

# SUPPORTED



## Pain Management

### **Pain in SPD**

The level of pain experienced in SPD varies immensely between individuals as well as from day to day. It is often possible to manage pain effectively by combining lifestyle changes with pain relief preparations.

The first choice for treatment is usually the common analgesics available to buy over the counter at your local pharmacy. If these prove ineffective or need to be continued regularly for more than a couple of days it is recommended that you speak to your doctor. You may be advised to continue with your current choice or you may be prescribed more powerful prescription only medication.

It is often a case of trial and error to find the treatment that suits you best so do not be too downhearted if the first product you try does not help. Although SPD is a common condition, your GP may be relatively unfamiliar with its treatment and you may need to stress your need for pain relief if you are suffering severely.

### **Over the Counter Preparations**

#### *Paracetamol*

Non-opioid analgesic. Effective for mild pain. Onset of effect is usually between 15-60 minutes and this lasts approximately 6 hours. Suitable for use during pregnancy. Suitable for use whilst breastfeeding. Does not cause drowsiness

#### *Aspirin*

Non-opioid analgesic and anti-inflammatory. Effective for mild pain particularly joint and muscle pain. Not usually recommended for pregnancy, especially the last few weeks, discuss with Doctor. Aspirin passes into breast milk and may cause problems such as Reyes Syndrome, so breastfeeding should be avoided.

#### *Paracetamol and Codeine/Aspirin and Codeine*

As above but with added Codeine which is a mild opioid analgesic. Effective for mild to moderate pain. May cause constipation and/or drowsiness. No evidence of risk during pregnancy but if taken close to delivery may have an effect on breathing. Codeine passes into breast milk but only at a low level so is regarded as safe

#### *Ibuprofen*

Non-Steroidal Anti-Inflammatory (NSAID). Effective for pain, inflammation, stiffness and soft tissue injury. Onset of effect is usually 1-2 hours with a duration of action of 5-10 hours. Ibuprofen gives its best effects with SPD if taken regularly for at least 2 weeks. Not usually used in pregnancy and is also not recommended when breastfeeding but an occasional dose is unlikely to cause a problem.

### **Prescription Only Products**

#### *Diclofenac (voltarol)*

NSAID. In single doses it is used for mild to moderate pain but it is also used regularly as an anti-inflammatory which is often particularly effective in SPD. Onset is usually about an hour with the duration of action depending on the preparation used. Available as tablets, slow-release tablets and suppositories (which may sound unpleasant but is OK and very effective). Not usually used in the last 3 months of pregnancy due to effects on the foetus. Small amounts are passed into breast milk but effects are unlikely. Commonly used on maternity wards after delivery.

#### *Coproxamol (paracetamol and Dextropropoxyphene) (Distalgesic)*

Mild opioid analgesic. If taken for long periods of time may be habit forming, so is particularly useful as single doses for more severe attacks of pain. Onset of action is about 30-60 minutes with effects lasting about 6 hours. Safety in pregnancy is not established so it is not usually used. May affect baby if breastfeeding but it is commonly used after childbirth. May affect ability to drive (drowsiness) and must avoid alcohol

# SUPPORTED



## Pain Management

These are the most commonly used drugs in SPD but don't be surprised if your doctor offers you something different. Other common ones used are Naproxen, Ketoprofen and Nefopam. Remember if you are breastfeeding to mention this to your Doctor or Pharmacist and they will be able to check on the suitability for you.

Members of the local SPD Support Group have tried several things between them so feel free to contact them to ask about their experiences.

### Non Pharmacological products

#### *TENS pain relief*

Transcutaneous Electrical Nerve Stimulation is a drug-free method of pain relief that has proved very popular in the treatment of many persistent conditions including SPD

How does it work?

Adhesive electrode pads are placed around the area of pain and these are connected to a battery-powered unit that is small enough to be attached to a belt etc. Mild electrical impulses are then transmitted to stimulate the nerves in the affected area. This is usually felt as a slight tingling sensation. This leads to the body releasing natural painkillers called endorphins and reducing the pain messages reaching the brain. TENS can be used in conjunction with drug treatment. Although TENS machines are often used in labour they should not be used in early pregnancy as the effects are unresearched. Your midwife may allow you to hire a TENS machine in the short term, or your GP or Pain Clinic may be able to loan you one. You will probably have to purchase one for long-term use.

