Silent Sufferers!

Of Undiagnosed Groin, Abdominal and Pelvic (U-GAP) pain.

Millions of men and women suffer from undiagnosed (atypical) groin, lower abdominal and pelvic (U-GAP) pain. Nearly 15 million women in the USA have chronic pelvic pain. The annual medical cost for diagnosis and treatment is 1-2 billion dollars. And the cost of loss of productivity is estimated to be 15 billion dollars annually. Tens of millions of males suffer from abacterial prostatitis causing U-Gap pain. Dysfunctions of the groin, lower abdominal and pelvic floor muscles are due to abnormal spasms felt in these groups of muscles. The pelvic floor is like a "hammock", formed by forty different muscles, they control sphincter functions of the organs in the pelvis. These organs include the urethra, urinary bladder, vagina & rectum. These spasms can manifest as different levels of severity from mild discomfort to severe disabling pain. In women symptoms include:

Great Masquerader! Mimicking several common conditions.

- Bladder pain including increased frequency.
- Vaginal pain (especially during and after vaginal exam, during exercise or during or after intercourse (dyspareunia).

In men symptoms include:

- ❖ Prostate pain.
- ❖ Pain in the testicles.
- ❖ Pain in the penis during or after intercourse.

Both men and women report the following symptoms:

- ❖ Pain in the rectum with increase desire to empty the rectum with minimal evacuation of feces (tenesmus).
- ❖ Spasms of the adjoining muscles can cause backaches, pain in the groins, pain radiating to legs, pain over the tail bone (coccydynia) and sitting bones (ischium).

The above symptoms experienced by patients with U-GAP pain is due to a combination of physical symptoms like pain, restricted mobility, nausea and psychological/ behavioral changes like depression, insomnia and changes in relationship. U-GAP pain can affect all aspects of emotional life and may cause anxiety, depression, sleep disturbances and sexual dysfunction and can cause problems at work and home life. Emotional distress makes the pain worse and likewise living with chronic pain makes the emotional distress worse. So chronic pain and emotional distress frequently get locked into a vicious cycle.

Shortens the muscles like a clinch fist.

Chronic tension shortens the muscles of the pelvic floor like a clinched fist. This leads to pain which in turn causes anxiety. Anxiety leads to tension.

The cycle of tension, anxiety and pain plays a significant role in U-GAP pain patients.

During first phase of the U-GAP pain, which typically last for 3 months to one year, most of the patients do complain of pain and seek medical advice. Majority of the Physicians are in the dark about this condition. When the Physicians cannot make a definite diagnosis several tests are ordered-sometimes very expensive tests; they request endoscopies, laparoscopies and even surgeries. When pain progresses to a chronic phase patients tend to live lives of quiet desperation and are essentially **"Silent Sufferers".**

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There are several reasons for this behavior. Some endure pain for a long time because they are frustrated with the lack of knowledge Physicians have about this condition and the reluctance on the Physicians part to spend time, and sometimes labeling patients as "Malingerers". Some have aversion about this site of the body, for example genitals and rectum. Some have a stigma-especially

Patients feel isolated, they are recluse and live a life of a "Hermit"

with women when it comes to dyspareunia (painful sex). Some suffer for years without telling their husband, they even don't mention to their Gynecologist during their check-ups, thinking that it is normal to have pain during intercourse. Some are worried to mention to their Physicians, that the final diagnosis will be of some serious and critical condition like cancer. Considering the above it is not surprising that these patients feel isolated, they are recluse and live a life of a "Hermit". Our challenge is to get them "out of the closet" and help them.

Diagnosis is fairly straight forward and is suspected on clinical exam within 40-50 minutes. Seven signs used in physical exam – described on the web site are very helpful. Lab tests, x-rays and endoscopies are usually not needed. Confirmation is made on administering a series of three strategically placed steroid injections.

Treatment is multimodality. Initial emphasis is placed on pain management. We have success injecting steroids mixed with a long acting local anesthetic. It works as Trigger Point Release used in manual technique of deactivating pain generating trigger points, loosening, stretching and lengthening the contracted tissues. Pain medications, anti-inflammatory pills give only a temporary relief and are used sparingly.

Recently we have started using pregabalin (Lyrica). This medication reduces the number of electrical signals in damaged nerves and help in relieving pain. Steroid injections, antidepressant and Lyrica when used simultaneously compliment each others action and have additive effects. Physical therapy by therapists specialized in core muscles and pelvic floor muscles play an important role in preventing relapses.

My personal interest in this condition goes back for 25 years, thousands of patients and have been seen and the name POPSS (Pain Over Pubis and Surrounding Structures) has been coined. An article on 203 patients has been completed. We

have an 80% to 85% good to excellent results. Please visit www.ugappaincare.com or www.UGAPpainbuster.com.

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