

Pain and the pelvis

With the opening of our first persistent pelvic pain service, we talk to Jean Hailes gynaecologist Dr Janine Manwaring about pelvic pain treatment.

Persistent pelvic pain, also known as chronic pelvic pain, is a common condition that affects around 15% of women worldwide.

Chronic pelvic pain has been described as a 'silent epidemic' because it's poorly understood and underdiagnosed. The condition is also often overlooked because of the incorrect belief that period pain is normal and a natural part of being a woman.

However, the impact of chronic pelvic pain is large. It is the most common cause of days off work for women of child-bearing age and costs Australia around \$6 billion annually.

The good news is, recent research shows that women suffering from pelvic pain can reduce their symptoms and improve their quality of life – particularly if surrounded by a supportive medical team.

About chronic pelvic pain

A chronic condition is when an illness persists for a long time or keeps coming back. Chronic pelvic pain occurs in the area below the belly button and above the legs, and is defined as pain felt on most days for six months or more.

As the pelvic area is home to the bowel, bladder and reproductive organs, as well as

muscles, bones and nerves, chronic pelvic pain is a complicated condition. Its symptoms can vary, and it can have many causes. It may even be a symptom of another disease.

One of the most common types of pelvic pain is due to a condition called endometriosis, which occurs when cells similar to those that line the uterus are found in other parts of the body.

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Some women with endometriosis have painful periods, while others have symptoms associated with the bladder, bowel and/or pelvic muscles. It can also affect psychological health (eg, low mood, anxiety) and can be associated with headaches.

Science behind pain

There has been an increasing amount of research into pain science in the past decade, particularly in Australia. Brain imaging studies



PAIN EXPLAINED

When something painful happens, the nerves in the affected area send pain signals to the spinal cord and then up to our brain. There are two types of pain: short-term pain, and long-term (chronic) pain.

