



# Pelvic Pain

What you need to know



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# PELVIC PAIN

This is a common problem and most women experience some form of pain in the pelvis at some time or the other.

Pelvic pain usually occurs in two forms:

- **Acute:** This is severe pain that has been present for hours to several days or weeks.
- **Chronic:** This is less severe pain and tends to occur at intervals. Any pelvic pain or discomfort which is present for six months or more is labelled as chronic.

## PRINCIPLES OF MANAGEMENT

The challenge in management of pelvic pain includes the following:

1. Identify the underlying cause of the pain.
2. Provide adequate treatment.

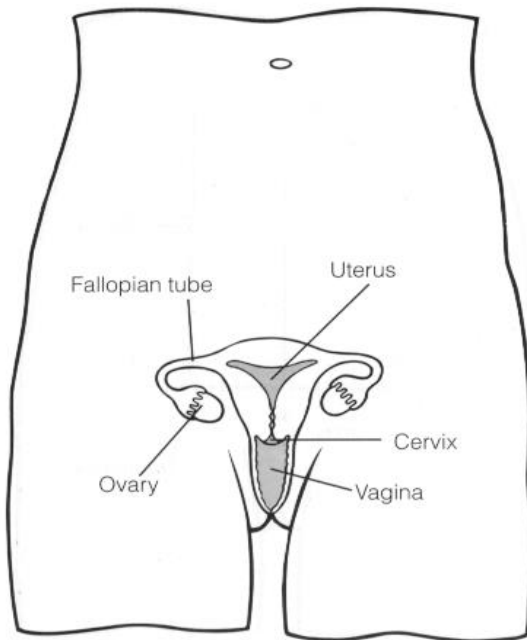
The following questions will need to be considered.

- a. Is your pain acute or chronic?**
- b. Where is the pain coming from?**

It is important to determine whether the pain is gynaecological or non-gynaecological.

## A. Gynaecological sites of pain

Gynaecological pain can arise from any one (or a combination) of the following internal structures



## B. Non-Gynaecological sites of pain

Common sites may include one or more of the following:

- Bowel
- Appendix
- Bladder
- Muscles, joints and soft tissues, particularly of the lower back

Commonly associated symptoms may include one or more of the following:

You may feel some nausea, vomiting or bowel upset (diarrhoea)  
You may notice that the pain is worse during one or more of the following times:

- During your periods.
- During or after sexual intercourse.
- On passing urine or during a bowel motion.
- During times of emotional or physical stress.

**If you have any of the above symptoms please do mention this during your consultation.**

## **YOUR EVALUATION**

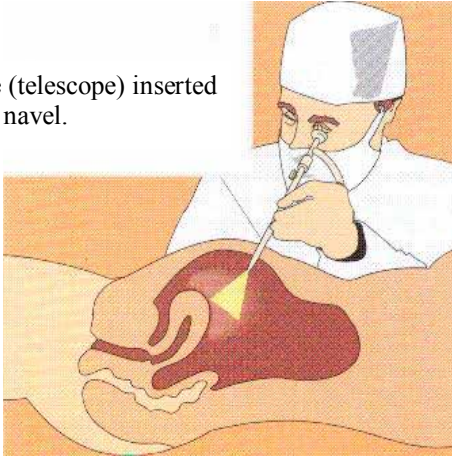
In evaluating your pelvic pain, I will be guided by what you tell me and hence sometimes it is important to write down your main complaints which are related to the pain.

Your evaluation will include one or more of the following:

- A physical examination including an internal examination if considered necessary.
- Appropriate blood and ultra sound tests. Often this will include an internal ultrasound done by a specialist gynaecologist, as this is more accurate than a normal ultrasound through your tummy.
- Determining whether you need to undergo further tests, such as laparoscopy.

**Laparoscopy** is a procedure performed under general anaesthesia and involves insertion of a telescope through your belly button. This procedure provides a complete view of your pelvic organs and is the *most accurate way to assess the cause of your pelvic pain.*

laparoscope (telescope) inserted through the navel.



## **COMMON CAUSES OF ACUTE PAIN**

- Ectopic pregnancy (pregnancy in the tube)
- Cysts on ovary which have twisted or ruptured.
- Pelvic infection
- Appendicitis or Diverticulitis (inflammation of a small protrusion of the bowel wall)
- Urinary tract infection or stone in the ureter or kidney.

## **COMMON CAUSES OF CHRONIC PELVIC PAIN**

- Endometriosis
- Uterine Adenomyosis
- Adhesions from previous pelvic infection or surgery
- Uterine Fibroids, which cause pressure on neighbouring structures or have had some bleeding within its walls.
- Retained ovary syndrome. This is pain which tends to occur in women who have had a hysterectomy and have their ovaries left behind because of adhesions.
- Irritable Bowel Syndrome or inflammatory bowel disease.
- Recurrent bladder infections (cystitis)
- Disorders of the soft tissues (joints, bones and ligaments especially in the spine)
- Cancerous changes in any of the pelvic organs.

