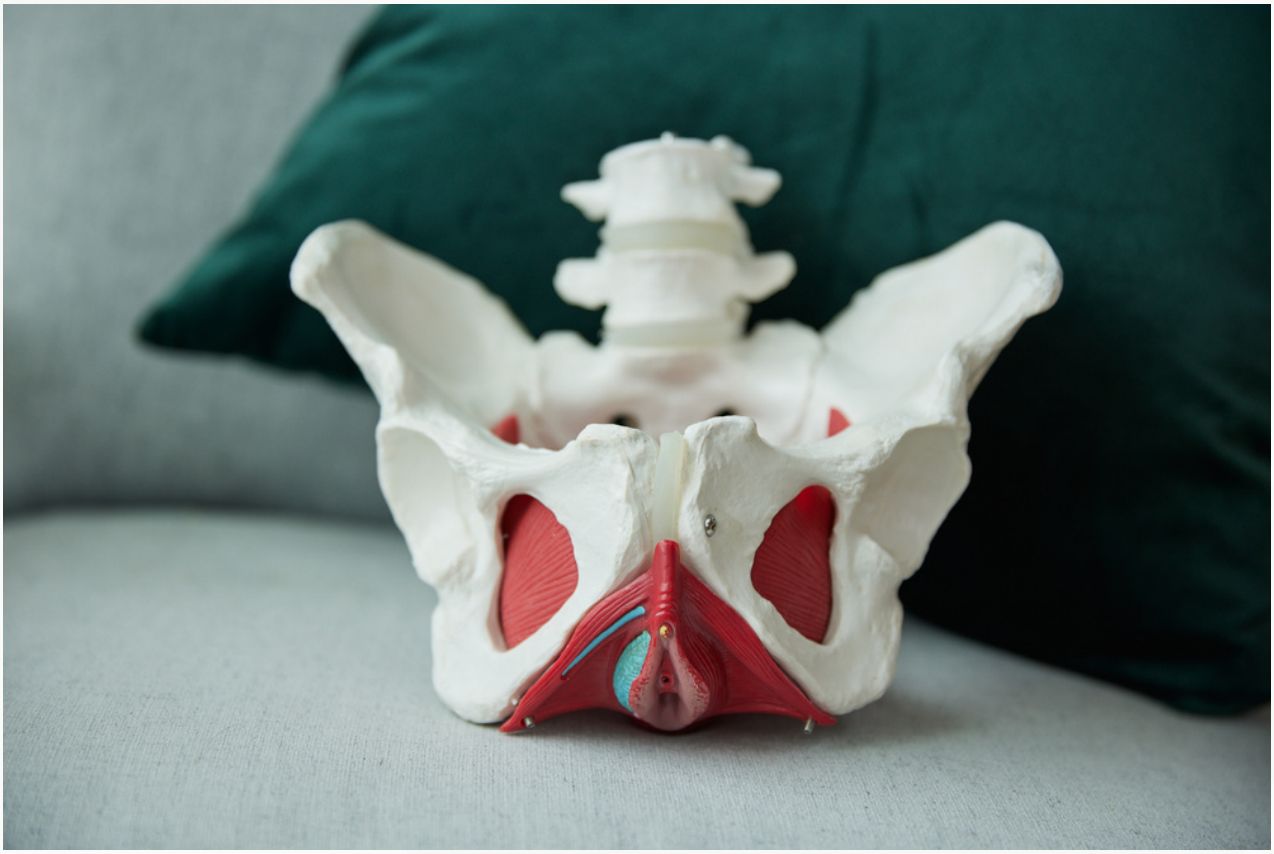
THE PELVIC PAIN NETWORK

What is *Pelvic Pain?*



What is *Pelvic Pain?*

Chronic or persistent pelvic pain is pain felt anywhere inside or outside the lower abdomen or pelvis that lasts for more than 6 months. This includes pain felt between your belly button and your buttocks.

- Persistent pelvic pain affects approximately 1 in 5 women, and those assigned female at birth.
- Women living with pelvic pain may also experience difficulties with their bladder, bowel, or sexual function.
- Pelvic pain symptoms have a significant impact on a woman's wellbeing and quality of life.
- Up to half of keyhole surgery for persistent pelvic pain finds no obvious cause for the pain.
- Persistent pain is now understood to be affected by physical, psychological, and social factors. To achieve the best results treatment should consider the whole person.
- Guidelines recommend that the best care for pelvic pain is achieved when healthcare professionals work together across medical specialties. This joined-up care is what we strive to provide in the Pelvic Pain Network.

