



AMERICAN COLLEGE OF  
OBSTETRICIANS AND  
GYNECOLOGISTS

## Pelvic Pain

Many women have pain in their pelvic region at some point in their lives. Finding the cause of pelvic pain can be a long process. Often there is more than one reason for the pain and its exact source can be hard to detect.

### Types of Pelvic Pain

Pelvic pain can vary in how it is felt and when it occurs. It can come and go for brief times or it can be constant. Sometimes pelvic pain can recur on a regular cycle or schedule. It also may occur only at certain times-before or after eating, while you urinate, during sex, or during a menstrual period.

Pelvic pain can disrupt a woman's work, movement, sexual relations, sleep, or family duties. Not knowing the cause of the pain can make it even more stressful.

Pelvic pain that lasts for more than 6 months and does not improve with treatment is called chronic pelvic pain.

### Causes

Pelvic pain often is caused by a variety of factors. It can be acute or chronic, depending on the cause. Acute (sharp) pain starts over a short time (a few minutes to a few days). Chronic pain can either come and go or be constant.

All causes of pain should prompt a visit to your doctor.

### Acute Pelvic Pain

Acute pelvic pain often has a single cause. This type of pain may be a warning that something is wrong, such as an infection, ovarian cysts, or an ectopic pregnancy.

**Infection.** An infection or inflammation of a woman's reproductive organs can cause pelvic pain.

Pelvic inflammatory disease (PID) is a term used to describe infection of the uterus, fallopian tubes, and ovaries. Symptoms of PID include fever and pain in the lower pelvic area.

**Ovarian Cysts.** A cyst is a sac filled with fluid. Some cysts on the ovaries form as a result of the normal process of ovulation that occurs each month in a woman's menstrual cycle. Sometimes they cause pain during sex. Sharp pain can occur if a cyst leaks fluid or bleeds a little.

**Ectopic Pregnancy.** An ectopic pregnancy is one that grows outside the uterus, often in a fallopian tube. This is more likely to occur in women who have some damage to their tubes. With an ectopic pregnancy, the pain often starts on one side of the abdomen after a missed period. Vaginal bleeding or spotting may occur with the pain. This problem needs urgent care and may require surgery.

### Chronic Pain

Chronic pain that comes and goes often has a distinct cause. Constant chronic pain may be caused by more than one problem.

**Dysmenorrhea.** Although some mild pain is common during a woman's menstrual period, some women have severe pain, which is called dysmenorrhea.

**Ovulation Pain.** Pain that is felt around the time of ovulation is sometimes called mittelschmerz (German for "middle pain").

**Endometriosis and Adenomyosis.** If menstrual cramps get worse over time or remain strong beyond the first 1 or 2 days of menstrual flow, they may be caused by endometriosis or adenomyosis.

Endometriosis is a condition in which tissue similar to that normally lining the uterus is found outside of the uterus, most often on the ovaries, fallopian tubes, and other pelvic structures.

Adenomyosis occurs when the lining of the uterus extends into the muscle wall of the uterus. The cause of this often is unknown. This condition can cause menstrual cramps.

**Fibroids.** Fibroids are benign (not cancer) growths that occur on the inside of the uterus, on its outer surface, or within the wall of the uterus. The cause of fibroids is not known.

Fibroids often cause no symptoms. When symptoms do occur, they may include heavier or more frequent menstrual periods and pain or pressure in the abdomen or lower back.

**Other Causes.** In some cases, pelvic pain is not related to the reproductive organs. Other causes of lower abdominal and pelvic pain include:

- Gastrointestinal problems
- Urologic problems
- Muscular and skeletal problems
- Psychologic disorders

## **Diagnosis**

Because there are so many causes of pelvic pain, your doctor will need to know more about your pain.

### **History**

Your doctor will ask about the degree and location of the pain. He or she also will ask about when it started, when and how often you feel it, and how it affects your daily life.

Women who have a history of depression or sexual abuse or have been raped are more likely to have chronic pain.

Your doctor may ask you to keep a journal in which you describe the exact nature of the pain.

## **Tests**

After a pelvic exam is performed, certain lab tests may be needed. Sometimes, depending on the symptoms and the results of the lab tests, you may need imaging studies or other procedures to find the cause of pain:

- Ultrasound
- Cystoscopy
- Laparoscopy
- Colonoscopy
- Sigmoidoscopy
- Computed tomography (CT)
- Magnetic resonance imaging (MRI)
- Intravenous pyelography (IVP)
- Barium enema

## **Treatment**

If the cause of the pain is known, it is treated. If it is not known, your doctor may suggest ways to lessen or relieve the pain or to avoid making it worse.

### **Medications**

Infections are treated with medication.

Nonsteroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen, can help to lessen the pain of dysmenorrhea.

Some conditions can be treated with hormones. Birth control pills can be used to relieve

dysmenorrhea.

Antidepressants have been used in some patients who have pelvic pain. They may be used alone or with other treatments.

### **Surgery**

Certain problems may be treated with surgery. It can range from minor procedures to major surgery. The type of surgery depends on the exact problem.

### **Other Treatments**

Heat therapy, muscle relaxants, nerve blocks, mental exercises, and physical therapy all may help treat pelvic pain. Physical therapy includes exercise, stretching, and massage.

Some types of therapy teach you mental techniques to help cope with pain. Biofeedback is a method used for self-control of pain.

### **Finally. . .**

Because pelvic pain has a number of causes, finding the source can be a long and complex process. Even when there is no specific cause found for pelvic pain, there are treatments that may help.

*This excerpt from ACOG's Patient Education Pamphlet is provided for your information. It is not medical advice and should not be relied upon as a substitute for visiting your doctor. If you need medical care, have any questions, or wish to receive the full text of this Patient Education Pamphlet, please contact your obstetrician-gynecologist.*

*To ensure the information is current and accurate, ACOG titles are reviewed every 18 months.*

© Copyright January 2006 American College of Obstetricians and Gynecologists

***This article is provided by Medem, Inc. All rights reserved.***

