

PELVIC PAIN CAUSES, TREATMENT

An astonishing 37 million adult women in the U.S., at least one in four, suffer from pelvic dysfunction. Whether it's because they want to be tough and bear it or because they're embarrassed to bring up the issue with their doctor, there are estimated to be far more who suffer in silence.

Conditions that may cause pelvic pain: Uterine fibroids, uterine prolapse, adenomyosis, endometriosis

Symptoms: Heavy bleeding, bladder issues, severe abdominal pain, sexual intercourse difficulties, infertility.

Uterine Fibroids

A normal uterus is the size of a small pear; fibroids can grow as big as pumpkins. Because fibroids are usually not a life-threatening condition, most women opt to be patient and manage their symptoms until menopause.

Treatment options:

- Hysteroscopic resection of fibroids: Women who have fibroids growing inside the uterine cavity may need this outpatient procedure to remove the fibroid tumors.
- Uterine artery embolization: This procedure stops the blood supply to the fibroid, causing it to die and shrink. Women who may want to become pregnant in the future should discuss this procedure with their healthcare provider.
- Myomectomy: This surgery removes the fibroids. It is often the chosen treatment for women who

APPOINTMENTS - LOCATION

For an appointment with an OBGYN specialist at Riverwood's Specialty Clinic in Aitkin, call (218) 927-5566.

want to have children, because it usually can preserve fertility.

- Hysterectomy, a surgery to remove the uterus, is the only permanent solution for fibroids that keeps them from growing back. It may be an option if medicines do not work and other surgeries and procedures are not an option.

Endometriosis

This condition occurs when cells from the lining of the uterus grow in other areas of the body.

This can lead to pain, irregular bleeding and problems getting pregnant. Endometriosis is common and typically diagnosed between ages 25 to 35. Pain is the main symptom of endometriosis.

A woman with endometriosis may have painful periods, pain in the lower abdomen before and during menstruation, cramps for a week or two before menstruation and during menstruation, pain during or following sexual intercourse, pain with bowel movements, pelvic or low back pain that may occur at any time during the menstrual cycle.

Treatment options

Treatment for endometriosis depends on these factors: 1) age, 2) severity of symptoms, 3) severity

of disease, 4) whether you want children in the future. For some women, treatment options include medications to control pain, or hormone medications to stop the endometriosis from getting worse.

For other women, treatment options include medications to control pain, or hormone medications to stop the endometriosis from getting worse. If you have severe pain from endometriosis, your healthcare provider may suggest surgery to see the size and degree of growth; he/she may also remove the endometriosis at that time.

Adenomyosis

This condition is uterine thickening that occurs when endometrial tissue, which normally lines the uterus, moves into the outer muscular walls of the uterus.

The cause is unknown. Sometimes adenomyosis may cause a mass or growth within the uterus, which is called an adenomyoma. The disease usually occurs in women older than 30 who have had children. It is more likely in women with previous cesarean section or other uterine surgery.

Symptoms: Long-term or heavy menstrual bleeding, painful menstruation, which gets increasing worse; pelvic pain during intercourse. Symptoms usually go away after menopause. During a pelvic exam, the doctor may find a soft and slightly enlarged uterus. The exam may also reveal a uterine mass or uterine tenderness. An ultrasound of the uterus may help tell the difference between adenomyosis and other uterine tumors.

Treatment: Birth control pills and a progesterone-containing intrauterine device (IUD) can help decrease heavy bleeding. In some cases, pain

medicine may be needed. Birth control pills and a progesterone-containing intrauterine device (IUD) can help decrease heavy bleeding. A hysterectomy

Uterine Prolapse

Prolapse is the falling or sliding of the uterus from its normal position in the pelvic cavity into the vaginal canal. The uterus is held in position in the pelvis by muscles, special ligaments and other tissue. The uterus drops into the vaginal canal (prolapses) when these muscles and connective tissues weaken.

Uterine prolapse feels like you're sitting on a small ball. Heavy lifting or coughing could be dangerous. Weight loss is recommended in women with uterine prolapse who are obese.

Treatment: Surgery should not be done until the prolapse symptoms are worse than the risks of having surgery. The specific type of surgery depends on: the degree of prolapse, desire for future pregnancies, other medical conditions, desire to retain vaginal function, and a woman's age and general health. Often, a vaginal hysterectomy is used to correct uterine prolapse.

Most women with mild uterine prolapse do not have bothersome symptoms and don't need treatment. Vaginal pessaries can be effective for many women with uterine prolapse. Surgery usually provides excellent results; however, some women may require treatment again in the future.