



View this article online at: [patient.info/health/pelvic-pain-in-women](https://patient.info/health/pelvic-pain-in-women)

## Pelvic Pain in Women

---

The pelvis is the lowest part of your tummy (abdomen). Pelvic pain is more common in women. There are many different causes of pain in your 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.

---

### What is the pelvis?

The pelvis is the lowest part of your tummy (abdomen). Organs in your pelvis include your bowel, bladder, womb (uterus) and ovaries. Pelvic pain usually means pain that starts from one of these organs. In some cases the pain comes from your 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 - more than six months.

### Pelvic pain in 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 tummy (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 and Bleeding in Early Pregnancy for more details.](#)

**Ectopic pregnancy:** an ectopic pregnancy is a pregnancy that tries to develop outside the womb (uterus). 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 become 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. [See separate leaflet called Ectopic Pregnancy for more details.](#)

**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 forms after the release of the egg at ovulation. They are often found, by chance, when you have an ultrasound scan for whatever reason. 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 (cervix). 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. [See separate leaflet called Premature Labour for more details.](#)

**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; however, 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.

**Period pains (dysmenorrhoea):** most women have some pain during their 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 more details.](#)

**Pelvic inflammatory disease (PID):** PID is an infection of your womb. Germs (bacteria) that cause the infection usually travel into your womb from your vagina or cervix. Most cases are caused by chlamydia or gonorrhoea. Symptoms of PID include pain in your lower abdomen or pelvis, high temperature (fever), abnormal vaginal bleeding and a vaginal discharge. [See separate leaflet called Pelvic Inflammatory Disease for more 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 (benign) and cause no symptoms. Some cause problems such as pain and irregular bleeding. Pain may happen when they burst (rupture) 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 more details.](#)

**Degenerative changes in a fibroid:** fibroids are non-cancerous growths which can occur in your 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 shrink (degenerate) which can be very painful. [See separate leaflet called Fibroids for more details.](#)

**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 details.](#)

**Chronic pelvic pain:** this is the term used when a woman has had pain for at least six months. Chronic pelvic pain can occur in around 1 in 6 women so it is very common. Sometimes a cause is found (such as those above) and sometimes there is no obvious cause. If the source of your chronic pelvic pain can be found, treatment focuses on that cause. Some women never receive a specific diagnosis that explains their pain. If no cause can be found, your treatment will focus on managing the pain. Keeping a symptom diary is helpful. This may identify a pattern to the pain and triggers in your life that may be responsible. Depression, chronic stress or a past history of sexual or physical abuse increases your risk of developing chronic pelvic pain. In addition, any emotional distress often makes pain worse and living with chronic pain contributes to emotional distress. Your doctor will often consider psychological treatments to help with the pain. For more information see references below.

## Bowel or bladder problems

**Appendicitis:** appendicitis means inflammation of your appendix. The appendix is a small pouch that comes off the gut wall. Appendicitis is common. Typical symptoms include abdominal pain and being sick (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 bursts (perforates). A perforated appendix is serious. [See separate leaflet called Appendicitis for more details.](#)

**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 more details.](#)

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

if you have symptoms of cystitis but there are no signs of infection when your urine is tested, you may have **Interstitial cystitis**. This is a poorly understood condition where the walls of the bladder are inflamed. It is a cause of long-term pain. It is also called 'painful bladder syndrome'.

**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 push through (bulge) 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 more details.](#)

## Muscle and bone problems

Problems with your lower back, bones in your pelvis and nearby joints such as your hip joints can cause pain. Often it is clear where the pain is coming from. However, in some cases, the pain can feel like it is in your 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 [paracetamol](#) or [ibuprofen](#).

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 sample (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 undertaken by gynaecologists. In this procedure, a small telescope is put through a small cut in your belly button. This allows the doctor to see inside your pelvis. [See separate leaflet called Laparoscopy and Laparoscopic Surgery for more details.](#)

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 \(Endoscopy\) for more details.](#) [The lower bowel \(rectum and colon\) are looked at by colonoscopy.](#)

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

This will depend on the likely cause. 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 & 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)
- [Guidelines on Chronic Pelvic Pain](#); European Association of Urology (2015)
- [Cheong YC, Smotra G, Williams AC](#); Non-surgical interventions for the management of chronic pelvic pain. Cochrane Database Syst Rev. 2014 Mar 5;3:CD008797. doi: 10.1002/14651858.CD008797.pub2.

**Disclaimer:** This article is for information only and should not be used for the diagnosis or treatment of medical conditions. Patient Platform Limited has used all reasonable care in compiling the information but makes no warranty as to its accuracy. Consult a doctor or other healthcare professional for diagnosis and treatment of medical conditions. For details see our [conditions](#).

Author: Dr Louise Newson	Peer Reviewer: Dr John Cox	
Document ID: 13913 (v2)	Last Checked: 24/07/2015	Next Review: 23/07/2018

View this article online at: [patient.info/health/pelvic-pain-in-women](http://patient.info/health/pelvic-pain-in-women)

Discuss Pelvic Pain in Women and find more trusted resources at [Patient](#).

## Ask your doctor about Patient Access

- 🔍 Book appointments
- 🔍 Order repeat prescriptions
- 🔍 View your medical record
- 🔍 Create a personal health record (iOS only)



Simple, quick and convenient.  
Visit [patient.info/patient-access](http://patient.info/patient-access)  
or search 'Patient Access'