



PELVIC PAIN

May is Pelvic Pain Awareness month. Chronic pelvic pain is pain within the pelvis that has lasted at least 6 months. It is often confused with other pain disorders, which is what makes it so complicated and often misdiagnosed. Chronic pelvic pain affects 14-32% of *all* childbearing women worldwide.



What is Pelvic Pain?

Pelvic pain may present in many different ways. It can be steady in nature or come and go. It may be present only during menstruation, urination or defecation,

lifting something heavy, sexual intercourse or when inserting a tampon. It may be sharp and stabbing or dull, and it may be in one specific spot or it may spread out.

Causes

Pelvic pain can have many different causes and sometimes even multiple diagnoses. The diagnosis of chronic pelvic pain puts a woman at increased risk for other pain syndromes. In general, pain signifies a problem with one or more organs (uterus, vagina, intestines, bladder, or ureters).

The diagnoses could include:

- **Adhesions** – bands of scar tissue between tissues and organs caused by prior surgeries or infections which may prevent normal movement between organs
- **Endometriosis** – when tissue from inside the uterus grows outside the uterus, causing bleeding and scarring

- **Interstitial cystitis/painful bladder syndrome** – an inflammation which leads to rawness of the bladder, causing urinary frequency and urgency; it leads to burning or sharp pain in the bladder
- **Irritable bowel syndrome or other such bowel problems** – these may cause pain, bloating, constipation, or diarrhea; symptoms tend to be triggered by stress or certain foods
- **Pelvic floor disorders** – these occur when the pelvic muscles and connective tissues that hold the uterus, bladder, and rectum in place are weakened or injured; these disorders may cause discomfort and pressure but can also cause functional problems such as uncontrolled loss of urine or stool
- **Uterine fibroids** – overgrowths of muscle within the wall of the uterus which are noncancerous but may cause heavy, irregular, painful periods; many uterine fibroids may cause no symptoms and do not need treatment
- **Vulvodynia** – pain or discomfort of the vulva, which is the external portion of the female genitalia; this is especially true during sexual intercourse or tampon insertion
- **Urinary stones** – may cause a cramping pain in the back or bladder and an urge to urinate until the stone is passed; sometimes requires intervention
- **Uterine polyps** – growths inside of the uterus which may cause heavy, painful periods
- **Atrophic vaginitis** – tends to occur during the menopausal years due to low hormones; the vaginal skin becomes very dry and thin which

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can cause pain with sexual intercourse and generalized itching and burning.

Diagnosis

A careful history and exam is very important to obtain an accurate diagnosis and decide what tests or procedures may be needed. It is important to give your healthcare provider as much detail and history as possible. Your pain history and health history will provide the first clues, followed by a physical exam of your abdomen and pelvis to determine specific areas of tenderness or abnormalities.

Your healthcare provider may determine that it is necessary to order tests to assist in the diagnosis. These may include lab tests such as blood work or urine tests, pelvic ultrasound (to view the organs and structures inside your pelvis using sound waves), pelvic MRI (to create a picture of your pelvis using powerful magnets), pelvic laparoscopy (minor surgery in which your doctor inserts a laparoscope through a small cut to look inside your pelvis), cystoscopy (minor procedure which your doctor inserts a scope into your bladder to view), and colonoscopy (minor procedure in which your doctor inserts a scope into your bowel to view).

What Should You Do?

If you believe that you might be experiencing pelvic pain, you are encouraged to:

- *Keep a pain diary.* Write down when the pain occurs and what you are doing when pain occurs. Describe the pain, triggers, how long the pain lasts, and what makes it feel better.
- *Talk your healthcare provider.*

For more information on some of the topics mentioned in this resource sheet, visit IUGA's patient website, www.YourPelvicFloor.org.

- [Interstitial Cystitis](#)
- [Transperineal Pelvic Floor Ultrasound](#)
- [Cystoscopy](#)