

# Pelvic Pain in Women

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The pelvis is the lowest part of your abdomen. Pelvic pain is more common in women. There are many different causes of pain in the pelvis. They can be separated by when they tend to happen, if you are pregnant and if they are accompanied by other symptoms such as vaginal bleeding. The most common causes are mentioned below. Most will improve with painkillers. Most recurring causes have treatments available.

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## What is the pelvis?

The pelvis is the lowest part of your abdomen. Organs in the pelvis include the bowel, bladder, womb and ovaries. Pelvic pain usually means pain that originates from one of these organs. In some cases the pain comes from the pelvic bones that lie next to these organs, or from nearby muscles, nerves, blood vessels or joints. So, there are many causes of pelvic pain.

Pelvic pain is more common in women than in men. This leaflet will deal with the most common causes of pelvic pain in women.

## What are the causes of pelvic pain?

Pelvic pain can be acute or chronic. Acute means that it is the first time you have had this type of pain. Chronic means that pain has been a problem for a long time - usually several months.

### ***Problems associated with pregnancy***

**Miscarriage:** miscarriage is the loss of a pregnancy at any time up to the 24th week. 7 or 8 miscarriages out of 10 occur before 13 weeks of pregnancy. The usual symptoms of miscarriage are vaginal bleeding and lower abdominal or pelvic cramps. You may then pass some tissue from the vagina, which often looks like a blood clot. See separate leaflet called [Miscarriage](#) for further details.

**Ectopic pregnancy:** an ectopic pregnancy is a pregnancy that tries to develop outside the womb. It occurs in about 1 in 100 pregnancies. Usual symptoms include pain on one side of the lower abdomen or pelvis. It may develop sharply, or may slowly get worse over several days. It can become severe. Vaginal bleeding often occurs, but not always. It is often darker-coloured than the bleeding of a period. For further details see separate leaflet called [Ectopic pregnancy](#).

**Rupture of corpus luteum cyst:** a corpus luteum makes hormones that help keep you pregnant, until other organs such as the placenta take over. It is part of the egg-making process in your ovary. They are usually found when you have your ultrasound scan. They often cause no problems at all and clear up without treatment. Sometimes it can become too swollen and may burst. This may cause sharp pain on one side of your pelvis. If you have pain in your pelvis in the first 12 weeks of your pregnancy, see your doctor.

**Premature labour:** normally labour starts after 37 completed weeks of pregnancy. Normal labour usually starts as tightenings felt across the lower abdomen. These become stronger, more painful and closer together. You may also have a 'show'. This is the mucous plug from the neck of the womb. If you have a gush of fluid from the vagina, your waters may have broken. You should contact your midwife immediately. If you have pelvic pains that come and go in a regular pattern, contact your midwife for advice.

**Placental abruption:** rarely (about 6 times in every 1,000 deliveries), the placenta detaches from the wall of the womb. Before 24 weeks of pregnancy this is a miscarriage, but after 24 weeks it is called an abruption. When it happens it is an emergency. This is because the baby relies on the placenta for food and oxygen. Without a working placenta, the baby will die. The staff in the maternity department will quickly try to deliver the baby. This is usually by emergency Caesarean section.

## ***Gynaecological problems***

**Ovulation:** ovulation means producing an egg from your ovary. Some women develop a sharp pain when an egg is released. This ovulation pain is called 'Mittelschmerz' (middle pain - because it occurs mid-cycle). The pain may be on a different side each month, depending on which ovary releases the egg. This pain only lasts a few hours but some women find it is severe.

**Dysmenorrhoea:** most women have some pain during periods. The pain is often mild but, in about 1 in 10 women, the pain is severe enough to affect day-to-day activities. The pain can be so severe that they are unable to go to school or work. Doctors may call period pain 'dysmenorrhoea'. See separate leaflet called [Period pain \(dysmenorrhoea\)](#) for further information.

**Pelvic inflammatory disease (PID):** PID is an infection of the womb. Bacteria that cause the infection usually travel into the womb from the vagina or cervix (neck of the womb). Most cases are caused by chlamydia or gonorrhoea. Symptoms of PID include pain in the lower abdomen or pelvis, fever, abnormal vaginal bleeding and a vaginal discharge. See separate leaflet called [Pelvic inflammatory disease](#) for further details.

**Rupture or torsion of ovarian cyst:** an ovarian cyst is a fluid-filled sac which develops in an ovary. Most ovarian cysts are non-cancerous and cause no symptoms. Some cause problems such as pain and irregular bleeding. Pain may happen when they rupture (burst) or twist (called torsion). No treatment may be needed for certain types of ovarian cysts which tend to go away on their own. See separate leaflet called [Ovarian cyst](#) for further information.

**Degenerative changes in a fibroid:** fibroids are non-cancerous growths in the womb. They are common and usually cause no symptoms. However, they can sometimes cause heavy periods, abdominal swelling and urinary problems. Rarely, the fibroid outgrows its blood supply. This can make it degenerate (shrink) which can be very painful. See separate leaflet called [Fibroids](#) for more information.

