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Royal College of Obstetricians & Gynaecologists

Information for you

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Chronic (long-term) pelvic pain

About this information

This information is for you if you want to know more about chronic pelvic pain. It may also be helpful if you are a relative or friend of someone who has chronic pelvic pain.

What is chronic pelvic pain?

Pelvic pain is pain that you feel in your lower abdomen or pelvis. Pain is described as 'chronic' if it occurs all or some of the time for more than 6 months. Chronic pelvic pain is a description of the symptoms you are experiencing.

It is common and affects around 1 in 6 women. It can be distressing and affect quality of life and a woman's ability to carry out everyday activities.

What causes chronic pelvic pain?

Chronic pelvic pain is usually caused by a combination of physical, psychological and/or social factors rather than a single underlying condition, although for many women a cause cannot be found.

Possible causes include:

- endometriosis, a condition where the cells of the lining of the womb (endometrium) are found elsewhere in the body, usually in the pelvis – endometriosis and adenomyosis (a condition where the endometrium is found in the muscle of the womb) can cause pain around the time of a period and during sex
- pelvic inflammatory disease, which is an infection in the fallopian tubes and/or pelvis
- interstitial cystitis (bladder inflammation)
- adhesions (areas of scarred tissue that may be a result of a previous infection, endometriosis or surgery)
- trapped or damaged nerves in the pelvic area

- pelvic organ prolapse
- musculoskeletal pain (pain in the joints, muscles, ligaments and bones of the pelvis)
- irritable bowel syndrome (IBS)
- depression, including postnatal depression
- traumatic experiences, such as sexual and/or physical abuse.

Your doctor will be able to rule out any serious problems that you may be worried about.

What will happen when I see the doctor?

At your appointment, you should have the opportunity to describe the pain you are having and to discuss your concerns.

The way you describe your symptoms is important in making a diagnosis. You should tell your doctor about:

- the pattern of your pain
- what makes your pain better or worse (certain kinds of movement or position, for example)
- what medication you have tried
- whether you have noticed other problems that might be linked to the pain, for example with your periods, sex, bladder or bowel, or psychological symptoms.

You may be asked to keep a pain diary where you note down when your pain occurs, how severe it is, how long it lasts and what seems to affect it, for example your periods.

You may be asked about aspects of your everyday life including your sleep patterns, appetite and general wellbeing. You may be asked whether you currently or in the past have experienced physical or sexual abuse.

You may also be asked whether you are feeling depressed or tearful. This is because long-term pain is known to cause depression, which in turn may make your pain worse. Knowing how your pain affects you means this can be taken into account in deciding on the most appropriate treatment for you.

If you have bladder, bowel or psychological symptoms, you may be referred to other specialists as part of your investigations and the treatment offered.

After you have described your symptoms you may be offered:

- an examination of your abdomen
- a vaginal examination.

Your doctor will listen to you and take your concerns seriously. By working in partnership with you, he or she will aim to identify the possible cause of your pain and offer the most appropriate treatment.

What tests might I be offered?

- screening tests for pelvic infections (including sexually transmitted infections)
- an ultrasound scan – this may be a transvaginal scan of your pelvis, which involves gently inserting an ultrasound probe into your vagina
- an MRI (magnetic resonance imaging) scan of your pelvis.

You may also be offered a laparoscopy, particularly if your doctor thinks you may have endometriosis, adhesions or pelvic infection. This is an operation carried out under general anaesthetic. It usually involves two or three small cuts in the abdomen. A narrow telescope (called a laparoscope) is inserted through the abdominal wall to examine your pelvis. As with any surgical procedure, there are risks and benefits and these will be explained to you.

In a third to a half of laparoscopies done to investigate chronic pelvic pain, no obvious cause is found. This may be reassuring, but can also be frustrating. However, having more information can help you and your doctor decide what is the best treatment for you.

What treatment may help?

If your doctor thinks that your pain is due to a particular cause then you should be offered treatment for that condition:

- irritable bowel syndrome (IBS) – medication and changes to your diet may help
- infections should be treated (usually with antibiotics)
- if your pain is related to your periods, you may be offered hormone treatment, for example the pill, injections or the Mirena IUS (hormone coil) to stop your periods for 3–6 months, instead of having a laparoscopy – these treatments may also be worth trying even if there is no pattern to your pain
- surgery for mild adhesions does not appear to help pelvic pain – however, it may be considered in cases of severe adhesions caused by endometriosis or previous surgery.

Many women find that they can cope better with the pain if they have been listened to, taken seriously, have a full explanation of their test results and agree a plan of action. You may be reassured by finding that nothing is seriously wrong and the pain may get better with time.

Some women find acupuncture or complementary therapies, or changing diet, helpful.

Whatever your situation, you should be offered pain relief. If this does not help, you may be referred to a pain management team or a specialist pain clinic.

