Pelvic pain

Pain is usually a sign that there is something amiss in the body. It mostly occurs in the area where the true problem is i.e. localized pain, but sometimes it can be found away from the source due to neurological pathway i.e. referred pain. The pelvis is the lowest part of the tummy and houses bowel, bladder and female organs i.e. uterus, fallopian tubes, ovaries and cervix. In women, pelvic pain may well be an indication that there is something wrong with the female organs.

What causes pelvic pain?

In order to identify the cause of the pain, the first thing to check is whether the woman is pregnant. Although pain and aches are common during pregnancy, pain in early pregnancy may be a warning sign of miscarriage especially if it is associated with vaginal bleeding. It can also mean an ectopic pregnancy which is a life-threatening condition.

In non-pregnant women, ruptured ovarian cyst is a more common cause of pain. It is typically of sudden onset and lasts a few hours but can be severe. A more serious cause of pain is ovarian torsion. This happens when the ovary twists on its vascular stalk cutting off its blood supply. The swelling and necrosis leads to sudden and severe pain on one side. Immediate assessment and treatment is crucial to saving the ovary.

While pain can be acute or chronic, we tend to ignore the milder long standing pain that could be harboring more sinister cause like cancer. There is frequently more than one component to chronic pelvic pain. Depression and sleep disorders are common in women with chronic pain.

Pelvic pain which varies markedly over the menstrual cycle i.e. dysmenorrhoea is likely to be attributable to a hormonally driven condition such as endometriosis. Pelvic inflammatory disease may also cause pain that may be associated with abnormal vaginal discharge and bleeding. Infection, endometriosis and previous pelvic surgery like appendicectomy can lead to adhesions that in turn cause chronic pelvic pain.

Besides the above gynaecological causes, there are non-gynaecological causes that may cause pelvic pain i.e. irritable bowel syndrome, urinary tract infection, constipation, appendicitis and musculoskeletal pain.

How is pelvic pain diagnosed?

The diagnostic workup begins with a careful history and physical examination, followed by a pregnancy test. Some women may also need vaginal swabs to determine if there is an infective cause; pelvic ultrasound to look for ovarian cysts or mass, fibroids, adenomyosis etc. In pregnancy, the ultrasound will help to locate the pregnancy and ascertain its viability. While the diagnosis may be apparent after questioning and clinical examination for some, others may require a laparoscopy to establish the cause. Further imaging like CT or MRI of abdomen and pelvis may be required.

How is pelvic pain treated?

Treatment depends on the cause and severity of the pain. Many women with dysmenorrhea will benefit from physiotherapy, a trial of anti-inflammatory medications or hormonal therapy. Antibiotics is appropriate in treating pelvic inflammatory disease. For masses like ovarian cysts, fibroids, surgical removal may be deployed. Ovarian torsion and ectopic pregnancy are surgical emergencies.

When do I need to visit the doctor?

Assessment by a specialist is helpful especially when one is pregnant and the cause of pain is uncertain. If the pain is persistent or does not go away with simple analgesia like Panadol, visiting a doctor is the most sensible thing to do.

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Graduated in 2003 from medical school of National University of Singapore, Dr Chin pursued her specialist training locally and she obtained her postgraduate qualification from Royal College of Obstetrics and Gynaecology, United Kingdom in 2008. She is a Fellow of the Royal College of Obstetricians & Gynaecologists (London) and a Fellow of the Academy of Medicine (Singapore).

She has a special interest in minimally invasive surgery especially advanced hysteroscopic surgery for which she did her HMDP (human manpower development plan award) in Japan in mid-2014. She is accredited for advanced minimally invasive surgeries. She is familiar with hysteroscopic ligation and has extensive experiences in hysteroscopic myomectomies.

She also takes an interest in pre-invasive diseases, for which she obtained colposcopic and laser accreditations. She set up the molar pregnancies unit for the hospital to better look after the needs of this special group of patients.

She is actively involved in clinical research and medical education. She has published on several journals and presented in many international conferences.