy. Implants are then cauterized or removed. Additional treatment might include hormonal contraceptives or other suppressive medicines.

Bowel problems: the most common source of long-term bowel pain is ***irritable bowel syndrome (IBS)***. Patients with IBS typically have crampy pain with diarrhea or constipation and often, a frequent urge to defecate. Pain often follows eating.

Initial treatment for IBS involves avoiding dietary triggers such as caffeine, dairy products, excess fruit, beans, cabbage, and uncooked broccoli or cauliflower. For constipation, fiber supplements like Metamucil or medicines such as Zelnorm or osmotic laxatives may be helpful.

For diarrhea, cholestyramine may help. When pain develops after meals, one can take antispasmodics such as belladonna or hyoscamine before eating. IBS is best treated by a gastroenterologist.

Muscle or skeletal problems: Pain of pelvic muscles, ligaments, bones or joints is usually diagnosed by physical exam, and treatment varies with specific location.

These are the most common causes of chronic pelvic pain. It is important to remember that there are other less common but potentially serious causes of chronic pelvic pain, including benign tumors and cancers. For this reason, and because life is too short to put up with pain, chronic pelvic pain always deserves a thorough evaluation to find its cause and best treatment.

Michael J. Seeber, DO FACOOG