

Disorders Associated With Chronic Pelvic Pain (CPP)

MOST COMMON

- Interstitial cystitis
- Endometriosis
- Pelvic inflammatory disease
- Irritable bowel disease
- Inflammatory bowel disease
- Constipation
- Prior pelvic surgery
- Chronic back pain

OTHER ASSOCIATED CONDITIONS

- Fibromyalgia
- Chemically induced ovulation/ IVF
- Gynecologic malignancies
- Ovarian retention syndrome
- Ovarian remnant syndrome
- Pelvic congestion syndrome
- Tuberculous salpingitis
- Bladder cancer
- Radiation cystitis
- Colon cancer
- Abdominal wall myofascial pain
- Chronic coccygeal pain
- Faulty posture
- Iliohypogastric, ilioinguinal neuralgia
- Pudendal or genitofemoral neuralgia
- Pelvic floor tension myalgia
- Peripartum pelvic pain syndrome
- Abdominal cutaneous nerve entrapment
- Somatization disorder

Treatment

Understanding that the nervous system is directly involved in chronic pelvic pain, expands the options available for effective treatments to eliminate pain.

The nervous system is responsible for the transmission of impulses. The transmission of pain signals results in an individual feeling pain. When there is an "up regulation" of the nervous system, there is an amplification of the pain sensation. This "up regulation" prevents the pain from subsiding, and results in chronic pain.

A nerve block targeting the specific associated nerves, interrupts the signal pathway, and **stops the pain**. After successful positive blocks, a temporary catheter called Intellicath^(tm) may be recommended. Intellicath^(tm) is a temporary catheter used for specific, extended placement, which allows for long term, and sometimes permanent, relief.



Nerve blocks are minimally invasive procedures performed quickly and safely in a local outpatient surgery center. An

anesthesiologist administers mild sedation for patient comfort, and x-ray or ultrasound is utilized to ensure proper placement. Patients return home the same day often reporting immediate benefit.

Dr. Spiel offers treatment to eliminate the pain.

Call 732-548-2000 to schedule an evaluation to discuss options to eliminate your pain.

Understanding Chronic Pelvic Pain (CPP)

Chronic pelvic pain is commonly associated with interstitial cystitis, endometriosis, and irritable bowel syndrome. It often follows an insult such as injury, surgery, or disease, but persists long after the initial insult is managed or resolves. The pain which is left can be debilitating and patients are left with no answer to explain the cause. Patients can experience increased pain with sexual activity, bowel movements, urination or physical activity. Extensive work up including laparoscopic surgery may offer a diagnosis, but rarely offers a solution for pain control. Effective treatment is unlikely with traditional therapies, because the pain is commonly associated with an "up regulation", or elevated sensitivity, of the nervous system.

In a healthy state, the nervous system can fluctuate between "up regulation" and "down regulation" as needed. The dynamic nature of the nervous system allows for automatic fluctuations as the demands of the body changes. When the system malfunctions, certain pain may be abnormally "up regulated" and harmful to your overall well-being. This response of the nervous system can be modified utilizing nerve blocks to return your body to its natural state and **eliminate the pain**.



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- International Association for the Study of Pain (IASP) defines pain as an unpleasant sensory and emotional experience associated with actual or potential tissue damage.
- Chronic pelvic pain is defined as non-menstrual pain anywhere in the pelvis for at least 2 weeks out of every month for at least 6 months.
- Primary pelvic pain may be associated with one or more of the numerous structures present in the pelvis.
- Pelvic pain can have many contributing factors making it difficult to treat effectively.
- 1 in every 7 women (15%) between ages 18 and 50 have CPP.



Patients suffering with **chronic pelvic pain** are commonly diagnosed with a specific disorder such as endometriosis, interstitial cystitis, pelvic inflammatory disease, dyspareunia or vulvodynia. For many patients, CPP is associated with more than one diagnosis, such as endometriosis and interstitial cystitis. The close proximity of pelvic nerves allow one organ to effect another, referred to as neural cross sensitization. Despite a specific diagnosis, treatment to relieve the pain is limited and the disease becomes the PAIN!!!

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Stop the pain and enjoy life!

Stop pelvic pain... enjoy life!

1921 Oak Tree Road
Edison, NJ 08820

222 Schanck Road
Freehold, NJ 07728

362 Midland Ave.
Garfield, NJ 07026

123 Dunhams Corner Road
East Brunswick, NJ 08816

1300 Main Ave St. 2A
Clifton, NJ 07011

(732) 548-2000



Dr. Spiel has specialized in the treatment of pain for approximately 15 years. He is known to pursue the newest technologies available, in order to expand treatment options for patients who are not successfully treated elsewhere. His aggressive

interest in evolving treatment and technology, along with his unique background, including certifications in interventional pain and radiology, results in effective treatment for those who suffer with pain.

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Chronic Pelvic Pain

Do you experience...

- pelvic pain?*
- pain with sexual activity?*
- pain when urinating?*
- pain with bowel movements?*
- pelvic pain with physical activity?*

There is treatment available to eliminate your pain!!