Initial Assessment

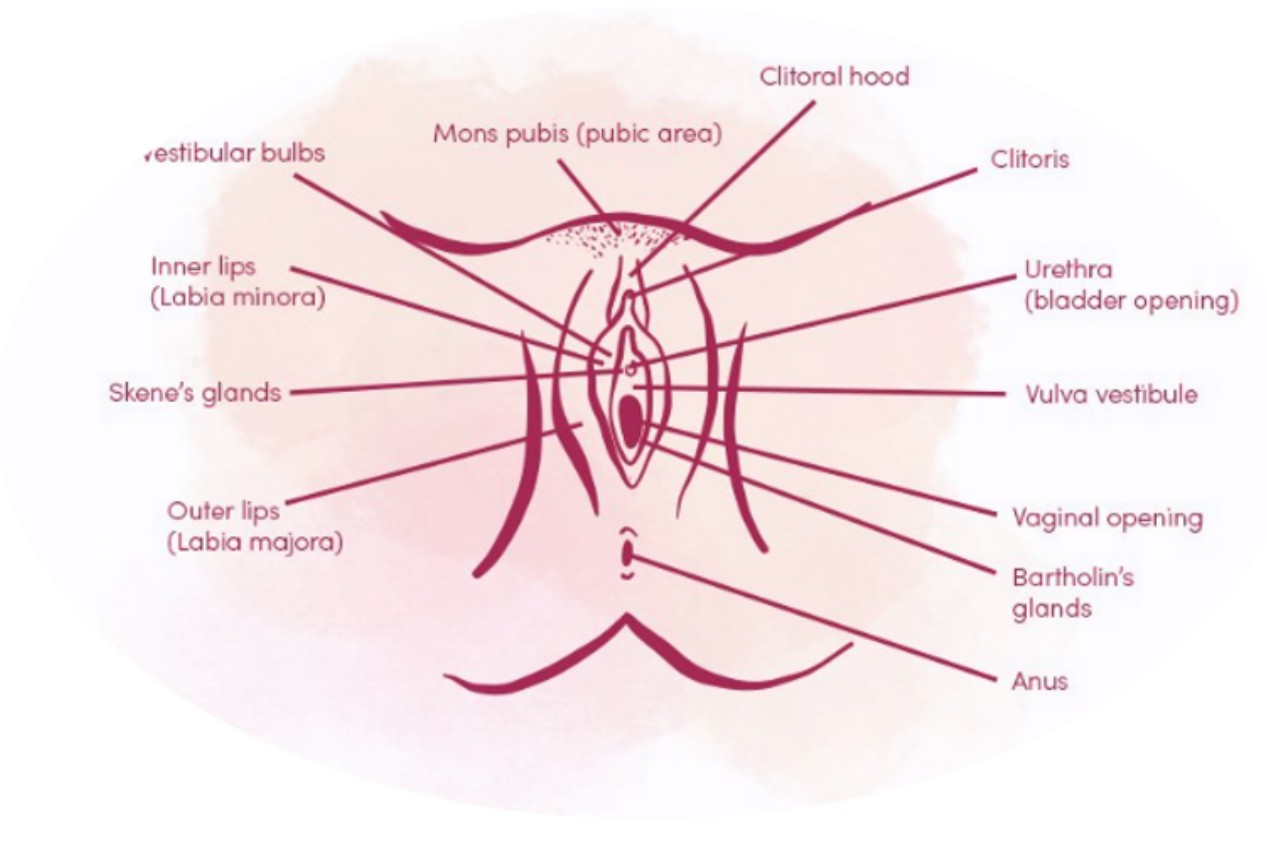
Any new, persisting pelvic pain should be assessed by an appropriately trained healthcare professional. Your GP should be your first port of call. They can perform an examination and recommend useful tests. They may suggest screening for an infection, or other tests such as an ultrasound scan to look inside your pelvis.

Your description of your pain is an important part of your assessment and can help clinicians to make the correct diagnosis. It is helpful to think ahead of your appointment:

- Where do you feel your pain?
- Is there any pattern to your pain?
- How long have you had your pain?
- Were there any initial triggers that you can remember?
- Is there anything that you've noticed that makes your pain feel worse?
- Is there anything that you've noticed that makes your pain feel better?
- Does your period affect your pain?
- Have you noticed a pattern with your bowel habits?

