

One of the more perplexing parts of my job as a gynecologist is treating patients with chronic pelvic pain. There is an estimated one in seven women in the United States who are affected by this troubling condition, which is estimated to cost \$881 million per year in health care dollars.

# What is Chronic Pelvic Pain?

by Robyn Hubbard, MD

**C**hronic pelvic pain is an unusual diagnosis because it describes pain that occurs in the pelvis, usually below the belly button, but can be caused by many different problems. It is often difficult to diagnose because there are so many different causes. The pain can be sharp or dull, constant or intermittent, and associated with certain activities such as intercourse, exercise or having bowel movements. In general, every woman with chronic pelvic pain may have unique symptoms. To be classified as “chronic,” a woman should have symptoms for six months or more.

## When should I go see my doctor about chronic pelvic pain?

In general, with any chronic pain problem, you should see your doctor if the pain is disrupting your normal daily life or if your symptoms are worsening. You may be referred to a gynecologist, urologist, gastroenterologist or a pain specialist, depending on the cause of your pain.

## What are possible causes of chronic pelvic pain?

There are many different causes of chronic pelvic pain. Consider what lies in your pelvis: the uterus, fallopian tubes, ovaries, bladder, rectum, intestines, nerves, blood vessels and muscles. All of these things can individually contribute to chronic pelvic pain. Sadly, some women are never able to be diagnosed with a specific cause for their pain and are treated with a focus on pain control.

- **Endometriosis** – This is a common condition in which the tissue from the lining of the uterus (endometrium) grows outside of the uterus. This tissue can be found anywhere in the body, but is usually located in the pelvis. During the monthly menstrual cycle, this tissue acts just like the lining of the uterus by building up, bleeding and breaking

down. This blood can cause painful cysts and scar tissue.

- **Interstitial cystitis (IC)** – A bladder condition where the bladder becomes inflamed and irritated, severe cases include stiff bladders that can’t expand to hold urine. This condition is often missed for years before a correct diagnosis is made because these patients are thought to have recurrent bladder infections. Patients with IC often have symptoms that are very similar to endometriosis, but may have more urinary complaints such as urgency, frequency and burning.
- **Pelvic Inflammatory Disease (PID)** – This condition is caused by an infection in the pelvic organs (uterus, fallopian tubes and ovaries), often caused by a sexually transmitted infection such as chlamydia or gonorrhea. This infection can lead to scarring and even infertility.
- **Fibroids** – This condition is caused by benign growths of smooth muscle in the uterus. These muscle tumors are not cancerous and can cause pressure and heaviness, or push on other organs causing bladder or bowel symptoms. They can also cause heavy bleeding with menstrual periods. They can be very tiny or as large as a cantaloupe.
- **Irritable Bowel Syndrome (IBS)** – IBS is a common problem with the intestines where they either squeeze food through too hard or not hard enough. IBS can be associated with bloating, constipation or diarrhea, and can be a source of uncomfortable pelvic pain or pressure.
- **Psychological factors** – Depression, chronic stress, and sexual or physical abuse can also contribute to chronic pelvic pain. Of course, living with chronic pain causes depression and stress on its own, so you can see how it can become a vicious cycle. One thing patients have a hard time with is feeling like they are being “dismissed” if a psychological diagnosis is given. I think it’s important to realize the power of the mind over the body, but that pain is real whether caused by endometriosis or by a history of abuse.

## How is chronic pelvic pain diagnosed?

Chronic pelvic pain is diagnosed by a history and physical exam where your health care provider will ask a series of questions about your pain; what it feels like, when it occurs, what makes it better and worse, etc. A physical exam can help to pinpoint where the pain is coming from, (remember all those organs in the pelvis!). Tests like blood work, urine studies, ultrasound or CT scan may be used to narrow down the diagnosis. In some cases a referral to a specialist may be recommended. A gynecologist may recommend a laparoscopy (using a fiber optic camera to “look” inside the abdomen and pelvis), or a urologist may use a cystoscope (using a fiber optic camera to look inside the bladder).

## What treatments are available?

Treatment for chronic pelvic pain is really tailored to treating the problem, if one is diagnosed, and to treating the pain if a diagnosis is not made, or while it is being fixed. Treatment may include medication, physical therapy, surgery, counseling or pain medicine injections.

## Where do I get more information?

- For information about chronic pelvic pain: [mayoclinic.com](http://mayoclinic.com)
- For information on endometriosis: [endometriosis.org](http://endometriosis.org); [womenshealth.gov](http://womenshealth.gov)
- For information on IBS: [digestive.niddk.nih.gov](http://digestive.niddk.nih.gov); [aboutibs.org](http://aboutibs.org)
- For information on IC: [ichelp.org](http://ichelp.org); [ic-network.com](http://ic-network.com)

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