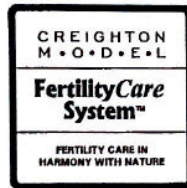


history. Keep in mind that the physicians are often men who have never experienced this type of pain or women who have never had dysmenorrhea or pelvic pain as a part of their own cyclic function. Thus, it is sometimes difficult for them to relate to these problems. It is, thus, helpful to go to a physician who is particularly interested or sensitive to these difficulties.

A pelvic examination is important in the further evaluation of the pain and at that time cultures can be obtained, if necessary. In addition, a pelvic ultrasound examination may be helpful at the time of experiencing the pain and also early in the menstrual cycle (day 5) to obtain some type of a baseline of activity. If the pain is worse and unrelenting, then a diagnostic laparoscopy can be helpful.

When the doctor receives input from the various tests that are being done specific treatment strategies can be implemented. What is important is that the patient should know that almost all the time the problems of pelvic pain are due to some type of underlying organic disease which does lend itself to specific treatment strategies which often are very successful.

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The symbol on the front cover symbolizes the creation of a new human person. It represents the equation $1 + 1 + 1 = 1$. A man, a woman and God all come together to create the new child.

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DYSMENORRHEA (MENSTRUAL CRAMPS) AND PELVIC PAIN



A
FERTILITY CARE
EDUCATION
BROCHURE

Thomas W. Hilgers, M.D.

DYSMENORRHEA (MENSTRUAL CRAMPS) AND PELVIC PAIN

Dysmenorrhea (menstrual cramps) are common problems in women of reproductive age. These are cramps which may occur beginning a few days prior to menstruation and continue for several days during the course of the menstrual flow. These cramps are due to the actual **contraction of the muscle of the uterus** as it expulses the lining tissue within the uterus at the time of menstruation.

Some mild cramping is seen during the course of menstruation in most women. However, **more severe forms**, which would properly be called dysmenorrhea, are observed in a smaller group although it is still quite common. These cramps can be **very severe and immobilizing**. They can be so severe as to cause the individual to **miss work, school, etc.** At times it can be associated with **nausea and vomiting, rectal pain, spotting before the beginning of the period and brown bleeding at the end of the period.** Like any other gynecologic problem, **careful evaluation and treatment** can be very helpful.

EVALUATION AND TREATMENT OF DYSMENORRHEA

In women who have a severe form of dysmenorrhea (severity depends on the woman's own interpretation of the severity of these cramps), a

basic evaluation should be undertaken. This evaluation should include discussing the situation with a physician and having at least a **pelvic examination**. At times, **cultures** of the cervix or cavity of the uterus, a **pelvic ultrasound** or a **diagnostic laparoscopy** may be helpful in the evaluation. The doctor will be looking for a variety of different possible causes which could include **infection, endometriosis, pelvic adhesions, cervical stenosis** (a scarring and narrowing of the cervix), etc.

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Depending upon the severity of these menstrual cramps, most doctors will begin treatment with a group of medications referred to as **Prostaglandin inhibitors**. This would include drugs that contain **Ibuprofen** and other related medications (such as **Advil, Nuprin, Aleve, Motrin, Naprosyn, Anaprox, Cataflam**, etc.). Prostaglandins are chemicals which are found in quite high concentration in the menstrual fluid of women with dysmenorrhea. One of the effects of prostaglandins is to cause these tumultuous contractions of the uterus which cause the menstrual cramps. Thus, an anti-prostaglandin drug can be quite helpful.

If these drugs are not helpful then a diagnostic

laparoscopy with **laser vaporization of endometrial implants** or **laser uterosacral neurectomy** (the LUNA Procedure) can be helpful in pain relief.

PELVIC PAIN

Pelvic pain can, in part, be related to dysmenorrhea and at other times, quite unrelated. Pelvic pain can be defined as **pain that is present in the pelvic organs or in the pelvic area throughout the course of the menstrual cycle and not just limited to the time of menstruation.** There are many causes of pelvic pain including **infection, endometriosis, pelvic adhesions, ovarian cysts**, etc.

It is helpful in evaluating pelvic pain to **NaProTRACK® your menstrual cycles**. By learning a system for recording the events of your menstrual cycles using **CREIGHTON MODEL FertilityCare™ System**, one can keep a careful record of the recorded aspects of the pelvic pain. Where this pelvic pain is located within the context of the menstrual cycle can be very helpful. For example, if the pelvic pain is located mostly **after ovulation**, it is often related to an ovarian cyst or to endometriosis. If the pain is associated with the **timing around ovulation** then it may simply be an ovulation related discomfort or pain. Other pain which might occur around menstruation, for example, might be more related to infection.

One of the difficulties that women observe who experience pelvic pain is that **many physicians don't always believe them with regard to their**