

Chronic pelvic pain

15% of adult women have chronic pelvic pain.

10% of all visits to gynecologists are for chronic pelvic pain.

30% of women at pain clinics for pelvic pain have already had a hysterectomy.

20% of laparoscopic surgeries are performed because of chronic pelvic pain.

25% of women with chronic pelvic pain are bedridden for close to three days a month.

60% of women with chronic pelvic pain must limit their activity for one or more days a month.

60% of women with chronic pelvic pain never receive a specific diagnosis.

Causes of Chronic Pelvic Pain:

Gynecologic:

Endometriosis/adenomyosis
Chronic pelvic inflammatory disease
Pelvic adhesions (scarring)
Pelvic venous congestion
Ovarian remnant syndrome
Uterine fibroids
Pelvic organ prolapse
Pelvic tuberculosis

Urinary tract:

Interstitial cystitis
Recurrent urinary tract infections
Urethral diverticulosis
Chronic urethral syndrome
Radiation cystitis

Gastrointestinal tract:

Irritable bowel syndrome
Inflammatory bowel disease
Celiac disease (gluten allergy)
Proctalgia fugax (rectal spasms)
Diverticulosis
Intermittent bowel obstruction
Chronic constipation

Musculoskeletal:

Pelvic floor muscle pain/trigger points
Tailbone pain/ injury
Piriformis muscle syndrome
Hernia
Abnormal posture/ muscle spasm
Postpartum pelvic pain syndrome

Neurologic:

Irritation of pelvic nerves
Herniated disc
Abdominal epilepsy
Abdominal migraine

Psychosocial:

Somatization (bodymind syndrome)
Substance abuse/ eating disorder
Physical/sexual abuse history
PTSD
Depression
Sleep disorders

Other:

Cancer

Tests to have:

Pelvic exam with bimanual, test for incontinence, Pap, swabs for infection, pinch biopsy if necessary; gentle rectal exam to test for abnormalities, with a smear for microscopic bleeding.

Lab tests: complete blood count, sedimentation rate (tests for inflammation), urinalysis; pregnancy test if appropriate; tuberculosis and HIV test if appropriate; test for celiac disease if appropriate.

Other doctors you might need to see:

Urologist might test and treat bladder for interstitial cystitis.

Gynecologist might do transvaginal ultrasound, x-ray of uterus and tubes with dye, or exploratory laparoscopic surgery, to see and treat endometriosis and/or adhesions (scarring).

Gastrointestinal doctor might do barium x-ray or colonoscopy to see and treat problems in the bowels.

Medicines that may help:

- Antibiotics and prevention - for problems related to infection
- Birth control pills, the mini-pill, hormonal IUD, or birth control shots (to suppress menstrual periods at least 3 months) - for problems related to ovulating or menstruating
- Vitamin B1 (thiamin), magnesium supplements - for painful menstrual periods
- Ibuprofen + Acetaminophen - for musculoskeletal pain
- Amitriptyline (Elavil), Gabapentin (Neurontin) - for nerve pain and fibromyalgia
- Bladder instillations - for cystitis
- Estrogen cream, lubricants, - for problems related to menopausal tissue thinning and sensitivity
- Fiber, probiotics, stool softeners, laxatives, - for irritable bowel, diverticulosis, chronic constipation
- Non-latex condoms, and elimination of soaps/lotions/douches/jellies - for problems caused by vaginal allergy
- Medical marijuana, clonidine, benzodiazepines, narcotics - for severe intractable pain and muscle spasms

Other treatments to use at the same time:

Acupuncture, Chiropractic, Massage
Water aerobics, Tai chi, Yoga

Pelvic physical therapy
Trigger point injections

Pessary, or surgery, for organ prolapse
Partial hysterectomy