

CHRONIC PELVIC PAIN

RAKSHA JOSHI MD

Chronic 'pelvic' pain is a condition that is quite common among women, and although it is so common; it is frequently difficult to find its cause. It is estimated that one in five women from ages 18 to 50 years have chronic pelvic pain of more than one year's duration. Finding the cause of the pain may be puzzling and sometimes frustrating for the woman as well as for the physician. As many as two-thirds of women (61%) may never find a definite cause for their pain.

It is difficult to reach a firm widely acceptable definition for chronic pelvic pain, in general; chronic pelvic pain (CPP) is defined as pain in the pelvic area – this is the area below the umbilicus (belly button) to the fold of the thighs that lasts for more than six months. The pain may be cyclic or non cyclic. There could be many different causes, women's diseases and other diseases such as of the bladder, urinary system, musculo-skeletal disorders, intestinal disorders the commonest of which is chronic constipation, and others such as irritable bowel syndrome can be the contributing causes to chronic pelvic pain. Pain is a sensation and has to be accepted as such. The lack of objective physical findings does not negate the presence of pain or the significance of the pain. Even if the clinical examination is normal it does not mean that on conducting an investigation or work-up using different modalities no pathology (cause) will be found.

CAUSES OF CHRONIC PELVIC PAIN

The chronic pelvic pain may arise from different 'systems' that reside in the pelvis such as the reproductive (uterus, tubes, ovaries), genitourinary (bladder, ureters and related tissues) gastrointestinal system (large and small intestines), musculo-skeletal system including the pelvic bones, ligaments, muscles of the pelvic area and fascia (connective tissue structures).

Strange as it may seem, the pain may have its cause in psychological disorders (such as depression) or even neurological diseases (neuropathic pain). One common but extremely under recognized cause among women may be domestic or intimate partner abuse or sexual abuse as a child. Studies have shown that one in two women who suffer from chronic pelvic pain have been or are being abused physically or sexually.

Population studies have shown that women who suffer from chronic pelvic pain are similar in age, race, ethnicity, education, employment or socioeconomic status to women who do not suffer from chronic pelvic pain. However; if a woman is separated or divorced she is slightly more likely to complain on chronic pelvic pain.

Pelvic Inflammatory Disease (PID) One third of all women who have had one or more episodes of PID will develop chronic pelvic pain.

Endometriosis If a laparoscopy is performed in all women with chronic pelvic pain, then one third of them will show evidence of endometriosis. However; not all women with endometriosis will experience CPP, and many women with severe endometriosis experience no pain. On the other hand, some women experience severe pain and laparoscopy shows minimal or no endometriosis.

Interstitial Cystitis(IC) This is a chronic inflammatory condition of the urinary bladder. Its cause remains unknown. Seven out of 10 women with IC report chronic pelvic pain. It is also known that 38 to 85% of women (approximately 38 to 85 out of 100) with CPP may have IC.

Irritable Bowel Syndrome (IBS) The cause of IBS remains unknown. It is very commonly associated with CPP, 50-80% of women with CPP will have IBS if proper work-up is conducted.

Musculo-skeletal causes Muscles of the pelvis such as the Levator Ani muscles, ligaments and bones of the pelvis may be stretched or injured from childbirth, surgery, or incorrect posture and may lead to chronic pain.

Depression Depression is frequently associated with CPP and aggravate the experience of CPP.

Intimate Partner Violence/Abuse One common but extremely under recognized cause among women may be domestic or intimate partner abuse or sexual abuse as a child. Studies have shown that one in two women who suffer from chronic pelvic pain have been or are being abused physically or sexually.

Remember that there may be more than one cause existing together to cause the chronic pelvic pain.

Remember that no matter how exhaustive or what type of investigation/workup is conducted, including invasive tests such as Laparoscopy (looking into the abdomen and pelvis using a narrow telescope through your belly button), six out of ten women will not have any cause found for their chronic pelvic pain.