## Description of some of the conditions

### Ectopic Pregnancy

Ectopic means “out of place”. Ectopic pregnancy is a pregnancy which tends to grow **outside** the uterus. The most common site is the tube. Rarely it may occur in the ovary or in the abdominal cavity. It is more common if you have had a previous pelvic infection or surgery on the tubes. Often there is no cause. Ectopic pregnancy is a potentially life threatening condition and should be considered in any woman of reproductive age who has missed a period and has pain and sometimes bleeding.

**ectopic pregnancy**



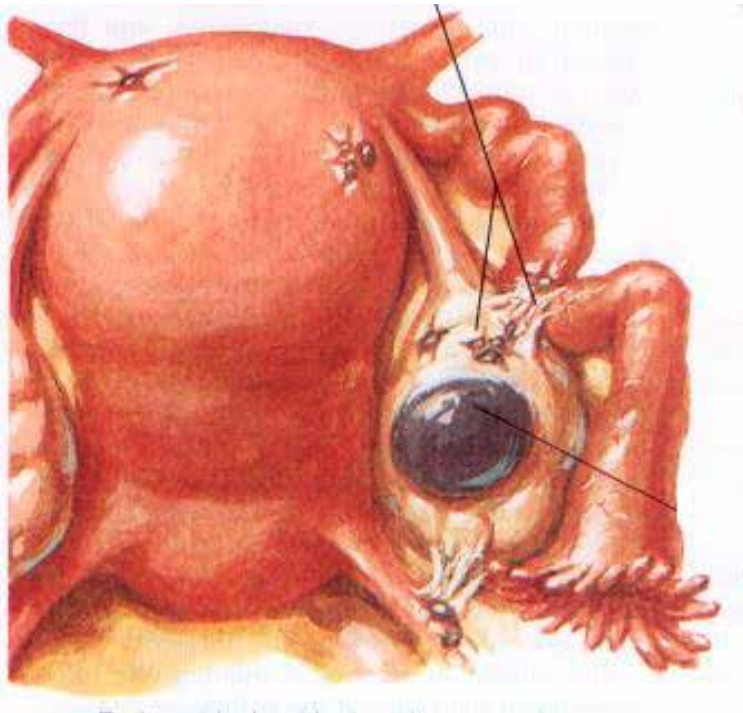
### Uterine Adenomyosis

In this condition the cells lining the inside of the uterine cavity tend to go inwards into the muscle wall of the uterus. This results in progressive enlargement of the uterus along with heavy painful periods and cramps. During internal examination the uterus is often noted to be large and tender to touch. In some women, sexual intercourse is also painful.

## **Pelvic Endometriosis**

In this condition the endometrium (lining of the inside of the uterus) tends to grow outside the uterine cavity. These form deposits and usually occur on the ovaries, but may also occur on the tubes, on the membrane lining the pelvic cavity (peritoneum), on the outside wall of the bowel and even the bladder. Sometimes deposits on the ovary become enlarged and form a cyst with blood stained fluid (chocolate cysts) and these cysts can rupture and cause severe pain and bleeding inside your body. Pelvic Endometriosis can also lead to infertility.

**Endometriosis is a very common condition in reproductive aged women and laparoscopy is the only way to make a definitive diagnosis.**

