

Chronic Pelvic Pain?

Promising New Approaches to Diagnosis and Treatment

By Robert L. McQuady, M.D.

Valerie, 34, was always outgoing and athletic. But for the last year or so, despite treatment for recurrent urinary tract infections, she's still bothered by lower abdominal pain that seems to flare up at various points during her menstrual cycle.

"I feel like I have to go to the bathroom all the time and I'm sick of the pain," she explains. "I wake up in the morning, skip the gym and wonder how bad it will be today."

Catherine, 41, has been to so many doctors for pain in her pelvic area, back and thighs that she's lost count.

"No one seems to understand what I'm going through," she says. "My family and friends feel sorry for me, but no one can figure out what's wrong — but I swear, it's not all in my head!"



Lisa, 28, has been too embarrassed to tell anyone about her pain. "I have a 7 1/2-month-old and since her birth, I have found it difficult to have sex with my husband. Ever since, intercourse feels like a knife entering inside me. It has eased a little over time but is still very painful and, to say the least, I am not wanting to have sex."

Valerie, Catherine and Lisa are not alone. Chronic Pelvic Pain (CPP) is one of the most common medical problems

affecting women today. In fact, it is estimated that roughly 15 percent of American women between ages 18 and 50 are CPP sufferers. Yet, of these 9.2 million sufferers, a surprising 61 percent still have no diagnosis.

Why is this problem so poorly understood? Why have treatments often proven unsuccessful? And is there anything women with CPP can do to help themselves feel better and return to active and fulfilling lives?

DRAMATIC IMPROVEMENTS IN TREATMENT

Knowledge in this specialized area has expanded rapidly and new approaches to diagnosis and treatment have recently been identified. Women who previously searched from doctor to doctor seeking help or decided that it just wasn't worth seeking medical guidance, can benefit from new research and state-of-the-art protocols and techniques.

What's happened to dramatically alter the management of pelvic pain? In 1995, a group of concerned physicians met to discuss their common interest in treating CPP. They found that many of their patients were not responding to conventional medical or surgical treatments.

A new multi-disciplinary approach was called for that included specialized skill in physical examination and history taking, new integrated medical and surgical therapies and a hefty dose of compassion.

These physicians strongly believed, based on their extensive experience with thousands of women, that pelvic pain is not exclusively just in your body or head — therapies must be directed to both areas in order for effective treatment and reduction of pain.

"To tell a CPP patient that there is 'nothing wrong' is unacceptable and illustrates a poor understanding of the causes of pelvic pain," writes Dr. Edward J. Stanford of St. Mary's Good Samaritan Hospital in Mount Vernon, Ill.

Instead, these doctors pulled together the latest international findings to develop treatment protocols that produced results. Rather than focusing on a single discipline such as gynecology or urology, they developed tools for assessment and pain management that crossed multiple specialties. When they broadened their focus and added a cutting-edge understanding of neurophysiology, they began to find integrated approaches that worked.

Together, they formed the International Pelvic Pain Society (IPPS) to serve as a forum for professional and public education. The organization's goals include optimizing diagnosis and management

of patients suffering from CPP, collating CPP research and informing women about their treatment options.

"My pelvic pain was ruining my entire life — Many of the tests came out negative and it also seemed like my family was giving up on me," writes one patient with CPP. "I felt that all the doctors that I had seen just thought I was making it up. I had had such bad experiences (with physicians) that I really didn't find much hope that anyone could help me. But, sure enough, Dr. C. Paul Perry (Chairman of the Board, IPPS) did get me better."



Armed with a new approach to assessment and treatment, a handful of medical centers specializing in CPP have recently opened across the country. What does a state-of-the-art pelvic pain center do that's so different? The unique multidisciplinary approach of a facility dedicated exclusively to pelvic pain is one key to successful CPP management.

As Dr. Stanford writes, "In recent years, our understanding of how to approach the patient with CPP has improved considerably. A vast majority of these patients continue to avoid seeking treatment or are referred to a clinician who does not provide a comprehensive approach to diagnosing and treating the condition."

STATE-OF-THE-ART TREATMENT

Patients who go to a pelvic pain center notice a different multidisciplinary approach to their care. The process begins with an extremely detailed assessment

that differs from a standard gynecologic evaluation because it is designed to provide information far beyond the condition of the female genital structures. Urological or gastrointestinal problems also can relate to CPP and those systems may require simultaneous treatment.

A pelvic pain center provides patients with access to an extensive range of health services including surgical and medical services, trigger point treatments, alternative and complementary medicine and physical and massage therapy. Because CPP patients are more inclined to suffer from depression and anxiety, those services may be an important part of a treatment plan as well.

When traditional therapies have not found a pain resolution, a significant part of a patient's "cure" may be found in a pelvic pain center's understanding of research in neurophysiology and the identification and treatment of the specific nerve pathways that lead to each sensation of pelvic pain and discomfort. Simply, this area of expertise can be difficult to find outside of a specialty center and is an integral part of the pelvic pain center work-up.

As learning in this specialized area of gynecology continues to expand, the International Pelvic Pain Society will remain on the forefront of new approaches to CPP diagnosis and treatment. They will serve as an educational resource for health care professionals and their patients. To access the latest IPPS information and to find Kentuckiana physicians who specialize in pelvic pain, call 800-624-9676 or visit the IPPS website at www.pelvicpain.org.

Robert L. McQuady, M.D., is a board-certified gynecologist and founding medical director of the new Louisville-based Pelvic Pain Regional Specialty Center, PLLC located in the East End's Dupont area. After 25 years of treating thousands of women with pelvic pain, he is delighted to be able to bring the most up-to-date integrated diagnostic and treatment techniques to the women of this region. Readers can find out more about the Pelvic Pain Regional Specialty Center by accessing the web-site at www.pelvicpain-kentucky.com or call 502-899-3009 to schedule a center evaluation.



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