DIAGNOSIS

Your physician will obtain a detailed history which will include most aspects of your life as a woman. A thorough physical examination complements the history. The next non-invasive testing that is easy to do is an ultrasound of the abdomen and pelvis. A Computed Tomography (CT) scan may be performed if necessary or in some cases a Magnetic Resonance scan (MRI) may reveal the cause. If the ultrasound is normal, the likelihood of finding any pathology on CT or MRI is very low. The next step then would be a Laparoscopy. In those women who undergo a laparoscopy, the commonest problem found is adhesions (scarring) in the pelvis from PID or prior surgery. It is still controversial whether cutting the adhesions relieves the pain, it is not even entirely certain that the adhesions are the cause of the pain. Endometriosis is also a common finding and if found, most surgeons will treat it by removing or destroying (e.g. by laser) the lesions seen.

If no cause is found after conducting the above tests then one proceeds with testing for the other common causes such Interstitial Cystitis and Bowel causes.

Cystoscopy (to look into the bladder with a narrow telescope) and conducting certain specific tests during the cystoscopy many diagnose Interstitial Cystitis.

If some pathology is found by testing, then that condition is treated. However; in many cases all tests and physical examination is normal. What does one do then? In such cases the treatment will focus on managing the pain symptom. There are various ways to relieve/control the pain

- **pain relievers** such as acetaminophen (Tylenol), the non-steroidal anti-inflammatory medications (motrin, alleve),

- **hormones** such as the birth control pill used continuously. In the treatment of chronic pelvic pain, if the pain is relieved by making the woman stop having menstrual periods, then the

likelihood of a gynecologic pain is more, and if no relief is found; then it is less likely that there is a gynecological cause. These medications are also used to treat endometriosis.

- **antibiotics** if indicated for example if a urinary infection is found
- **surgery** to treat conditions such as adhesions/scarring, remove endometriosis cysts, or even a hysterectomy if indicated as a last resort.
- **complementary therapy and alternative therapy** such as physical therapy, acupuncture, acupressure, counseling, nerve trigger point injections for musculo-skeletal pain.
- **antidepressants** even though these are not pain relievers, some classes of antidepressants have been shown to have a good effect on relieving pain.

Now that you know so much about chronic pelvic pain, you will naturally ask “Can I do something myself to relieve this pain?” **YES, YOU CAN CERTAINLY HELP YOURSELF.**

You can help yourself to a great extent by following the simple suggestions as follows

- keep a ‘symptom’ diary, write down what you feel in that diary
- write down in your symptom diary where the pain is felt, what kind of pain it is (e.g. pressure/burning/stabbing), does it move from place to place or stays in one spot, and how severe it is
- write down in your symptom diary exactly when the pain is felt in relationship to your menstrual cycle (counting the first day of your menstruation as day 1 of the cycle)
- if the pain comes and goes then write when it comes on, what makes it come on and when it does come on how long does it last e.g. a few seconds/minutes/hours/days
- write down in your symptom diary your bowel habits
- write down in your symptom diary what makes the pain worse
- write down in your symptom diary what makes the pain better
- take your symptom diary with you to all your doctor visits
- make certain that you eat a balanced diet with plenty of fiber because constipation is a common and often ignored cause of pelvic pain
- drink plenty of fluids throughout the day
- exercise regularly e.g. 30 minutes of moderate activity everyday e.g. cleaning, gardening. Exercise not only helps to relieve musculo-skeletal pain but also during exercise the brain releases certain hormones that act like strong pain relievers and also exercise elevates and improves mood and helps you feel better overall
- relaxation exercises that you can perform at home – learn them from your physician or physical therapist
- emotional support especially for women who suffer from domestic physical/sexual violence
- stress management may help to relieve pain that is caused by tense muscles caused by stress
- overall, keep a positive attitude

Now you know a lot about this condition called ‘Chronic Pelvic Pain’ (CPP) and how you can help yourself to decrease the pain or even prevent it. If you have any further questions, please do speak with your physician.

RAKSHA JOSHI,MD
CHIEF MEDICAL OFFICER AND MEDICAL DIRECTOR
MONMOUTH FAMILY HEALTH CENTER, LONG BRANCH NJ
TEL 732-923-7145