

Suffering in Silence: Chronic Pelvic Pain
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Chronic Pelvic Pain is one of the most common medical problems facing women today; however, it is a condition that is rarely talked about. The International Pelvic Pain Society estimates that 10 million people suffer from chronic pelvic pain worldwide. In addition, the National Vulvodynia Association reports 16% of all women will suffer from vulvar pain in their lifetime.

Due to the personal nature of pelvic pain, this condition is something that we never or rarely hear about. We usually do not discuss intimacy and our private parts, and many doctors are unfamiliar with pelvic pain, its causes and treatment. As a result, many women are dissuaded from seeking any kind of treatment, are misdiagnosed, and suffer in silence.

Chronic pelvic pain is defined as any pelvic pain that lasts for more than six months. Symptoms can include urinary frequency and urgency, a sensation of not fully emptying the bladder, decreased urine flow, constipation, burning and pain in the pelvic area, pain during and/or following intercourse, and pain in the low back.

Chronic pelvic pain typically starts during a time of stress and tension or with some form of trauma to the pelvic floor region, which triggers the “Fight or Flight Response.” According to this theory, our body releases epinephrine or norepinephrine in emergent situations. These hormones can speed up our heart rate, constrict blood vessels, and increase blood flow to muscles to prepare our bodies for the confrontation or the escape.

A repeatedly stressed or traumatized body will stay in this abnormally tense state, which leads to pain and then anxiety, leading back to the fight or flight response. This cycle results in continually tense and tight muscles that can form trigger points, which are tight bands in the muscle. These can trap or irritate surrounding nerves, causing vulvar and/or rectal pain and compromised urinary and fecal ability.

Because chronic pelvic pain affects the body in many ways, a team of health care professionals who have knowledge of this condition need to be consulted. A nutritionist can help educate on the dietary triggers of pelvic pain, while a counselor or psychologist can address the anxiety, depression, and sleep or sexual dysfunction that often accompany pelvic pain. Physicians, such as obstetricians/gynecologists, urogynecologists, and urologists can help rule out and treat underlying medical conditions and prescribe medications to alleviate symptoms

A physical therapist who specializes in women's health can address the skeletal and muscular dysfunction. After an evaluation, a physical therapist will treat tense muscles with internal and external trigger point or myofascial release, relieving the pressure on nerves and reducing pain and inflammation. A low impact exercise routine like walking or swimming for 30 minutes a day and stretching exercises are prescribed at the onset of treatment, but strengthening exercises are initiated only once muscles have been sufficiently relaxed.

Remember, the treatment for chronic pelvic pain is a slow process. Because it is a chronic condition, the effects of treatment will not be immediate. Treatment may take 3 months up to a year. Answers are out there, and people are willing to help. However, to meet the challenge, you must be proactive in your own healthcare and advocate for yourself to prevent suffering in silence.