- Surgery such as separation of adhesions and hysterectomy aimed at treating endometriosis is often done for CPP. However, unnecessary surgery is often carried out and the pain may persist after the surgery. Sometimes multiple surgeries can be carried out, after which pain still persists. It is important that your specialist reaches the correct diagnosis .
- There is some evidence that multidisciplinary pain management for chronic pelvic pain is helpful. Treatment can include drugs, physiotherapy, psychological treatment, counseling and relaxation.

WHERE TO GET HELP AND SUPPORT

Pelvic Pain Support Network Email: info@pelvicpain.org.uk Website: www.pelvicpain.org.uk Post: Po Box 6559 Poole Dorset BH12 9D

ENDOMETRIOSIS UK 10-18 Union Street London SE1 1SZ Website: www.endometriosis-uk.org Helpline: 0808 808 2227 / Telephone: 020 7222 2781

This leaflet was written by the staff of the Pain Relief Foundation and endorsed by The Walton Centre Pain Team, Walton Center for Neurology & Neurosurgery, Lower Lane, Liverpool, L9 7LJ, UK www.thewaltoncentre.nhs.uk

The Pain Relief Foundation is a registered charity. If you found this leaflet useful please consider donating to the Foundation. Every donation helps to fund research into the treatment of chronic pain conditions.

Copies of this leaflet are available from The Pain Relief Foundation, Clinical Sciences Centre, University Hospital Aintree, Lower Lane, Liverpool L9 7AL, UK. Tel. 0151 529 5820, Fax. 0151 529 5821, Registered charity No. 1156227
Email: Lorraine.roberts@painrelieffoundation.org.uk

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PAIN RELIEF FOUNDATION
www.painrelieffoundation.org.uk

CHRONIC PELVIC PAIN in women

PELVIC PAIN

- Chronic pelvic pain is recurrent or constant pain in the lower abdomen or pelvic area lasting for longer than 6 months (not associated with the menstrual cycle) severe enough to cause disability. It is often accompanied by depression, anxiety, and family relationship problems. It is sometimes associated with psychological problems. In addition sex and/or menstruation may be painful.
- Abdominal pain from various organs in the pelvic area is usually deep and poorly localised (known as visceral pain). There may be associated nausea, vomiting, sweating and strong emotional reactions. Sometimes the pain can be felt in the wall of the abdomen, the front of the thighs and the lower back. This pain is from the abdomen, and is called referred pain.
- The pain may be a nerve pain, which is burning or sharp with tingling or pins and needles, due to involvement of nerves in the pelvic area.
- Chronic pelvic pain is common. 15-20% of women aged 18-50 have had pelvic pain for greater than 1 year.

WHAT CAUSES PELVIC PAIN?

- Pelvic pain can occur because of disease or infection of the lower digestive system (bowel & large intestine), the urinary system (bladder or urethra) or the reproductive system (womb or vagina). Also, blood vessels, nerves, muscles, ligaments and bones in the pelvic area can cause pain.
- The most commonly associated conditions which cause pelvic pain are endometriosis, pelvic inflammatory disease (and related adhesions), interstitial cystitis (IC) and irritable bowel syndrome (IBS). There are also many other conditions which can possibly cause chronic pelvic pain.
- Many women have more than one condition which may be the cause of their pain and some women have no detectable cause for CPP.

Endometriosis

The pelvic pain associated with endometriosis often varies in severity with the menstrual cycle. Women with CPP who have endometriosis also often have painful periods and pain associated with sexual intercourse. Tiredness and painful bowel movements are also common. Some women with a history of endometriosis may have CPP after the endometriosis has gone.

Pelvic Inflammatory Disease (PID)

Up to a third of women with PID develop CPP for reasons which are not understood. Adhesions to the wall of the abdomen due to pelvic infection or endometriosis are also thought to cause pelvic pain.

Irritable Bowel Syndrome (IBS)

IBS us a common bowel disorder with episodes of abdominal pain, diarrhea and constipation. 50-80% of women with CPP have symptoms of IBS.

Interstitial Cystitis (IC)

IC is a chronic inflammatory condition of the bladder. In addition to pelvic pain symptoms include urgency and frequency of emptying the bladder.

- Other causes for CPP include past pelvic surgery, eg. hysterectomy, cesarean delivery. Disorders of the muscles or skeleton can also cause CPP. Strained ligaments after pregnancy or faulty posture which can cause deconditioning of the muscles are some examples.
- A history of physical or sexual abuse has been associated with CPP. This link may be psychological.
- Psychological disorders are apparent in many women with CPP, such as depression, anxiety and somatoform disorders?

DIAGNOSIS

- Correct diagnosis is very important before your doctor can begin to treat any abdominal pain. The presenting symptoms for many of the known causes of CPP are often similar and non-specific making accurate diagnosis very difficult.
- Your doctor will need a detailed medical history. He will ask many questions about your bowels, monthly periods and bladder function. He will want a detailed description of all your symptoms and how you feel.

You may be asked to fill in a questionnaire about your pain or diary of your daily pain and other symptoms. He will physically examine you and may carry out various tests, such as blood tests, urine sample tests and Ultrasound imaging in order to rule out the many possible causes of pelvic pain. You may be examined by a physiotherapist, who will look at your posture and the way you walk.

- Laparoscopy is often performed to investigate the cause of pelvic pain. A camera is inserted into the abdomen to look for abnormalities, scar tissue or internal adhesions indicating endometriosis or adhesions die to PID.

TREATMENT

- Depending on your history or symptoms you may be referred to a gastroenterologist (bowel/intestine specialist), a urologist (bladder specialist) or a gynaecologist.
- If you are given a particular diagnosis which is causing your CPP, then this condition will be treated appropriately. However, if there is no specific diagnosis the symptoms will be treated.
- If your pain persists and all previous treatments have failed, then you may be referred to a pain specialist. There is no cure for chronic pelvic pain, but the symptoms can be helped. The aim will be pain management and an improvement in your quality of life. Psychological support, cognitive behavioural therapy or counseling is often helpful.
- Common painkillers such as ibuprofen and paracetamol can help. Stronger painkillers which contain weak opioids, like codeine and tramadol can help with more severe pain. If pain is very severe morphine like drugs can be helpful.
- It is important to take pain medication regularly to prevent the pain from coming on, rather than waiting until the pain is unbearable.
- Oral contraceptives are often used to treat endometriosis associated CPP but they may or may not be useful. Other hormone treatments are also available for endometriosis related CPP such as gonadotropin-releasing hormone agonists which may also help the symptoms of IBS and IC. Progestins are also effective for CPP associated with endometriosis.
- Other treatments, such as injections of local anaesthetics or nerve destruction methods may be useful.