

# Chronic Pelvic Pain



## What is Chronic Pelvic Pain (CPP)?

Chronic pelvic pain is one of the most common medical problems among women. Twenty-five percent of women with CPP may spend 2-3 days in bed each month. More than half of the women with CPP must cut down on their daily activities 1 or more days a month and 90% have pain with intercourse (sex). Almost half of the women with CPP feel sad or depressed some of the time.

Despite all the pain CPP causes, doctors are often not able to find a reason or cure to help these women.

CPP is any pelvic pain that lasts for more than six months. Usually the problem, which originally caused the pain, has lessened or even gone away completely, but the pain continues.

## What is the difference between “acute” and “chronic” pain?

Acute pain is the pain that happens when the body is hurt, such as when you break your arm. There is an obvious cause for the pain. Chronic pain is very different. We may not know what the original cause of the pain was and it may be gone. The reason pain is still there might be because of changes in the muscles, nerves or other tissues in and near the pelvis. The pain itself has now become the disease.

## What is “Chronic Pelvic Pain Syndrome”?



When constant, strong pain continues for a long period of time, it can become physically and mentally exhausting. To deal with the pain, the woman may make emotional and behavioral changes in her daily life. When pain has continued for so long and to such an extent that the person in pain is changing emotionally and behaving differently to cope with it, this is known as “Chronic Pelvic Pain Syndrome”. Women with this condition will have the following:

- Pain present for 6 or more months
- Usual treatments have not relieved the pain or have given only little relief
- The pain is stronger than would be expected from the injury/surgery/condition which initially caused the pain
- Difficulty sleeping or sleeping too much, constipation, decreased appetite, “slow motion” body movements and reactions, and other symptoms of depression, including feeling blue or tearfulness.
- Less and less physical activity
- Changes in how she relates in her usual roles as wife, mother and employee.

Chronic pelvic pain has many parts. For example:

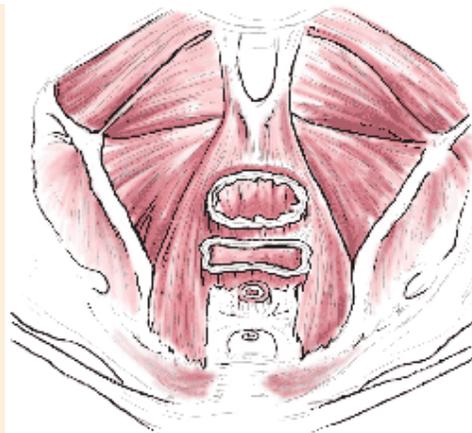
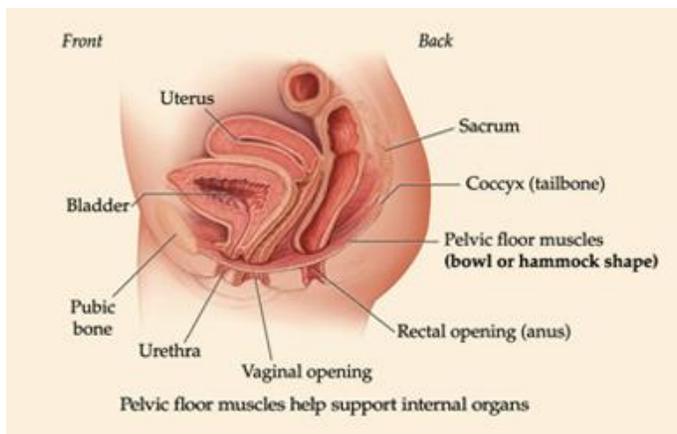
1. Physical symptoms: pain, trouble sleeping, small appetite

2. Emotional symptoms: depression, anxiety
3. Changes in behavior: spending time in bed, missing work, no longer enjoying usual activities

It is not “all in your head”!

## Can CPP affect other parts of my body?

A woman who has CPP for a long time may notice that she starts to have problems in other parts of her body as well. It is common for pain to cause muscle tension. Tightness in the pelvic muscles can affect the bladder and the bowel causing problems with urinating or having a bowel movement. Patients also may notice pain in the back and legs due to problems with muscles and nerves. Once these problems have started, they may become more painful and troublesome than the pelvic pain, which started them. Doctors who specialize in treating chronic pelvic pain will examine all of your organ systems, including your bladder and bowel, not just your female organs.



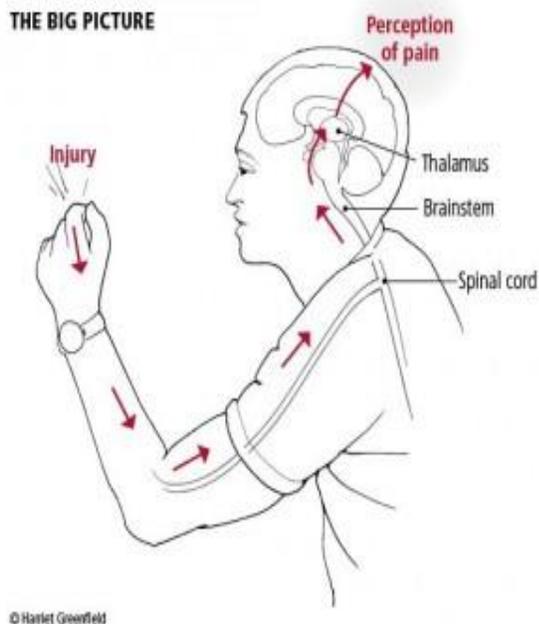
Pelvic floor muscles from the side and from the bottom of the pelvis

