

Persistent pelvic pain

Persistent pelvic pain affects as many as one in five women, [costs](#) Australia about \$7.4 billion a year, and yet is rarely discussed. It has long been described as 'the silent epidemic' but that is now – finally – beginning to change.

We spoke to gynaecologist and head of the Jean Hailes Persistent Pelvic Pain Clinic, Dr Janine Manwaring, to find out what you need to know.

What is persistent pelvic pain?

It is described as a pain felt on most days for six months or more, in the area below the belly button and above the legs. For the majority of women who suffer from it, it often begins with bad period pain and can then worsen over time. It might include period pain, stabbing pain, pain from bowel or bladder problems such as irritable bowel syndrome or urinary tract infections, vulval pain, discomfort during intercourse and food intolerances.

Chronic pelvic pain is a complicated condition and its symptoms can vary.

Endometriosis is the cause of one of the most common types of pelvic pain. It occurs when cells similar to those that line the uterus are found in other parts of the body. Interestingly, women who have a first-degree relative – mother or sister – with endometriosis are 10 times more likely to also have the disease.

Dr Janine Manwaring says it's important to address significant pain symptoms early, to avoid the pain becoming chronic. Chronic pain is pain that is ongoing and usually lasts longer than six months.

Why is it described as 'a silent epidemic'?

Like many issues around women's health, persistent pelvic pain has not been discussed openly, forcing many women to suffer silently.

However, women themselves and some in the medical community have contributed to this problem, says Dr Manwaring.

She says some women had felt too embarrassed to discuss pelvic pain with their doctor, while others who had tried to bring up the issue with their GPs "felt they had not been heard, or had had their symptoms minimised."

Some women who belong to an older generation believed it was just part of the female journey and they should just "suck it up", says Dr Manwaring.

Those perceptions are now changing, thanks in part to our more globally connected family that is talking more about these issues and encouraging women to take control of their health.

When to see a doctor

Dr Manwaring says if over-the-counter pain relief fails and the pain interferes with your ability to function normally, or disrupts your quality of life, then it is time to see a doctor. Pain that persists is always worth investigating further. Not all pain will have an obvious cause.

A multi-disciplinary approach

Given the complex nature of persistent pelvic pain, a multi-disciplinary approach to treatment – that is, treatment by a team of health professionals – has been shown to have the best outcomes for women. This team might include a gynaecologist, a pain specialist, a psychologist, a pelvic physiotherapist, a dietitian and nurse as well as the GP.

Depending on the cause of the pain, a number of treatment options will be explored by the team, including the use of hormonal treatments to reduce the number of periods.

Dr Manwaring says reducing the number of inflammatory menstrual cycles is the end goal of hormonal treatment.

However, she says there is often resistance to the use of the contraceptive pill by some women, because of their belief that it's not natural.

“The positive benefits of the pill have not been emphasised enough,” she says. “I spend about a third of my time explaining how it works because there is resistance to the birth control aspects of it.”

Other hormonal treatments include using an intrauterine device (IUD).

Pain control

The control of pain is also a priority. One in five women will endure chronic pain. “It is a real phenomenon,” says Dr Manwaring. “It is different to acute pain, but this is something that a professional can discern.”

Persistent pain changes the way the brain processes pain signals. This is called ‘central sensitisation’ and when this happens, the nerves in the pelvis start sending pain impulses to the brain at any time, not just when there are actual pain triggers.

There are medications available to treat this, although Dr Manwaring says regular exercise is also known to help with treatment.

The good news

The days of being forced to suffer silently have passed. Dr Manwaring says that persistent pelvic pain is real, and is complex. “There is a physical and a psychological element to this,” she explains. “But there are good outcomes. The earlier the intervention, the lesser the impact of the condition.

“It’s very important for women to know that there is a service available that says that this [persistent pelvic pain] is a thing.”

Women do **not** need a specialist referral to visit the Jean Hailes Persistent Pelvic Pain clinic. A GP or other health professional can refer women. Read more information on the [Jean Hailes Persistent Pelvic Pain Clinic](#).

Access [a collection of helpful resources on pelvic pain](#) or visit the [Pelvic Pain Foundation](#).

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