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NHS Foundation Trust

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# PELVIC PAIN

This is common between the ages of 25-35, but can present in any age.

## Causes

Causes include: endometriosis 31% (where the lining of the womb lies in the pelvis, but outside the womb). Adhesions 23% (where the internal organs stick together). Chronic PID 7% (long-term pelvic infection). Ovarian cyst 4% (cysts on the ovary). Myomas <1% (benign growths of the muscle of the womb). Pelvic varicosities <1% (varicose veins in the pelvis). No clear gynaecological cause is found in around 40% of cases and the cause may then be due to a bowel disorder, musculoskeletal problem, urinary problem, neurological, psychological or psychosexual problems. Clearly sometimes more than one cause is present.

## Investigations

Naturally it is important to obtain a detailed pelvic pain history to aid with diagnosis and to perform appropriate examination of all appropriate body systems, including swabs to rule out infection. Investigation will usually include pelvic ultrasound scan, should the ultrasound be normal, there is an 80% chance that there will be no gynaecological cause for the pelvic pain.

To rule out a 20% chance that the scan has not picked up an abnormality, it may be necessary to perform a laparoscopy (keyhole operation with you asleep under an anaesthetic) as this allows a 3D view in colour as opposed to a 2D black and white view with the ultrasound. This may detect endometriosis or adhesions and laparoscopy carries a very small risk of complications of trauma to internal organs (bowel/blood vessels of 1 in 300-500 and a mortality risk of 1 in 10,000).

## Treatments after initial diagnosis

Obviously this will depend upon the cause, but may involve hormonal tablets or injections or even a coil loaded with a specific hormone.

Painkillers can be given in the short-term, as can specific antidepressants, tablets /liquids for bowel disorders and antibiotics for proven infections (again, all depending upon the cause).

Specialised surgery in the form of keyhole surgery may be suitable to remove endometriosis (70% cure rate) or divide any adhesions (see above). Around 40% of patients cannot be 'cured' totally of pelvic pain, but we can improve symptoms in the majority.



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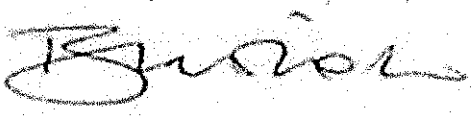
Last resort surgery will usually be hysterectomy but this should only be considered after all other options and possible diagnoses have been considered. Physiotherapy and psychotherapy and psychosexual therapy may be required in appropriate cases.

I hope you find the above information helpful but if you have any questions please do not hesitate to contact me.

Yours sincerely



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