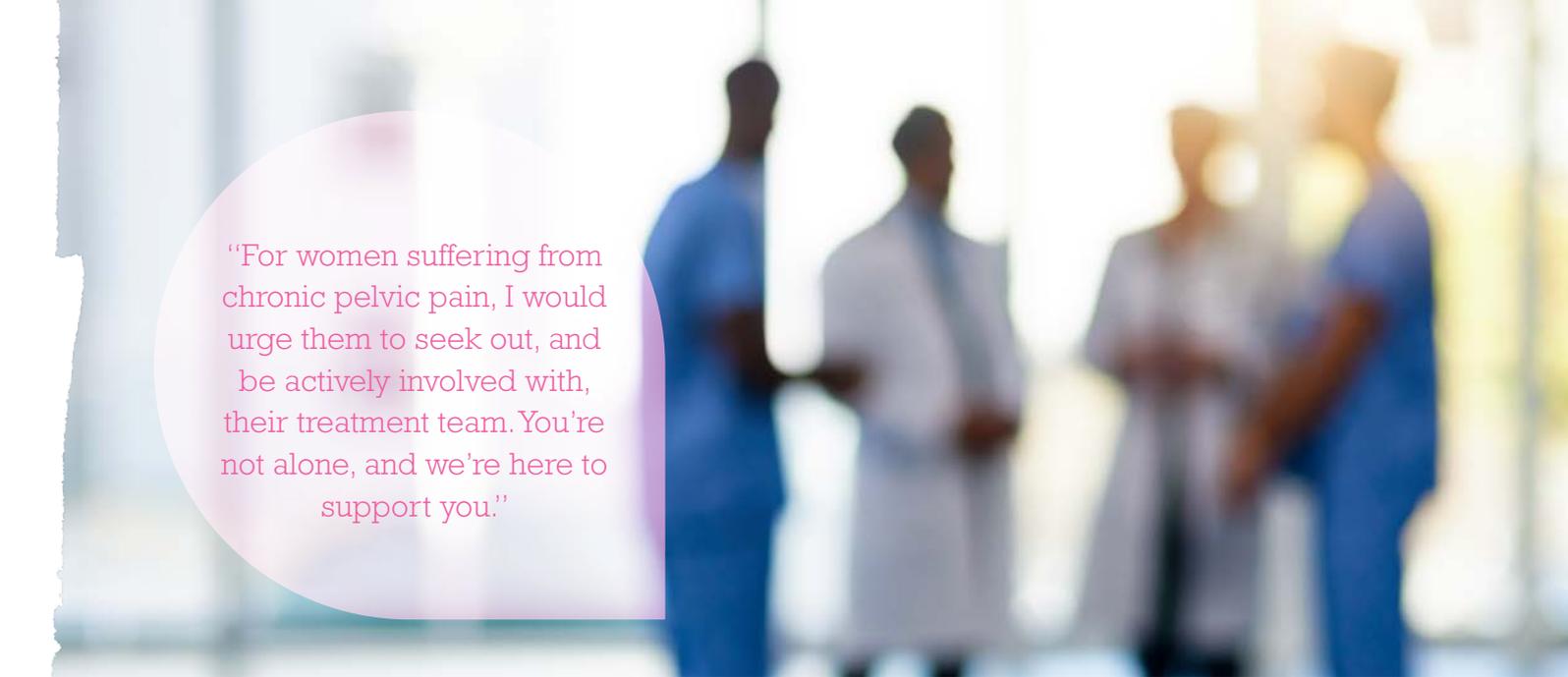
Short-term pain

Short-term pain is how our body tells us something is wrong and to react to protect ourselves (eg, pulling our hand away from the touch of a hot pan). Short-term pain goes away after a time.

Chronic pain

Chronic pain is when the pain doesn't go away. The original cause of the pain may no longer be there, but the nerves start sending pain impulses to the brain at any time, not just when there is pain.

With chronic pelvic pain, the pain pathways from the pelvis to the brain change. This is called 'central sensitisation' and once this happens, pain in the pelvis becomes complex. Things that weren't painful can become painful (eg, wearing tight jeans), and the pain can spread to a larger area. Central sensitisation is also common after shingles, sporting injuries or other conditions with long-term pain. Phantom limb pain – the pain that is felt after a limb amputation – is another example of central sensitisation.



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have shown that chronic pain patients respond to pain in a different way to healthy patients.

“Chronic pain patients appear to have altered brain function and structure,” says Dr Manwaring. “They can become ‘hardwired’ to pain and their body may start to feel pain even without a trigger or cause.”

Yet promisingly, says Dr Manwaring, there is evidence to show that such brain changes can be reversed with the right individualised treatment.

Chronic pain management

Managing chronic pain is about recognising the condition, and then creating a treatment plan to manage symptoms. The aim is not for a cure; rather, it is for the patient to be able to live with the condition in a manageable way and have a good quality of life.

Team approach

Chronic pelvic pain is best managed by a team of specialists. This is known as a multidisciplinary approach. The team may include a gynaecologist, pain specialist, GP, psychologist, pelvic physiotherapist, dietitian and nurses.

Specific treatment may include surgery or physiotherapy. Overall physical health will also be addressed, for example, through nutrition and exercise. The team provides a medical pain management plan, in addition to teaching patients how to manage the pain themselves (eg, pain science, triggers and management).

“We treat underlying mood issues, as well as teaching mindfulness – both of which can significantly improve the woman’s quality of life,” Dr Manwaring says.

There can be some trial-and-error, and pain flare-ups along the way. However, management becomes part of the process, says Dr Manwaring.

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3 THINGS TO KNOW:

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2. With chronic pelvic pain, the pain pathways from the pelvis to the brain change. This is called ‘central sensitisation’. Once this happens, the pelvic pain becomes complex.
3. Chronic pelvic pain is best managed by a team of specialists. This is known as a multidisciplinary approach.

Need help?

Call Jean Hailes to hear more about our Persistent Pelvic Pain Service
Toll free 1800 JEAN HAILES (532 642)

The Pelvic Pain Foundation of Australia
www.pelvicpain.org.au



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