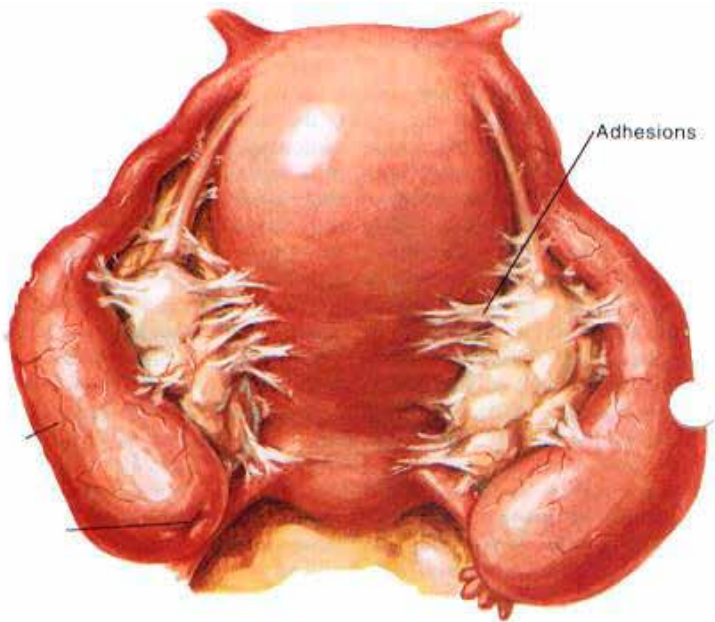


**endometriosis = lining of the womb grows internally**

## **Pelvic Inflammatory Disease**

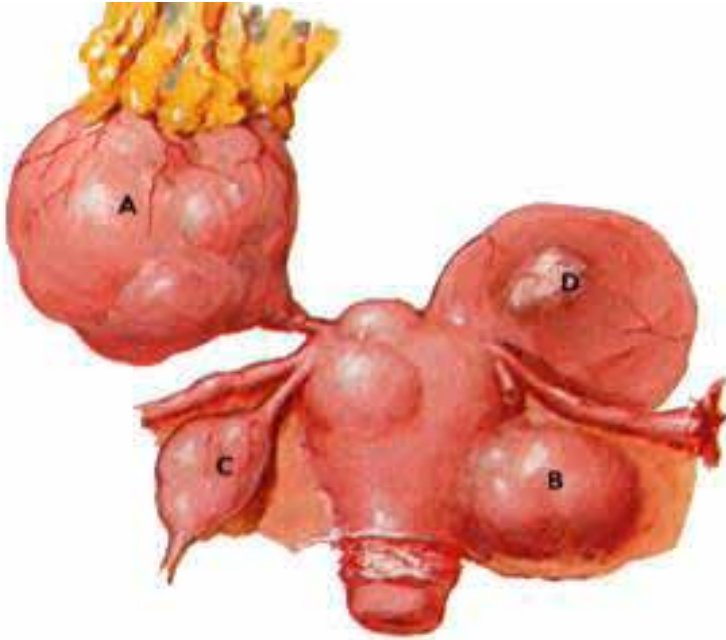
This is the name for inflammation of the tubes with pus formation and scarring of the tubes. Typically there is diffuse lower abdominal pain which may be severe on one or both sides. There may or may not be accompanying fever, and vaginal discharge. Adequate diagnosis and treatment is of paramount importance as missed diagnosis or inadequate treatment can cause great harm and lead to scarring of the tubes with increased chance of a future ectopic pregnancy as well as inability to have children (infertility).

### **pelvic infection**





**fibroids = benign tumours of the muscle of the womb**



### **Uterine Fibroids (see above diagram)**

These are round growths of muscle in the wall of the uterus and are almost always non cancerous. Fibroids can cause pain as a result of one or more of the following :

- Pressure on adjacent organs.
- Bleeding within the fibroid.
- Degeneration within the fibroid. Degeneration is a change in the structure of the fibroid as a result of which there is reduced blood flow leading to pain.
- Twisting on itself

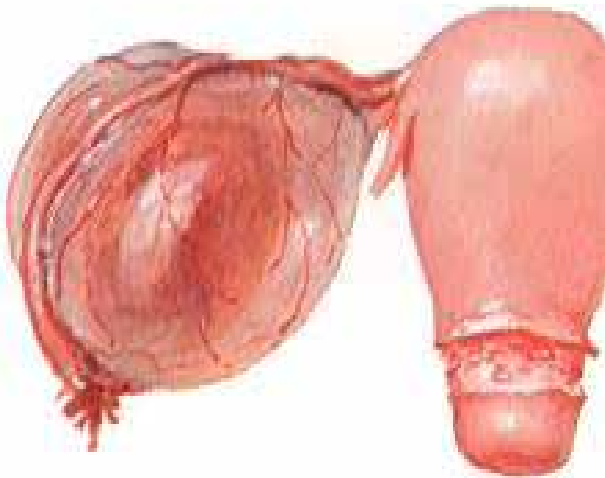
## Cysts on the Ovary

A cyst is fluid filled cavity surrounded by a well defined wall. Cysts on the ovary are mainly of two types:

- a. **Physiological or functional.** These cysts are a result of a normal process of ovulation, but sometimes become complicated. They usually resolve by themselves or by the aid of medications such as the pill. Sometimes, surgery is required.
- b. **Pathological.** These are abnormal cysts and should be removed as they may be cancerous.

Cysts cause pain as a result of one or more of the following.

- Increasing size putting pressure on other structures.
- Bleeding within a cyst causing stretching of the lining of the cyst.
- Rupture of the cyst with resultant spillage of its contents.
- Twisting (torsion of the cyst along with the ovary)



**ovarian cyst**

## **Conclusion**

Whatever the cause of pain, you can rest assured that you will undergo a complete and proper evaluation which will require pathology tests, an ultrasound and in most cases a laparoscopy as well. Laparoscopy can make a positive diagnosis of your pain and hence proper treatment can be initiated. In some cases the laparoscopy is normal. This means at least there is no serious disorder and that in itself is reassuring and often your pain may improve as a result.

If after reading this pamphlet, you have any questions, please do not hesitate to ask me and if necessary I can provide you with further information on laparoscopy as well as on some of the conditions mentioned in this pamphlet.



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