## How do I feel pain?

Injured tissues in the body send signals through nerves to your spinal cord. The spinal cord acts like a gate. It can let the signals pass to the brain, stop the signals or change them, making them stronger or weaker. How the spinal cord acts depends on other nerve messages and signals from the brain. So, how you feel pain is affected by your mood, by your surroundings and by other things happening in your body at the same time.

When a person has chronic, long-lasting pain, the spinal cord gate may be damaged. This may cause the gate to remain open even after the injured tissue is healing. When this happens, the pain is still there even though the original cause of the pain was treated.

Sometimes women with chronic pain feel pain differently or more strongly than others. Something that does not cause pain for one person may cause pain in a person with chronic pain. We are not sure why this happens, but think it may be because of the way the nerves send pain information to the brain and how the brain processes this information.



How the body sends pain messages to the brain

## What are the characteristics of chronic pain?

There are four main factors:

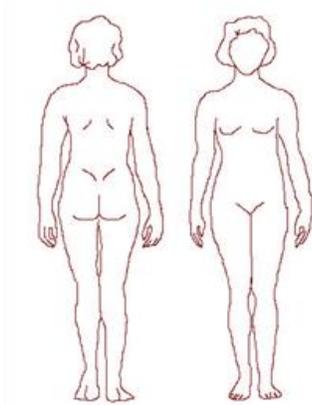
1. Problem at the site of origin: There is or was an injury at the place where the pain first started. This injury can come from many things such as cysts on the ovaries, infections of the bowel or bladder, or scar tissue.
2. Referred Pain: Your body has two types of nerves. *Visceral* nerves carry information from the organs (stomach, intestines, lungs, heart, etc.). *Somatic* nerves bring messages from the skin and muscles. Both types of nerves travel to the same area on the spinal cord. When your *visceral* nerves are active for long periods of time with pain, it may activate the *somatic* nerves, which then carry the pain back to the muscles and skin. In CPP, the *somatic* nerves may carry the pain back to your pelvic and abdominal muscles and skin. That means that your pain may start in your bladder and spread to your skin and muscles, or the other way around.
3. Trigger points: These are specific areas of tenderness that happen in the muscle wall of the abdomen. Trigger points may start out as just one symptom of your pelvic pain or they may be the major source of pain for you. For this reason, treating the trigger points, for some women, can help make the pain much better. For other women, the original source of injury as well as the trigger points must be treated.
4. Action of the Brain: Your brain influences your emotions and behavior. It also works with your spinal cord to manage how you feel pain. For example, if you are depressed,

your brain will allow more pain signals to cross the gates of the spinal cord, and you will feel more pain. Treatment of how your brain processes pain can help manage chronic pain. Treatment can include psychological counseling, physical therapy and medications.

It is important to remember that all of these 4 levels of pain must be treated together for CPP therapy to be successful.

## How will my doctor diagnose CPP?

Your doctor will take a history of your problem. It is very important to give your doctor a detailed and exact description of the problem. He/she will also do a physical examination. From this, the doctor will be able to decide what lab tests and procedures might be needed to find the reasons for your pain.



There are a number of things you can do to help your doctor diagnose and treat you:

- Get copies of your medical records, including doctor visits, lab tests, x-rays and surgical testing.
- If you have had surgeries, records of the surgical treatments including photos and videotapes are very helpful
- Carefully fill out the doctor's questionnaire. Take your time and try to remember all the details and the order in which they happened. Just filling out the questionnaire may help you remember details you had forgotten. Also, it may be easier to write out personal information that is difficult or embarrassing to talk about. Remember that the more information you give the doctor, the easier it will be for him/her to help you. Factors which may be very important in your care are:
  - How and when did your pain begin?
  - What makes the pain better or worse?
  - Does your pain change based on time of day, week or month?
  - How does your menstrual cycle or period affect the pain?
  - How does the pain affect your sleep?
  - Has the pain spread since it began?
  - Do you notice problems or pain with your skin (pain, itching, burning), muscles, joints or back?
  - Do you have pain with urination (peeing), constipation, diarrhea or other problems with your bowels?

- Has the pain caused emotional changes like anxiety or depression?
- What have you done to help make the pain better? What has worked? What has not worked?
- What medical treatments have you had? Have they helped?
- What medications have you used in the past? What medicines are you taking now?
- What do you think is causing your pain?
- What concerns you most about your pain?