**Endometriosis:** this is a condition found in women between the ages of 13 and 50. It is most commonly diagnosed in women in their thirties. It is more common in women who are having trouble conceiving. In these women it can be found in 1 out of 5 of them. It causes pain around the time of your period. It may also cause pain when you have sex. See separate leaflet called [Endometriosis](#) for more information.

**Chronic pelvic pain:** this is the term used when a woman has had pain for 3-6 months. Sometimes a cause is found, such as those above, and sometimes there is no obvious cause. Doctors do not yet fully understand this condition but believe it may also be the result of stresses in your life. Keeping a symptom diary is helpful. This may identify a pattern to the pain and triggers in your life that may be responsible.

There are further reading links below that have more information on this condition.

## ***Problems with bowels or bladder***

**Appendicitis:** appendicitis means inflammation of the appendix. The appendix is a small pouch that comes off the gut wall. Appendicitis is common. Typical symptoms include abdominal pain and vomiting that gradually get worse over 6-24 hours. Some people have less typical symptoms. An operation to remove the inflamed appendix is usually done before it perforates (bursts). A perforated appendix is serious. See separate leaflet called [Appendicitis](#) for further information.

**Irritable bowel syndrome (IBS):** IBS is a common gut disorder. The cause is not known. Symptoms can be quite variable and include abdominal pain, bloating, and sometimes bouts of diarrhoea and/or constipation. Symptoms tend to come and go. There is no cure for IBS, but symptoms can often be eased with treatment. See separate leaflet called [Irritable bowel syndrome](#) for further details.

**Cystitis:** this is a urine infection in the bladder. It is common in women. A short course of antibiotics is a common treatment. It may improve spontaneously without the need for antibiotics. Cystitis clears quickly without complications in most cases. See separate leaflet [Cystitis in women](#) for further information.

**Adhesions:** adhesions may happen after surgery. As your body tries to heal after surgery, the tissues become sticky. The stickiness may accidentally cause tissues to stick together. The most common organ affected is the bowel. This may cause pain.

**Strangulated hernia:** a hernia occurs where there is a weakness in the wall of the abdomen. As a result, some of the contents within the abdomen can then bulge (push through) under the skin. You can then feel a soft lump or swelling under the skin. There is a small chance that the hernia might strangulate. A hernia strangulates when too much bowel has come through the gap in the muscle or ligament and then becomes squeezed. This can cut off the blood supply to the portion of intestine in the hernia. This can lead to severe pain and some damage to the part of the intestines in the hernia. See separate leaflet called [Hernia](#) for further details.

### ***Problems with muscles and bones***

Problems with the lower back, bones in the pelvis and nearby joints such as the hip joints can cause pain. Often it is clear where the pain is coming from but, in some cases, the pain can feel like it is in the pelvis and it can be difficult to pinpoint its origin.

## What should I do if I have pelvic pain?

There are many different causes of pelvic pain. Some are more serious than others. If you are confident that you know the cause or the pain, for example, period pain, you could try taking a painkiller such as ibuprofen or paracetamol.

If you are not sure of the cause of the pain or if the pain is severe, you should see a doctor. In particular, some causes are emergencies - for example, an ectopic pregnancy. Seek medical help urgently if you suspect this. You may also want to see a doctor if the pain keeps coming back. For many of the conditions listed above, there are treatments available.

## What investigations may be advised?

Your doctor will ask you some questions and may examine you. Based on what they find, they may advise you to have some further investigations.

A urine infection is a very common cause of pelvic pain and your doctor may ask for a urine sample. If they think there is a risk of an infection, they may ask to take a swab. A pregnancy test may be advised if you are unsure. They may arrange an urgent ultrasound (if miscarriage or ectopic pregnancy is suspected) at your local hospital. A routine ultrasound scan can be arranged to diagnose problems such as ovarian cysts.

Laparoscopy is commonly used by gynaecologists. This is when a small telescope is put through a cut in your belly button. This allows the doctor to see inside your pelvis. See separate leaflet called [Laparoscopy and laparoscopic surgery](#) for further information.

Doctors who specialise in the bowel may use flexible telescopes to look inside your bowel. The gullet and stomach can be seen by gastroscopy. See separate leaflet called [Gastroscopy \(endoscopy\)](#). The lower bowel (rectum and colon) are looked at by colonoscopy.

## What may be advised to help manage the problem?

This will depend on what the likely cause is. Follow the links above to the separate leaflets for more information on this.

If the problem is not an emergency, your doctor may refer you to a consultant for further specialist investigations - as above.

## Further help and information

### Pelvic Pain Support Network

PO Box 6559, Poole, Dorset, BH12 9DP

Web: [www.pelvicpain.org.uk](http://www.pelvicpain.org.uk)

## Further reading & references

- [The initial management of chronic pelvic pain](#), Royal College of Obstetricians and Gynaecologists (May 2012)
- [MAPP Research Network](#), Multidisciplinary Approach to the Study of Chronic Pelvic Pain - collaborative research on urological chronic pelvic pain disorders
- [Daniels JP, Khan KS](#); Chronic pelvic pain in women. *BMJ*. 2010 Oct 5;341:c4834. doi: 10.1136/bmj.c4834.

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