

Chronic Pelvic Pain

Chronic pain, in general, means that pain has been present continuously for more than three months, despite treatment of what was thought to be the original cause of the pain.

Chronic pelvic pain is different for every woman and may be felt anywhere below the stomach and into the pelvic area. The pain comes and goes, but remains in a certain area. Menstruation and bowel motion can aggravate the pain. Chronic pelvic pain is also often associated with feeling ill and nauseated.

Chronic pelvic pain develops over several years. The most common early complaint is a feeling of period pain or cramping that persists long after the period has finished. Eventually pain is present every day and associated with natural events, such as ovulation, bowel motion, urinating and 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 diagnosed?

History and physical examination

Women with chronic pelvic pain may have seen multiple doctors and undergone several surgeries such as laparoscopy (keyhole surgery), cystoscopy (bladder examination) and so on. You may feel as though you have seen lots of people and no one has been able to help.

The diagnosis of chronic pelvic pain is a 'diagnosis by exclusion', meaning that no known obvious cause for the pelvic pain has been found. The physical examination and investigations aim to make sure that there is no obvious cause that needs to be specifically treated.

Sonography scans

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.

How is Chronic Pelvic Pain treated?

We do not use the term 'cure' for treatment of chronic pelvic pain. There is also little place for surgery in the management of chronic pelvic pain.

Rather, pelvic pain, as with any chronic pain condition, is 'managed' through a variety of measures involving everyday life, from work to leisure activity adjustments, as well as medical and non-medical interventions.

The crucial element in the process is that you, the patient, are the driver of this management plan.

Prevention, understanding and acceptance

To some degree, chronic pain can be minimised by making sure that episodes of acute pain are treated early on. This means, for instance, that painful periods in young girls should be taken seriously. As menstruation is often predictable, it is advisable to take simple over-the-counter medication as soon as possible.

For those who want to avoid medication, there are other means, such as heat packs, herbs or acupuncture, to ease the pain.

Pain that persists despite treatment of underlying conditions, (such as endometriosis) may be linked to a fault in the way the brain processes and interprets the pain sensation. There are several well-written books that go into great detail to explain the process of how chronic pelvic pain comes about without an apparent 'cause'.

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





Hormonal therapies

Treatment of chronic pain consists in part in the identification of 'triggers' of pain. In the case of chronic pelvic pain, ovulation (the development and release of an egg during the fertile time of a woman's monthly cycle) is an important trigger, as is your monthly menstrual period. Therefore, changing your hormone levels by taking 'the Pill' to suppress ovulation and menstruation may have a positive impact on chronic pelvic pain.

Lifestyle adjustments

'Pacing' is the magic word in the treatment of chronic pain. 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.

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.

Psychotherapy

The mind is our most potent weapon against chronic pain. You can learn how to use your brain to reduce pain perception with simple, daily techniques. Psychologists can be very helpful in preparing your mindset to tackle this problem.

Physiotherapy and osteopathy

Chronic pelvic pain can lead to changes in posture and cause other muscle disorders. Physiotherapy and osteopathy are aimed at identifying muscular issues and providing a framework of exercises to assist with change.

Other medication

Medication is often required to treat chronic pain. Pelvic pain may respond to non-steroidal medications, such as naproxen and ibuprofen, as well as some low-dose antidepressants. It is unfortunate that some of the medications are called 'antidepressants' as this classification can often deter women from taking medication that may help. You do not have to be depressed to gain benefit from the use of these drugs. Opioids (strong pain-killing drugs) are rarely recommended, as they can worsen chronic pain in the long term and bring along other problems. It is best to stay away from opioids, even weak ones such as codeine, wherever possible.



Mindfulness, yoga and acupuncture

Yoga and other 'mind-body' programs are a useful tool in the management of chronic pain in general. Acupuncture may also play a role, especially in the management of painful periods. The use of so-called 'soft tissue' lasers for management of chronic pelvic pain is yet to be evaluated.