Your doctor will do a complete physical exam. The pelvis not only contains the female organs, but also contains bowel, bladder, blood vessels and nerves. It provides support for your upper body and connects the upper body to the lower body. For these reasons, not only will your female organs, vagina and rectum be examined, but also your posture, how you walk, your back, abdomen, legs and thighs. Special attention will be given to any changes in skin sensation, numbness or tenderness. A close examination of the vagina and also the labia (lips of the vagina) will be done. You may also have a rectal examination. During the exam, you may be asked at times to tense and relax specific muscles. Throughout all of this, your doctor will be looking for clues to damage or disease, which might have started the pain, and clues to which nerves are contributing to the pain.

## What factors will my doctor consider when deciding how to help me?

Your doctor will consider a number of factors in deciding how best to treat your pain. Pain is in the nervous system, which includes the body and the mind. The pain is not all in your body but it is not all in your head either. For a treatment to be effective, it needs to treat the body and the mind. CPP is not caused by a single problem but by a number of problems interacting together. This means that you do not need a single “treatment”. You will need several treatments for all the problems.

It is impossible to tell how much each pain factor adds to the whole problem. In fact, whatever caused your pain in the first place may become only a minor factor while the chronic pain is caused by secondary factors. Therefore, ALL factors must be treated, not just the ones that “seem” the most important.

## How soon will I start to feel better?

It may take a long time before you start feeling better, even though your doctor is trying to provide you with relief as quickly as possible. It took a long time for your pain to become so bad, and it may take weeks or months for it to get better. Often the pain will not go away completely, but the goal is to make the pain manageable enough to do the things you normally like or want to do. During your treatment, as you are slowly improving, try to remain calm and patient and keep a positive attitude.

## Will I receive pain medication?



In the early stages of your treatment, you may be given pain medication. The treatment of CPP takes time to work and medication can keep you comfortable until they can take effect. Please remember that pain

medication is just temporary treatment of the pain, but does not treat the problems that cause the pain. Pain medications may not take all of your pain away, but may make your symptoms more bearable.

All medications can have side effects, especially narcotic pain pills (like Norco or Percocet). Your doctor will probably try non-narcotic pain relievers first to avoid potential drug side effects.

You may be given a combination of medications instead of one. Some medications can work better when given together. You may get the most relief using some medications for pain and others for mood, such as antidepressants.

Taking medication every time you feel pain can make you hooked on medication. It is better to take your pain medication at scheduled times. Your doctor may give you a set number of pills to take at a certain time.

Your body may get used to the narcotic pills and the medication may help your pain less and less. Talk to your doctor about how well your medications are working at each visit. If in between visits, call your doctor to schedule an appointment. Changing pain medication is not something your physician can easily do based on a phone conversation.

It is your responsibility to use strong narcotic pain pills safely and correctly. Lost and stolen prescriptions will not be replaced. Your doctor may no longer provide care to you if you are getting narcotic pain pills from multiple doctors. Some doctors do not routinely prescribe narcotics and advise patients to obtain these medications from their primary care doctor only.

## What about my muscle aches and pains?

Treating problems with your muscles are an important part of your care. A physical therapist may examine how you walk and how you stand. They will also look at the individual muscles of your abdomen, pelvis and legs. The therapist may do special tests for muscle strength, tenderness, length and flexibility. She/he will also decide if you have “trigger points” or areas where your muscles are especially tender or sore. Your physical therapist will give you different exercises to help you build healthier and stronger muscles. There are different treatments for this. You may learn special exercises. Some patients use special equipment such as ultrasound or muscle stimulators. You will also learn relaxation and breathing techniques. The physical therapist will work closely with your doctor to make a program of exercises and pain medications by mouth and/or injection as needed.



## Will I be treated for emotional pain?

Chronic pain affects all aspects of your physical and emotional life. It may cause anxiety, depression, and problems with your work and home life. To give the best treatment, your doctor will treat the cause of the pain, but also all the other problems it has caused. A number of different therapies can be used to help you overcome these common problems in chronic pelvic pain syndrome. You can improve your anxiety and depression by learning to change the behaviors that contribute to your pain.

The pain you suffer also affects your family. They will receive education about how your pain affects them and how their reactions to your pain affect you. Teaching your support system about your pain, the causes and treatments will help them support you in your recovery.

## What about surgical treatments?

Sometimes your doctor may decide to do surgery to look for other causes of pain or treat pain. This is decided based on a patient's history and exam.

## So...what can I expect from treatment for CPP?

First off, you need to be realistic in your goals and hopes for treatment. Some CPP can never be completely cured. Some women are so uncomfortable with the evaluation and testing process that they are never able to get a significant amount of pain relief.

Do not expect instant results. Be patient with your treatment and follow all your doctor's instructions. Treatments may take up to 3-6 months to work, so continue to follow instructions even if you don't see results right away. During your treatment and therapies, you will have set appointments with your doctor and therapist rather than just coming in when the pain is particularly bad. You may start with weekly or monthly visits. You and your doctor will decide whether these should be more or less frequent based on your progress. Be sure not to miss an appointment as this can interfere with your treatment. If you miss an appointment and your pain becomes worse, it may take time to get it under control again.

Remember that the treatment of chronic pelvic pain is a slow process using many different kinds of therapy. It may not be possible to totally cure your pain. Successful treatment means decreasing your pain to a low level so that you are able to enjoy doing the things you want to do again.

