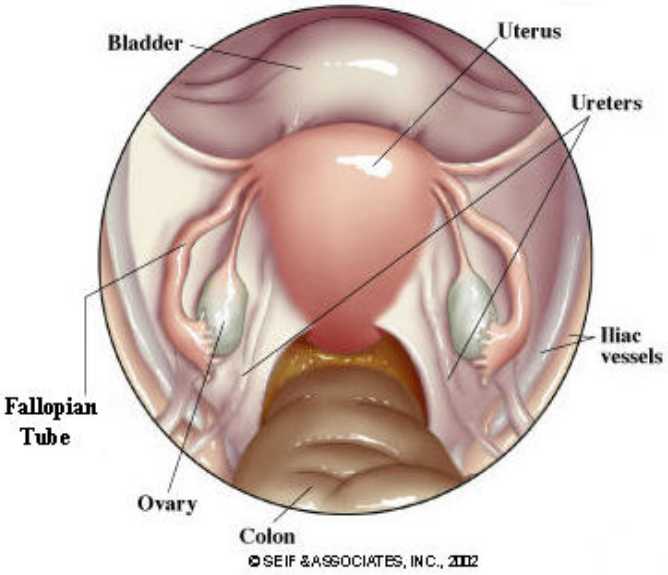
Pelvic Pain in Women, Generic

Pelvic pain may be constant or come and go. It may be mild or severe. It is important to tell your caregiver exactly where the pain is located, when and how it occurs, and if it is related to your menstrual periods or stress. We have not found a definite cause for your pelvic pain today and you may need follow-up testing and examination.

CAUSES



- ***Sexually transmitted diseases*** (STDs) cause *pelvic inflammatory disease* (PID). This is one of the most common causes of pelvic pain. It is an infection of the female sexual organs.
- **Endometriosis** - This is a condition where some of the inside lining of the uterus is growing in the pelvis and abdomen outside the uterus. Along with (*chronic*) pain, this can cause infertility.
- **Tubal pregnancy** - This is a serious condition where the pregnancy has occurred in a fallopian tube. Rupture of the tube can bleed heavily and cause death if it is not found in time.
- **Interstitial cystitis** is an inflammation of the bladder that causes pelvic pain. People with severe cases of IC may urinate as many as 60 times a day.
- **Fibroids:** A small percentage of women have uterine fibroids (non-cancerous smooth muscle growths in the uterus). Fibroids do not always cause pain.
- **Fibromyalgia** is a disorder with symptoms of widespread muscle pain, fatigue and multiple tender points on the body.
- **Dysmenorrhea** is painful menstrual periods.
- **Mittlesmertz** is pain with ovulation.
- **Pelvic congestive syndrome** is engorgement of the pelvic veins just before and during a menstrual period.
- **Cervical stenosis** is when the opening of the cervix is too small and causes pain during menstruation.
- **Adenomyosis** (a type of endometriosis) glands that line the inside of the uterus lying in the muscle layer of the uterus.
- **Intestinal problems** such as irritable bowel syndrome colitis or ileitis.
- **Appendicitis**.
- **Pelvic cancer**, usually the cancer has been there for awhile before causing pain..
- **Bladder infection**.
- **Cysts** or **ovarian tumors**.
- **Kidney stone**.
- **Psychological factors** (stress, sexual abuse or depression).
- **IUD** (intrauterine device).
- **Prolapse** (falling down of the uterus).
- **Retroflexed uterus** - the uterus is tipped too far backwards.
- **Muscle spasms** of the pelvic muscles.
- **Muscular-skeletal problems** of the back (herniated disc).

DIAGNOSIS

- Your caregiver may order testing, such as:
  - Blood tests.
  - Cultures to test for infection.
  - Ultrasound.

- Looking into the bladder with a metal tube with a light (*cystoscopy*).
- Looking into the pelvis and abdomen with very small incisions through a metal tube with a light (*laparoscopy*).
- Looking into the large intestine with a fibro-optic tube with a light (*colonoscopy*).
- CT scan - a type of X-ray to view the internal organs of the pelvis and abdomen.
- MRI - views the pelvic and abdominal organs with a magnetic machine.
- Intravenous pyelogram - views the kidneys, ureter and bladder after injecting dye through the vein by X-rays.
- Injecting barium into the large intestine to view the intestine with X-rays (*barium enema*).

➢ Not all test results are available during your visit. If your test results are not back during the visit, make an appointment with your caregiver or the medical facility. It is important for you to follow up on all of your test results.

TREATMENT

Treatment will depend on the cause of the pain, such as:

➢ Medication, antibiotics, pain medication, muscle relaxants, anti-depression drugs, hormones or birth control pills.
➢ Physical therapy.
➢ Acupuncture.
➢ Psychiatric counseling.
➢ Nerve blocks.
➢ Surgery.

HOME CARE INSTRUCTIONS

➢ Finish all medication as prescribed. Incomplete treatment will put you at risk for sterility and tubal pregnancy if your caregiver feels your pain is caused by an infection.
➢ Rest and eat a balanced diet with plenty of fluids.
➢ If you do have an infection, your recent sexual partners may need treatment even if they are symptom-free or have a negative culture or evaluation. You also need follow-up to make sure you are no longer infected.
➢ Only take over-the-counter or prescription medicines for pain, discomfort or fever as directed by your caregiver.
➢ Apply warm or cold compresses to the lower abdomen depending on which one helps the pain.
➢ Avoid stressful situations that may cause the pain.
➢ Group therapy is sometimes helpful.
➢ Make sure to follow all instructions. Some of the conditions listed above can have very serious outcomes if you do not take the time to follow-up with your caregiver.

SEEK IMMEDIATE MEDICAL CARE IF:

➢ There is heavier bleeding from the birth canal (*vagina*).
➢ You develop increasing abdominal pain.
➢ You feel lightheaded or pass out.
➢ An unexplained oral temperature above 100º F (37.8º C) develops.
➢ Any of the problems which brought you to us are getting worse.
➢ You are being physically or sexually abused.
➢ You have painful urination.
➢ You are still having pain four hours after taking prescription pain medication.
➢ You have uncontrolled diarrhea.
➢ You have abnormal vaginal discharge.

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