



*Choose to  
Be Informed  
About Chronic  
Pelvic Pain  
Conditions.*

**Pelvic Pain Conditions 2**

**Women's Services at Every  
Age and Stage of Life 5**

**Screenings You Need 6 – 7**

**Your Medical History 8 – 10**

**Family History 11 – 12**

**My Physicians 13**

**ORLANDO**  
**HEALTH®**



**WINNIE PALMER  
HOSPITAL**  
For Women & Babies

*Gynecological issues involving the pelvic area affect many women during their lifetime. Chronic pelvic pain is pain located between the stomach and hips that lasts for six months or longer. For women, there can be many different causes of pelvic pain. This guide explains the most common types of female pelvic conditions and what can be done to treat them.*

## Abnormal Uterine Bleeding

Abnormal uterine bleeding is defined as bleeding that occurs between periods, or is heavier or lasts longer than normal. Menstrual cycles that are longer than 35 days or shorter than 21 days are considered abnormal. Bleeding that occurs after intercourse or any time after menopause is also abnormal.

There are many possible causes of abnormal uterine bleeding, including fibroids, polyps, infection or cancer of the uterus or cervix, polycystic ovary syndrome (an endocrine system disorder), endometriosis or adenomyosis. Pregnancy, miscarriage and ectopic pregnancy can also cause abnormal uterine bleeding.

Abnormal uterine bleeding can occur at any age. However, it more commonly occurs as a woman nears menopause (around age 50), as it is normal to skip periods or for bleeding to get lighter or heavier at this time.

Treatment of abnormal uterine bleeding depends on many factors, including the cause, your age and whether you want to have children. Many women can be treated with medication or hormone therapy, while others may need surgery. Doctors can perform endometrial ablation to treat many causes of heavy bleeding. This procedure, which destroys a thin layer of the uterus lining to stop menstrual bleeding, can be performed through radiofrequency, freezing, microwave energy, heated fluid or electrosurgery.

Hysterectomy, removal of the uterus, may be an option when other treatments have failed or are not feasible. Minimally invasive hysterectomy procedures typically result in less pain and scarring, and a faster recovery than open hysterectomy surgery.



## Painful Periods

Painful menstrual periods, also called dysmenorrhea, are the leading cause of lost time from school and work among women in their teens and 20s. Painful periods may include pain in the pelvis, abdomen, back and legs; abdominal cramps; headache; and fatigue.

There are two types of dysmenorrhea. Primary dysmenorrhea is caused by high levels of prostaglandins — hormone-like substances — in the uterus. Secondary dysmenorrhea can be caused by endometriosis, ovarian cysts, pelvic inflammatory disease, uterine fibroids, inflammatory bowel disease, tumors or an intrauterine device (IUD).

Diagnostic options your doctor may consider include:

- **Pelvic ultrasound exam** – A noninvasive exam that produces images of the pelvic organs from sound waves generated from a probe placed on your body.
- **Hysteroscopy** – A procedure that utilizes a thin, lighted tube called a hysteroscope to examine the inside of the uterus.
- **Hysterosalpingogram** – An X-ray procedure performed to assess whether the fallopian tubes are open or blocked.
- **Pelvic laparoscopy** – A procedure that uses an instrument called a laparoscope to view the reproductive organs.

To relieve the pain of primary dysmenorrhea, your doctor may recommend medications and certain lifestyle changes. The treatment of secondary dysmenorrhea varies depending on the underlying condition.



## Endometriosis and Adenomyosis

Endometriosis is a disorder in which tissue that normally lines the inside of the uterus grows outside of the uterus. Symptoms include painful periods; painful intercourse, urination or bowel movements; and excessive bleeding. Fertility

problems can also develop.

Because endometriosis can be a challenging condition to manage, an early diagnosis and multidisciplinary medical team may result in more effective treatment of your symptoms. To check for the presence of endometriosis, your doctor will conduct a pelvic exam. Follow-up diagnosis may include an ultrasound exam, laparoscopic procedure and biopsy.

The first line of treatment for endometriosis is often hormonal medications. Your doctor may also recommend medications to manage pain. If the pain persists, surgery may be required. Laparoscopic surgery involves small incisions in the abdominal wall, allowing the surgeon to remove the endometriosis using radiofrequency, microwave energy, electrosurgery or carbon dioxide laser. For severe cases, more extensive surgery called laparotomy may be required.

Adenomyosis is a related condition in which endometrial tissue grows inside the uterus into the uterus wall. Symptoms include heavy or prolonged menstrual bleeding, severe cramping during menstruation, an enlarged uterus, pain during intercourse and blood clots that pass during menstrual bleeding. Treatments include anti-inflammatory drugs, hormone medications and, in severe cases, hysterectomy.

## Pelvic Inflammatory Disease

Pelvic inflammatory disease is an infection of the female reproductive organs, often caused by gonorrhea and chlamydia, which are sexually

transmitted infections. Pelvic inflammatory disease occurs when bacteria move from the vagina or cervix into the uterus, ovaries or fallopian tubes. Long-term problems, including infertility, ectopic pregnancy and chronic pelvic pain, can occur if the infection is not treated promptly.

