



The American College of
Obstetricians and Gynecologists



FREQUENTLY ASKED QUESTIONS
FAQ099
GYNECOLOGIC PROBLEMS

Chronic Pelvic Pain

- **What is chronic pelvic pain?**
- **What causes chronic pelvic pain?**
- **How is chronic pelvic pain diagnosed?**
- **What tests may be performed to help diagnose chronic pelvic pain?**
- **What are some methods used to relieve chronic pelvic pain?**
- **Glossary**

What is chronic pelvic pain?

Chronic pelvic pain is pain in the pelvic area that lasts for 6 months or longer. Chronic pain can come and go, or it can be constant. Sometimes chronic pelvic pain follows a regular cycle. For example, it may occur during **menstruation**. It also can occur only at certain times, such as before or after eating, while urinating, or during sex.

What causes chronic pelvic pain?

Chronic pelvic pain can be caused by a variety of conditions. Some of these conditions may not be related to the reproductive organs but to the urinary tract or bowel. Some women have more than one condition that might be the cause of their pain. For some women with chronic pelvic pain, no cause is found.

How is chronic pelvic pain diagnosed?

Your health care provider will ask about your medical history. You will have a physical exam, including a **pelvic exam**. Tests also may be done to find the cause. It also may be necessary to see other specialists to find out the cause of your pain, such as a gastroenterologist (a physician who focuses on digestive problems) or urogynecologist (a gynecologist specializing in urinary and related problems).

What tests may be performed to help diagnose chronic pelvic pain?

Some of the following imaging tests may be performed:

- **Ultrasound**
- **Laparoscopy**
- **Cystoscopy**
- **Colonoscopy**
- **Sigmoidoscopy**

What are some methods used to relieve chronic pelvic pain?

Several pain-relief measures can be used to treat chronic pelvic pain. They include medications, physical therapy, nutritional therapy, and surgery:

- Lifestyle changes—Good posture and regular exercise may help reduce pelvic pain.
- Pain-relieving drugs—Nonsteroidal antiinflammatory drugs (NSAIDs) are helpful in relieving pelvic pain, especially **dysmenorrhea**.
- Physical therapy—Acupuncture, acupressure, and nerve stimulation therapies may be useful in treating pain caused by dysmenorrhea. Physical therapy that eases trigger points may give relief of muscular pain. Some types of physical therapy teach mental techniques for coping with pain. Such types include relaxation exercises and **biofeedback**.

- Nutrition therapy—Vitamin B₁ and magnesium may be used to relieve dysmenorrhea.
- Surgery—Pelvic pain that does not respond to other treatments can be relieved by surgery. Cutting or destroying nerves blocks pain signals from reaching tissues and organs.

Glossary

Biofeedback: A technique in which an attempt is made to control body functions, such as heartbeat or blood pressure.

Colonoscopy: An exam of the entire colon using a small, lighted instrument.

Cystoscopy: A test in which the inside of the urethra and bladder are examined.

Dysmenorrhea: Discomfort and pain during the menstrual period.

Laparoscopy: A surgical procedure in which a slender, light-transmitting instrument, the laparoscope, is used to view the pelvic organs or perform surgery.

Menstruation: The monthly discharge of blood and tissue from the uterus that occurs in the absence of pregnancy.

Pelvic Exam: A physical examination of a woman's reproductive organs.

Sigmoidoscopy: A test in which a slender device is placed into the rectum and lower colon to look for cancer.

Ultrasound: A test in which sound waves are used to examine internal structures.

If you have further questions, contact your obstetrician–gynecologist.

FAQ099: Designed as an aid to patients, this document sets forth current information and opinions related to women's health. The information does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to institution or type of practice, may be appropriate.

Copyright August 2011 by the American College of Obstetricians and Gynecologists. No part of this publication may be reproduced, stored in a retrieval system, posted on the Internet, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording, or otherwise, without prior written permission from the publisher.