



PELVIC PAIN

Because of the dynamic nature of the menstrual cycle with the monthly production of eggs at midcycle and the congestive build up to the regular periods, all women will suffer some pain throughout their life. Pains which only occur for a short period of time less than 5 minutes and are isolated events can usually be dismissed as innocent. Any pain that persists for longer periods of time or is constantly recurring should be investigated. We often refer to pain using a **Visual Analogue Pain Score (VAS)** with minor pains measuring 1-2 and severe pains registering 9-10. Patients with severe pains registering 9-10 which persist, should be investigated as soon as possible initially by the GP ideally but otherwise by the local emergency department nearest you.

Pains can be divided into those which are **cyclical** and occur in relation to the menstrual cycle and those that are independent of the menstrual cycle. They can also be subdivided into those that have an **obvious trigger factor** like bladder, bowel or sexual activity. Finally pelvic pain can be **associated with pregnancy**.

Common causes of pain which need to be investigated are:

1. Period pains or dysmenorrhea. All pains which interfere with a patient's quality of life or their ability to attend school or work should be investigated. These pains may be **hormonal** or may represent a more chronic process like endometriosis (see endometriosis information sheet).
2. Rupture or twisting (**torsion**) of an ovarian cyst.
3. **Pelvic inflammatory disease** or infection in the uterus, tubes or pelvis caused by infection travelling up through the cervix. This is usually associated with abnormal vaginal discharge, abnormal bleeding, high temperatures and a feeling of being unwell. These are more commonly associated with sexually transmitted infections like Chlamydia or Gonorrhoea.
4. Uterine **fibroids** which are usually benign. These may cause period pains, abnormal menstrual bleeding or pressure effects on the bladder or bowel. When they are large they can cause bloating or abdominal swelling. They can also undergo various types of degeneration.

5. **Endometriosis** which is very common during the reproductive years – see separate brochure.
6. **Chronic pelvic pain.** This usually refers to pelvic pain lasting longer than 6 months and may occur in up to 1 in 6 patients. On many occasions, there is no obvious cause for the pain and it may relate to some episode in the past where the patient is sensitised to an acute event in the pelvis which disappears. They can develop what we refer to as a **chronic visceral sensitisation syndrome** where all of the organs in the pelvis can cause pain. Unfortunately, this type of pain is poorly managed and can be associated with depression and significant emotional distress which can affect the whole family.
7. Bowel problems including appendicitis, irritable bowel syndrome and diverticular disease. Women in particular are at high risk from slow transit constipation which is a very common cause of this complain. Endometriosis may present as bowel pain
8. Bladder problems. Bladder problems can cause pain at any age. This can relate to acute or recurrent urinary tract infections. They may also be related to sexual activity. In the older age group they can relate to prolapse. Patients can also develop chronic cystitis which may cause long term pain and is often referred to as painful bladder syndrome.
9. Adhesions may develop following surgery and in particular following Caesarean section. This is where tissue in the abdomen and pelvis become sticky and attaches to common organs like the bowel, the ovaries or the tubes.
10. Hernias. These are common in the groins and also around the umbilicus particularly if patients have had previous Laparoscopic surgery.
11. Muscle and bone pain particularly in the lumbar sacral regions.