Chronic pelvic pain can be very difficult to live with and can cause emotional, social and economic difficulties. You may experience depression, difficulty sleeping and disruption to your daily routine. Talk to your GP if this is the case. The support of other women who also experience pelvic pain may also help: see below for information about support groups.

Key points

- Chronic pelvic pain is any pain in the lower abdomen or pelvis that lasts for more than 6 months.
- It is common, affecting around 1 in 6 women.
- In a third to a half of laparoscopies done to investigate chronic pelvic pain, no obvious cause is found.
- It can be due to physical, psychological and/or social factors.
- Your doctors will discuss a treatment and management plan with you.

Further information and support groups

Endometriosis UK: www.endometriosis-uk.org

IBS Network: www.theibsnetwork.org

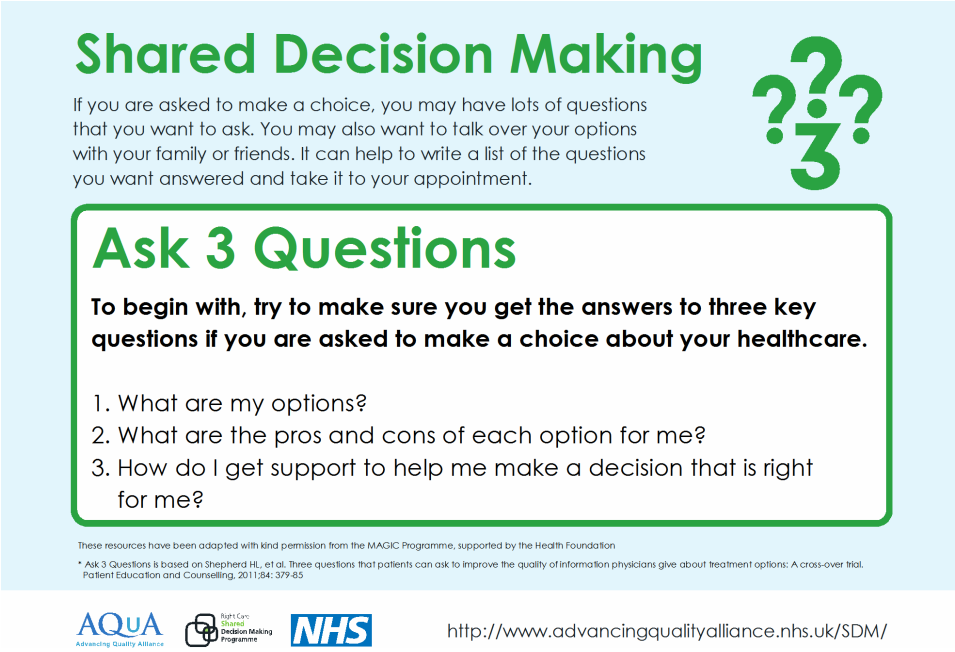
Pelvic Pain Support Network: www.pelvicpain.org.uk

Bladder & Bowel Foundation: www.bladderandbowelfoundation.org

RCOG patient information that you may find helpful:

- *Endometriosis*: www.rcog.org.uk/en/patients/patient-leaflets/endometriosis
- *Pelvic organ prolapse*: www.rcog.org.uk/en/patients/patient-leaflets/pelvic-organ-prolapse
- *Acute pelvic inflammatory disease: tests and treatment*: www.rcog.org.uk/en/patients/patient-leaflets/acute-pelvic-inflammatory-disease-pid-tests-and-treatment

Making a decision



Sources and acknowledgements

This information has been developed by the RCOG Patient Information Committee. It is based on the RCOG Green-top Clinical Guideline *The Initial Management of Chronic Pelvic Pain*, which you can find online at: www.rcog.org.uk/en/guidelines-research-services/guidelines/gtg41.

This leaflet was reviewed before publication by women attending clinics in London, Oxford and Southampton, and by the RCOG Women's Voices Involvement Panel.

The RCOG produces guidelines as an educational aid to good clinical practice. They present recognised methods and techniques of clinical practice, based on published evidence, for consideration by obstetricians and gynaecologists and other relevant health professionals. This means that RCOG guidelines are unlike protocols or guidelines issued by employers, as they are not intended to be prescriptive directions defining a single course of management.

A glossary of all medical terms is available on the RCOG website at: www.rcog.org.uk/en/patients/medical-terms.

A final note

The Royal College of Obstetricians and Gynaecologists produces patient information for the public. The ultimate judgement regarding a particular clinical procedure or treatment plan must be made by the doctor or other attendant in the light of the clinical data presented and the diagnostic and treatment options available. Departure from the local prescriptive protocols or guidelines should be fully documented in the patient's case notes at the time the relevant decision is taken.

All RCOG guidelines are subject to review and both minor and major amendments on an ongoing basis. Please always visit www.rcog.org.uk for the most up-to-date version of this guideline.