It is likely that after talking about your symptoms and general health that your GP will offer to examine your abdomen, pelvic area and vagina.

You may then be referred on to a hospital specialist for further investigation and treatment.



Source: The Femedic

Terminology

The Royal College of Obstetricians and Gynaecologists describe most pelvic pain as "multifactorial", meaning the pain is happening through a combination of physical, psychological and/or social factors, rather than a single condition. For many women a clear cause is not found via scans or keyhole surgery. Whilst your healthcare provider may describe this as reassuring, we understand that for those living with pain this may be frustrating.

Whilst some pelvic pain may develop due to an original injury or infection, it is now understood that some persistent pain may be a "primary pain",which means it happens without a clear trigger or driver, and is a diagnosis in it's own right.

The diagnoses medical professionals use for pelvic pain has been changing to reflect this. As many pelvic pains exist without any clear medical conditions, "pain syndromes" such as "bladder pain syndrome" are used to describe the area of pain rather than a specific cause.

Terminology (continued)

Here are some of the terms that you may hear when discussing symptoms or diagnosis of persistent pelvic pain:

Bladder pain syndrome	Persistent or recurrent pain felt in the bladder (associated with pain on bladder filling and/or passing urine more frequently) without a bladder infection or local condition.
Coccydynia/coccyx pain syndrome	Persistent or recurrent pain felt in and around the tailbone or "coccyx".
Dysmenorrhoea	Painful periods.
Dyspareunia	Pain during or after sexual intercourse.
Endometriosis	A condition where cells similar to those lining the womb are found elsewhere in the body.
Endometriosis-associated pain syndrome	Persistent or recurrent pain in women with previously diagnosed endometriosis, where symptoms persist despite treatment for endometriosis.
Irritable bowel syndrome	A collection of symptoms that include recurrent abdominal pain and changes in bowel movements.
Pelvic floor muscle pain syndrome	Persistent or recurrent pain felt in the pelvic floor muscles.
Pelvic inflammatory disease	An infection in the fallopian tubes and/or pelvis.

Terminology (continued)

Here are some of the terms that you may hear when discussing symptoms or diagnosis of persistent pelvic pain:

Pudendal neuralgia	Persistent pain in the perineum within the region of the pudendal nerve.
Urethral pain syndrome	Persistent or recurrent pain felt in the bladder tube, the urethra, without an infection or other local condition.
Vulvodynia/Vulvar pain syndrome	Persistent or recurrent unexplained pain in the vulva (the outside female genital area).
Vaginismus	An involuntary tightening of the pelvic floor muscles in response to attempted vaginal penetration, or sex.

Collaborative care

It is now understood that any persistent pain is caused by many different factors. We are increasingly understanding that pain can impact your mood, wellbeing, and interactions with the people and environment around you, and that these experiences may themselves impact your experience of pain.

It is therefore internationally recommended that a whole-person approach is taken to address all the different factors affecting your experience of pelvic pain. It is likely that by having support from several different medical specialists your symptoms will improve. Focussing on only one factor is unlikely to cure you of your symptoms.

Jane's story

Let's think about Jane's story:

Jane came to us with a painful burning and itching feeling in her vulva and shooting pains inside. She had to rush back and forth to the toilet to wee, and her relationship was strained as she couldn't have sex due to the pain.

Jane started her treatment with her pelvic pain specialist physiotherapist. Together they identified clear goals for her recovery. Jane was connected with a gynaecologist for specific tests on her vulval skin, diagnosed with a skin condition and given a cream that resolved the burning and itching. She was also referred to a menopause specialist for hormone treatment, and a health psychologist to help her work through the difficulties in her relationship with intimacy and pain. All her specialists kept in contact with her physiotherapist who guided her through treatment. Working together Jane was able to recover from her pain.

"This has transformed my life. I suffered for years with pelvic pain and was at the end of my tether. They helped me so much, my pain reduced dramatically and over a year on they're still continuing to support me when things get tough. They'll help you to help yourself. Pain is a complex thing but they have given me the tools to aid my own recovery"

Setting clear goals with your specialist team can help us to really individualise your care and support you on your pelvic pain recovery.

Further resources

The Royal College of Obstetricians & Gynaecologists (UK)
https://www.rcog.org.uk/for-the-public/browse-our-patient-information/long-term-pelvic-pain-patient-information-leaflet/

Pelvic Pain Foundation of Australia (AUS)
https://www.pelvicpain.org.au/

www.pelvicpainnetwork.co.uk