



Chronic Pelvic Pain

Chronic pelvic pain, in general, is persistent pain experienced in the pelvic area (below the belly button) lasting six months or longer.

Chronic pelvic pain is different for every person. It can be caused by disorders of the female reproductive tract (gynecologic), or the digestive system, urinary system, or irritation in the muscles and nerves in the pelvis.

In some cases, this condition is related to 'centralised pain', when the central nervous system has heightened reaction to certain triggers, and the person experiences more pain than would normally be expected.

How is Chronic Pelvic Pain diagnosed?

History and physical examination

Due to the many causes, the diagnosis of chronic pelvic pain is a 'diagnosis by exclusion', meaning that no known obvious cause for the pelvic pain has been found. A full patient history, physical examination and investigations aim to make sure that there is no obvious cause that requires treatment.

Sonography scans

A pelvic ultrasound is the best imaging technique for the pelvic organs. In rare circumstances, other tests may be requested to look at other abdominal and pelvic structures, such as the spine.

Other investigations

An individual may undergo several procedures, such as laparoscopy (keyhole surgery), cystoscopy (bladder examination) and so on.

Understanding that pain can be perceived without an underlying condition, is an important step in the management of chronic pelvic pain. The most important step then is the acceptance that treatment of chronic pain no longer involves the search for a 'removable cause'



Chronic pelvic pain develops over several years. The pain may come and go, but remains in a certain area of the lower abdomen. The most common early complaint is 'cyclical' pain experienced from ovulation to menstrual period during an individual's reproductive years. Pain can persist long after the menstrual cycle has finished. Eventually pain is experienced all of the time and associated with 'non-cyclical' events such as urinating and bowel motion) and sexual intercourse.

Chronic pelvic pain can be associated with other chronic conditions, such as irritable bowel syndrome, premenstrual mood disorder and migraine headaches.

How is Chronic Pelvic Pain treated?

In the absence of a 'cure' for chronic pelvic pain, the condition is 'managed' through a variety of measures involving adjustments to everyday life, from work to leisure activity adjustments, as well as medical and non-medical interventions.

Chronic pelvic pain management is best achieved through a team based care approach. A multidisciplinary pain management service can assist at any stage if:

- the pain is severe and unresponsive to simple analgesics
- the pain substantially limits daily activities
- any underlying health condition has deteriorated.

The crucial element in the process is that the individual living with chronic pelvic pain is the driver of this management plan.

Prevention and alleviation

Chronic pelvic pain can be minimised by making sure that episodes of acute pain are treated early on, for instance ensuring that adolescents with painful periods are investigated.

Pain can be alleviated with over-the-counter medication for pain, such as paracetamol, taken alone or in combination with non-steroidal anti-inflammatory drugs (NSAIDS).

For those who want to avoid medication, there are other means, such as:

- behavioural/psychological medicine, including relaxation techniques, pain management programs
- lifestyle medicine – includes exercise such as yoga, tai chi and pilates, meditation, and dietary therapies
- physical methods – includes manual and physical therapy, massage (e.g. shiatsu), osteopathy, reflexology
- other – includes dietary supplements, herbal medicine.



Medication

Medication is often required to treat chronic pelvic pain. Pelvic pain may respond to simple analgesics such as paracetamol alone or in combination with non-steroidal anti-inflammatory medications, such as naproxen and ibuprofen.

Some low-dose tricyclic antidepressant (TCAs) medications may help to achieve restful sleep. The name 'anti-depressant' medication is unfortunate as individuals who are not depressed can gain benefit from the use of these drugs.

Anti-neuropathic medications

Anti-neuropathic medications may be used as part of a broader pain management plan but there is no evidence for or against their use. These medications modulate or alter the activity of nerves in the body and the brain, and can change an individual's experience of pain.

Other medications

Opioids (strong pain-killing drugs) are rarely recommended, as they can worsen chronic pain in the long term and bring along other problems.

Hormonal therapies

Treatment of chronic pain consists in part in the identification of 'triggers' of pain. The release of hormones during an individual's reproductive menstrual cycle is an important trigger. Therefore, changing hormone levels by taking 'the Pill' to suppress ovulation and menstruation may have a positive impact on chronic pelvic pain.

Behavioural/psychological medicine

Psychotherapy

The mind is an individual's most potent weapon against chronic pelvic pain. Through simple, daily techniques, an individual can learn how to use their brain to reduce pain perception. Psychologists can be very helpful in this process.

Lifestyle medicine

Dietary

In view of the common association between irritable bowel syndrome and chronic pelvic pain, it is important to maintain an appropriate diet, predominantly aimed at reducing the formation of intestinal gas. A low-inflammation diet can also be helpful.

There is no evidence to support the use of Chinese herbal medicines or supplements.

Mindfulness and yoga

Yoga and other 'mind-body' programs are a useful tool in the management of chronic pain in general. Mindfulness is about being here, now. Practising mindfulness meditation can help to reduce pain intensity. Compared to normal medical care for pain, meditation can improve other important aspects of life, such as an individual's coping ability, quality of life, and sleep quality.



Physical methods

Chronic pelvic pain can lead to changes in posture and cause other muscular disorders.

Physiotherapy can reduce pain through soft tissue treatments, massage, stretching techniques to improve movement.

Osteopathy can help by manipulating or mobilising joints to restore movement.

Pacing means avoiding excess physical activity that may lead to days when your level of pain is higher and will result in severely reduced activity.

There is limited evidence for acupuncture in the management of chronic pelvic pain.

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