Symptoms of pelvic inflammatory disease include abnormal vaginal discharge, pain in the abdomen, abnormal menstrual bleeding, painful urination, pain during intercourse, fever and chills, and nausea and vomiting. However, some women with pelvic inflammatory disease have only mild symptoms or no symptoms at all.

Pelvic inflammatory disease is treated with antibiotics. Women who are pregnant or with severe symptoms may need to be treated in a hospital. In addition, the patient's sexual partner(s) need to receive antibiotic treatment.

## Ovarian Cysts

An ovarian cyst is a fluid-filled sac that forms on one of a woman's two ovaries. They often develop during ovulation, when the ovary releases an egg each month. Ovarian cysts are usually harmless with no symptoms. However, sometimes an ovarian cyst can cause abdominal pain, swelling, painful bowel movements and pain during intercourse.

The most common causes of ovarian cysts include endometriosis, pregnancy, severe pelvic infections, hormonal problems or medications used to help you ovulate. Detection of an ovarian cyst starts with a pelvic exam. Further tests may include an ultrasound exam, pregnancy test, hormone testing or blood test to determine if you may have ovarian cancer.

If the cyst doesn't go away on its own or if it grows larger, your doctor may recommend one of the following treatments:

- **Birth control pills** – to stop ovulation and prevent the development of new cysts
- **Laparoscopy** – to surgically remove a small cyst through a small incision in your abdomen
- **Laparotomy** – to surgically remove a large cyst through a large incision in your abdomen, followed by a biopsy to determine if the cyst is cancerous

## Uterine Fibroids

Fibroids are noncancerous growths that form in and around the wall of the uterus, often appearing during childbearing years. While fibroids are typically noncancerous, they can cause pain, vaginal bleeding, heavy periods, pelvic pressure, painful intercourse, obstructive urinary and bowel symptoms, and reproductive problems in some women.

Your doctor will diagnose your fibroids using an ultrasound, MRI or other imaging technique and determine the best treatment based on the fibroid's size and location. Treatment options may include nonsurgical, minimally invasive or surgical procedures to help shrink your fibroids. One such procedure, called a uterine artery embolization, cuts off the fibroid's blood supply. This procedure is performed by interventional radiologists as an outpatient procedure done under light anesthesia.

Other treatment options include:

- **Medication** – Drug therapy may help alleviate heavy bleeding and painful periods, but it will not stop fibroid growth.
- **Myomectomy** – A procedure that involves removing the fibroids but leaving the uterus intact. At Orlando Health Winnie Palmer Hospital for Women & Babies, we specialize in this fertility-sparing procedure.
- **Hysterectomy** – When other options have been unsuccessful, removal of the uterus may be necessary. Doctors at Orlando Health Winnie Palmer specialize in minimally invasive hysterectomy procedures.

## Urinary Tract and Vaginal Infections

A urinary tract infection (UTI) is an infection in any part of the urinary system, including the bladder, urethra or kidney. Symptoms of a UTI include a burning feeling during urination, a frequent or intense urge to urinate, pain or pressure in the back or lower abdomen, feeling tired or shaky – and, if the infection has reached your kidneys — fever or chills.

UTIs are caused by bacteria that most often come from the digestive tract or rectal area, and can be transmitted during intercourse. Antibiotics are the standard medical care for a UTI. If your UTI was sexually transmitted, your partner(s) will need to be treated too.

Vaginal infections, also known as vaginitis, can cause discharge, irritation and pain during intercourse and urination. These three types of vaginal infections are the most common:

- **Vaginal yeast infection**, also known as vaginal candidiasis, is caused by an infection involving an overgrowth of fungus or yeast.
- **Bacterial vaginosis** is caused by an overgrowth of certain types of bacteria.
- **Trichomoniasis** is a sexually transmitted infection caused by a parasite.

Many women mistakenly think they have a yeast infection and try to treat themselves with over-the-counter yeast medication when, in fact, they have a vaginal infection that requires antibiotic treatment.

It's important to see your doctor for any lingering urinary tract or vaginal infection to have it properly diagnosed and treated.

Chronic pelvic pain affects approximately

1 in 7 women.\*



About 15% of women of childbearing age in the United States reported having pelvic pain that lasted at least 6 months.\*

Between 13% and 32% of these women have pain that is severe enough to cause them to miss work.\*



\*[www.nichd.nih.gov](http://www.nichd.nih.gov)

## Women's Services at Every Age and Stage of Life

*At Orlando Health Winnie Palmer, we are your partner in maintaining optimal health. We offer a comprehensive network of gynecologic services for women at every age and stage of life, from preventive screenings and wellness programs to minimally invasive procedures and rehabilitation services. Here's a look at just some of our services specifically designed for your unique needs.*

### Gynecology

We understand that each woman we serve is unique, with specific gynecological needs. That's why we partner with you to address the health concerns that matter to you most. We'll adapt and alter your care over time to ensure you have the information and leading-edge treatments needed at every stage of life.

