

# PELVIC PAIN... NOT JUST A WOMEN'S ISSUE

By Stephen Dainesi, MD, Pain Management Center

Dan is a 42 year-old male, an avid cyclist, who has been training daily for a bike race. He spends up to 4 hours each day on his bike.

John is a 55 year-old computer analyst who spends much of his day at his desk, sitting in his chair. He gets up rarely; only to use the restroom or to go to lunch.

While Daniel and John seem to spend their days in dramatically different ways, they have one thing in common: they have both been experiencing ongoing pain in their groin, scrotum and rectal area.

Both men suffer from a condition known as pudendal neuralgia. This condition involves irritation of the pudendal nerves which supply sensation to the pelvic region. Pudendal neuralgia is common in people who sit for extended periods of time including cyclists, office workers, truck drivers, and pilots, among others. The pain is often experienced when sitting, and is relieved when a person stands or lies down.

A person with pudendal neuralgia will often notice a painful or tender sensation in their buttocks, scrotum or testicles, penis and perineum. This may be accompanied by sexual dysfunction, painful ejaculation, or persistent sexual arousal. Additionally, they may find urinating or moving their bowels to be increasingly painful.

## SYMPTOMS OF PUDENDAL NEURALGIA:

- ▶ A painful sensation in on one or both sides of the buttocks, scrotum/testicles, penis and perineum.
- ▶ Sexual dysfunction
- ▶ Pain with ejaculation
- ▶ Persistent sexual arousal
- ▶ Painful urination or bowel movements or irritable bladder symptoms
- ▶ Numbness or tenderness in the buttocks or perineum
- ▶ Symptoms are relieved by standing or lying down; worse when sitting

Pudendal Neuralgia is a highly treatable condition, especially if symptoms are caught early on. The sooner one seeks treatment, the better the chances are for a successful outcome.

Treatments include adjusting a patient's work environment to avoid pressure on the buttocks, wearing briefs instead of boxers,

avoiding heavy, strenuous exercise and limiting sitting. Perineal suspension pads can be helpful. Physical therapy or an exercise program consisting of stretching can be very helpful. Medications can sometimes be beneficial, particularly anti-seizure medications that have been shown to be highly effective in treating nerve pain. These include pregablin (Lyrica) and gabapentin (Neurontin), tricyclic antidepressants – amitriptyline or nortriptyline, and creams or ointments which contain local anesthetics. Many patients also benefit from psychological support, including stress reduction techniques.

Some patients benefit greatly from a series of injections to the pudendal nerve. These are done at the Pain Management Center with fluoroscopic guidance (x-ray). Other injections called trigger points are also done if the muscles surrounding the nerves are very tight.

If pain persists despite these treatment options, some patients may be a candidate for surgery which may help relieve the nerve from any compression.

If you believe you are experiencing symptoms of pudendal neuralgia, it is very important that you consult with your primary care physician as soon as possible. Your physician will evaluate you and if appropriate, refer you to the Pain Management Center so that one of our pain specialists can develop a treatment plan to ease your discomfort. If treatment is prolonged for a long period of time, there is a risk of damage to the pudendal nerve which could greatly diminish the extent of symptom relief.

For more information on the Elliot Pain Management Center at River's Edge, please call 663-6730 or visit us at [www.elliethospital.org](http://www.elliethospital.org).



*Dr. Dainesi founded the Pain Management Center in 1991 after completing his residency in Anesthesia and Pain Management at Duke University, Durham, NC. He received his undergraduate degree from Columbia University, NYC and graduated from Mount Sinai Medical School in NYC. He completed his Internship in Internal Medicine at Dartmouth Hitchcock Medical Center in Hanover, NH. Dr Dainesi is board certified in Anesthesia and has added qualifications in Pain Management by the American Board of Anesthesiology and is a Diplomate of the American Board of Pain Medicine.*

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185 Queen City Avenue | Manchester, NH 03101 | 603-663-5300 | [www.elliethospital.org](http://www.elliethospital.org)