

# Chronic Pelvic Pain



## What is Chronic Pelvic Pain (CPP)?

Chronic pelvic pain is one of the most common medical problems of 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 suffering CPP causes, often doctors are not able to come up with a diagnosis or treatments to help these women.

CPP is any pelvic pain that lasts for more than six months. Often, the problem, which originally caused the pain, has lessened or even gone away completely, but the pain continues. This is caused by changes in the muscles, nervous system or other tissues.

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

Acute pain is the pain, which occurs when the body is injured. There is an obvious cause for the pain. Chronic pain is very different. The original cause of the pain may be gone. 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 cope with the pain, the woman may make emotional and behavioral changes. 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
- Conventional treatments have not relieved the pain or have given only small 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
- Increasingly less and less physical activity
- Changes in how she relates in her usual roles as wife, mother and employee.

CPP is a combination of physical symptoms (pain, insomnia, loss of appetite), psychological symptoms (depression), and changes in behavior (change in relationships due to the physical and psychological problems). It is not “all in your head”!

## Can CPP affect other parts of my body?

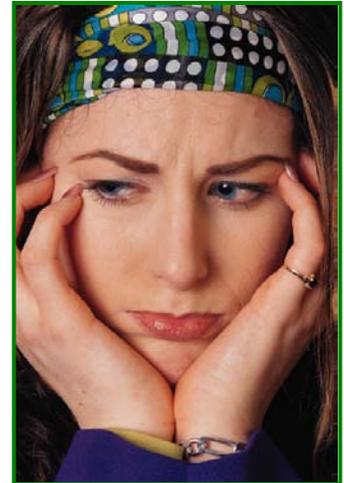
A woman who has had CPP long-term may notice that she begins to have symptoms in other muscles and organs of her body as well. It is common for pain to cause muscle tension. CPP sufferers may notice lasting changes in the muscles of the pelvis and even the tissue and skin of

the pelvis. Tension in the pelvic muscles can affect the bladder and the bowel. 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, not just your female organs.

## How do I feel pain?

Injured body tissues send signals through special nerve cells 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. What action the spinal cord takes is influenced by other nerve messages coming in at the same time and by signals coming down from the brain. So, how you perceive pain is affected by your mood, by the environment and by other processes happening in your body at the 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 remains in spite of treating the original cause. This type of pain is known as “neuropathic” or nerve pain.



## What are the characteristics of chronic pain?

There are three main factors:

1. **Pathology at the site of origin.** There is or was an injury (pathology) at the place (site of origin) where the pain first started. This injury might be endometriosis, infection, or adhesions (scar tissue from surgery).
2. **Referred Pain.** Your body has two types of nerves. *Visceral* nerves carry impulses from the organs and structures within your abdomen and chest (stomach, intestines, lungs, heart, etc.). *Somatic* nerves bring messages from the skin and muscles. Both types of nerves travel to the same sites on the spinal cord. When your visceral nerves are stimulated for long periods with chronic, ongoing pain, some of this stimulation may spill over into 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.
3. **Trigger points** are specific areas of tenderness occurring where the pain has been referred or carried back to the pelvis and abdomen. Trigger points may start out as just one further symptom of the pelvic pain you are already experiencing or they may become the major source of pain for you. For this reason, treating the trigger points, for some women, may significantly reduce the pain. 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 interacts with your spinal cord and affects how you feel the visceral and referred pain. For instance, 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. This influence or modulation by the brain must also be

treated. 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 thorough history of your problem. It is very important to give your physician a detailed and accurate description of the problem. He/she will also do a physical examination. From this, the doctor will be able to determine 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 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 actions or activities make it better or worse?
  - Does it vary based on time of day, week or month?
  - How does your menstrual cycle affect the pain?
  - How does the pain affect your sleep?
  - Has the pain spread since it began?
  - Do you notice abnormal skin sensations, muscle or joint pain or back pain?
  - 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 relieve the pain? 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 very thorough physical exam. Remember that your pelvis is very important, not only for containing your female organs, but also because it provides the 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 the pelvic muscles as well as to any changes in skin sensation, numbness or tenderness. Your doctor will also check closely for trigger points. A close examination of the vagina and also the labia (lips of the vagina) will be done. You will also have a rectal examination. During these examinations, 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 “treatment”. You will need several treatments for all the problems.

It is impossible to tell how much each individual 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 completely go away. 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 therapies for treatment of CPP take time to work and medication will keep you comfortable until they can take effect. However, remember that the pain medication is just a temporary treatment for the symptoms (the pain you feel) but the therapies you are using are the cure for the problem.

All medications can have side effects, especially narcotic analgesics. Your doctor will probably prefer to try non-narcotic pain relievers first to avoid potential drug side effects.

You may be given a combination of medications instead of one. Often medications compliment each other and are more effective if used in combination. 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 dependent or hooked on medication. Taking medication at fixed times rather than each time you have pain has been found to be more effective in pain control. Your doctor will give you prescriptions for a fixed amount of pain medication and you will be told to take a certain dose of medicine on a regular schedule at set times.

If you find that over time the medication is relieving your pain less and less, your body may be developing a tolerance for the pain medication. Talk to your doctor about how effective your medication is at each visit. If necessary, call and make an appointment to talk with your doctor. Changing pain medication is not something your physician can easily do on the basis of a phone conversation.

If you and your doctor find it necessary to use strong narcotics to control your pain, it is your responsibility to use them safely and correctly. If your prescription is lost or stolen, it will not be replaced. Refills will not be given. If your doctor finds you have been receiving prescriptions for narcotics from other physicians as well during your care without permission from the doctor, he/she may no longer provide care to you.

## What about my muscle aches and pains?

Treating any problems with your musculoskeletal system is an important part of your care. A physical therapist will examine and evaluate your posture, gait (how you walk), your abdomen, pelvis and legs. The therapist will do various examinations to look for abnormalities and to find muscle strength, tenderness, length and flexibility. He will also determine your “trigger points” or areas where your muscles are especially tender. You will then receive a program of physical therapy using many different techniques to help you to develop healthier, stronger muscles. You may learn special exercises for specific muscles or work with 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 coordinate 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 and may cause anxiety, depression, sleep difficulties, sexual dysfunction and problems with your work and home life. To provide the best treatment, your doctor must address not only the cause of the pain and pain relief, but also all the other problems it has caused. A number of different therapies will be used to help you overcome these common problems in chronic pelvic pain syndrome. Learning to change the behaviors that contribute to your pain will relieve anxiety and depression and increase your enjoyment of life.

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 the nature of what you are going through including the symptoms, causes and many different types of treatments will help them to support you in your recovery.

## What about surgical treatments?

Depending on your individual circumstances, your doctor may decide to do laparoscopic surgery to determine the causes of your pain and possibly to treat them as well. If you have conditions such as endometriosis or scar tissue, these can often be treated under general anesthesia with the laparoscope and you can usually go home the same day.

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

First off, you need to be realistic in your expectations 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.

Don't expect instant results. Be patient with your treatment, follow all your doctor's instructions. 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 eliminate your pain. Successful treatment means decreasing your pain to such a low level that you are able to enjoy doing the things you want to do again. It means being able to be a wife, mother, and career woman with a minimum of discomfort.

