



AMERICAN COLLEGE OF
OBSTETRICIANS AND
GYNECOLOGISTS

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.

Causes of Pelvic Pain

Acute Pain

Acute (sharp) pain starts over a short time (a few minutes to a few days). It often has one cause.

Infection. Pelvic pain can be caused by an infection or inflammation.

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).

Vaginal infection (vaginitis) can sometimes be painful, mainly during and after sex.

Infections of the urethra, bladder or kidneys (urinary tract infections) may cause pain, too.

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.

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.

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.

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.

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 one or two 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.

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

Ovulation Pain. Pain that is felt around the time of ovulation is sometimes called mittelschmerz (German for

"middle pain").

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.

Other Causes of Pain

Adhesions or scar tissue can form as a result of the healing process.

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.

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.

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.

Treatment

Acute pain or intermittent chronic pain often involves treatment of one specific condition. Treatment of constant chronic pain is not like that.

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.

Drugs that reduce inflammation, such as ibuprofen, can be used to lessen the pain of dysmenorrhea.

For other problems, treatment with hormones may help. Combination oral contraceptives (birth control pills) can be used to relieve pain from menstrual cramps.

Antidepressants have been used in some patients with pelvic pain when other treatments have not worked.

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. 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.

Surgery

Certain problems may be treated with surgery. The type of surgery depends on your exact problem.

Other Treatments

Heat therapy, muscle relaxants, nerve block and relaxation exercises may all help to treat other causes of pelvic pain.

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.

This excerpt from ACOG's Patient Education Pamphlet is provided for your information. It is not medical advice and should not be relied upon as a substitute for visiting your doctor. If you need medical care, have any questions, or wish to receive the full text of this Patient Education Pamphlet, please contact your obstetrician-gynecologist.

To ensure the information is current and accurate, ACOG titles are reviewed every 18 months.

Copyright © March 1999 The American College of Obstetricians and Gynecologists

This article is provided by Medem, Inc. All rights reserved.