Along with providing you with the most personalized, compassionate care, the doctors associated with Orlando Health Winnie Palmer are committed to offering the latest, evidence-based treatment options to treat a full range of conditions, including pelvic pain disorders, to get you feeling better as soon as possible.

### Urogynecology

Urogynecologists specialize in the treatment of pelvic floor disorders, which include urinary and rectal incontinence and pelvic prolapse (bulging or falling of the vagina, bladder or uterus). At Orlando Health Winnie Palmer, our urogynecologists offer the latest noninvasive and surgical options, routinely treating even the most complex conditions.



### Minimally Invasive and Robotic-Assisted Surgery

Today, the vast majority of gynecological conditions can be treated effectively through minimally invasive surgery, offering you less risk for complications, a quicker recovery and a faster return to your daily life. Orlando Health Winnie Palmer has been designated as a Center of Excellence in Minimally Invasive Gynecology and a Center of Excellence in Robotic Surgery by the Surgical Review Corporation, an internationally recognized healthcare leader committed to advancing the safety, efficacy and efficiency of surgical care worldwide. At Orlando Health Winnie Palmer, 75 percent of all gynecologic surgeries are minimally invasive, which is considerably more advanced than the national average of 30 percent. Our team will provide you with the individualized, caring and technologically advanced medical and surgical care you need.

### Gynecologic Oncology

As you grow older, your risk for certain gynecologic cancers increases. That's why it's important to see your physician regularly for screenings and report any unusual symptoms, such as postmenopausal bleeding, to your provider. If cancer is diagnosed, you can rely on our gynecologic oncologists to provide the latest treatment options at Orlando Health UF Health Cancer Center.



Choose care designed for your unique needs as a woman.

## Screenings You Need

*Preventive health screenings are the best way to detect health problems in their earliest stages — when they're most treatable. Immunizations also help protect you from various diseases. The following are general guidelines for healthy women. Your doctor may recommend other tests or vaccines based on your health and risk factors.*

Screening	Starting Age or Range	Frequency
Please note that these are just guidelines; individual recommendations may vary based on health risks, family history or if clinically indicated.		
General Health		
Annual checkup	All ages	Yearly
Thyroid-stimulating hormone (TSH) test	Any age if clinically applicable	Discuss with your doctor or nurse
Bone Health		
Bone density test	18-59	Dependent on risk factors
	65	Yearly
Breast Health		
Breast self-exam	18	Monthly or as advised by your doctor (optional)
Clinical breast exam	20	Every 3 years
	40	Every year
Mammogram	40-75	Every year
Colorectal Health		
Flexible sigmoidoscopy	50	Every 5 years (if not having a colonoscopy)
Colonoscopy	50	Every 10 years
Double-contrast barium enema	50	Every 5-10 years (if not having a colonoscopy or sigmoidoscopy)
CT colonography (virtual colonoscopy)	50	Every 5 years
Fecal occult blood test	50	Yearly
Rectal exam	Discuss with your doctor or nurse	
Diabetes		
Blood sugar test	45	Every 3 years
Eye and Ear Health		
Eye exam	20-29	At least once
	30-39	At least twice
	40	Baseline eye disease screening; follow-ups as recommended
	65	Every 1-2 years, plus glaucoma testing
Hearing test	18	Yearly

Continued on page 7

Continued from page 6

Screening	Starting Age or Range	Frequency
Heart Health		
Blood pressure test	18	At least every 2 years
	40	Every year
Cholesterol test	20	At least every 5 years
Mental Health		
Mental health screening	Any age	If you have felt “down,” sad or hopeless, and have little interest or pleasure in doing things for two weeks straight, talk to your doctor about screening for depression.
Reproductive Health		
Pap test and pelvic exam	21-29	Every three years
	30-65	Pap test with HPV test every 5 years or Pap test alone every 3 years
	At age 65, women who’ve had three normal tests in a row and no abnormal results in the past 10 years can stop.	
Sexually transmitted disease (STD) tests	When sexually active with history of high-risk behavior	One-time screening
Skin Health		
Mole exam	20-39	Monthly mole self-exam, by a doctor every 3 years
	40	Monthly mole self-exam, by a doctor every year
Immunizations		
Flu vaccine	6 months	Every year
Human papillomavirus (HPV) vaccine	Between the ages of 11 and 26	One time
Tetanus-diphtheria booster vaccine		Every 10 years
Pneumonia vaccine	65	At least once







## My Medical History (continued)

### Recent Screenings

Test	Date	Results
Blood pressure		
Blood sugar		
Cholesterol		
Mammogram		
Pap test		
Other:		

### Immunization Dates

Vaccine	Date
Flu	
Tetanus, diphtheria, pertussis	
Other:	







ORLANDO  
HEALTH®



WINNIE PALMER  
HOSPITAL  
For Women & Babies

*Connect to Health*

*find* WINNIE PALMER HOSPITAL *on*



WinniePalmerHospital.com/PelvicPain  
(321) 8HEALTH (321) 843-2584