### Living with pain and how to manage it

#### *What causes pain?*

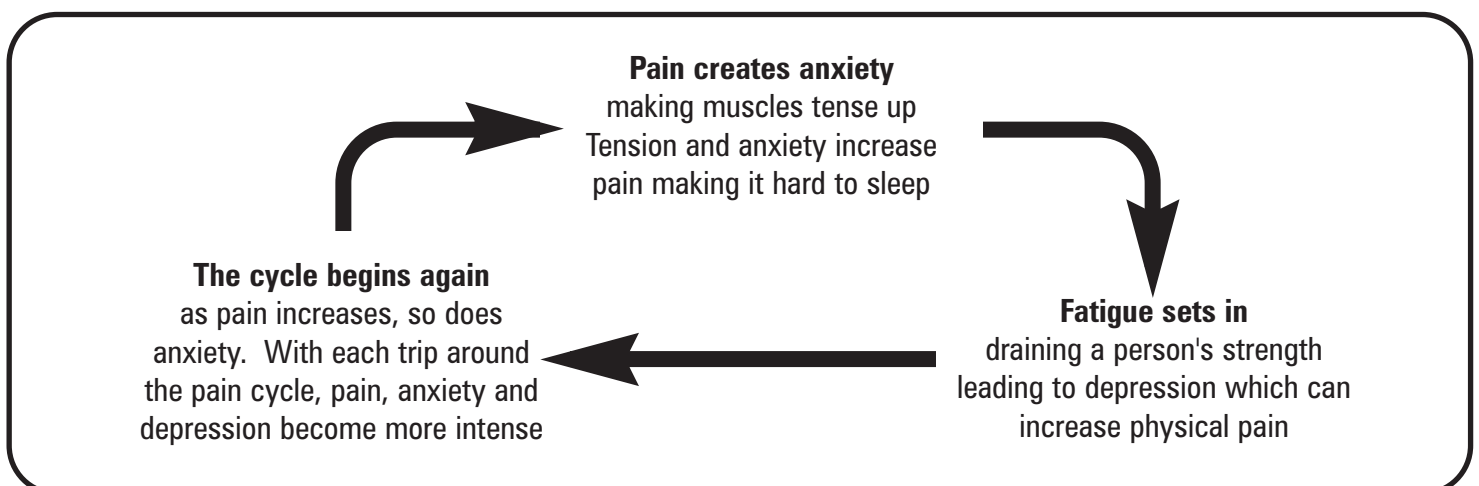
Most pain is caused by damage to nerves or other tissues. But, no matter what the causes, if you think you are in pain, you are in pain.

#### *Pain can affect a person's:*

- Physical health - decreasing strength and endurance, interrupting sleep and appetite
- Relationships - when a loved one is in constant pain, they can seem like a different person
- Outlook - leading to a feeling of helplessness and hopelessness. It can rob a person of interest even in favourite activities

### Understanding the pain cycle

*Don't wait for pain to become a problem. The longer pain goes untreated, the harder it is to relieve.*



# SUPPORTED



## Pain Management

Page 3

### **There are two basic types of pain**

#### *Acute pain*

- Temporary and related to a specific cause e.g. a stubbed toe or fracture. Treating the cause usually brings relief

#### *Chronic pain*

- Occurs daily or comes and goes often. It lasts at least six months and its cause is often unclear. It may range from sharp to dull and change frequently.

### **Some method for treating chronic pain**

#### *Medications*

- Tablets/suppositories/injections may ease chronic pain for some people. It is important to read about side effects and discuss risks and benefits with the doctor, especially during pregnancy and breast-feeding. Pain medication works best when taken regularly before pain is severe

#### *Relaxation*

- Meditation/massage - using techniques that relax muscles and calm tension a person can ease pain

#### *Counselling*

- Talking to a professional counsellor or psychologist can help to reduce fear and anger, possibly helping to reduce the risk of depression and relationship difficulties during such a stressful time. Your Doctor may refer you, or find details in the phone book.

#### *Physiotherapy, osteopathy and chiropractic*

- Most women find that having their pelvic joints assessed and treated by a therapist who specialises in manual treatment gives them the most pain relief in the long term. They should check that your joints are moving symmetrically and are aligned, and if they are not, will treat them to gently realign them and restore movement. You should expect treatment to improve your symptoms or at least stop them getting worse. You are likely to need some of the other methods of pain relief in addition to treatment.

#### *Occupational therapy*

- Provision of practical aids, discussion about strategies to regain independence and physical ability

#### *Acupuncture*

- Acupuncture can be a very effective pain relief, or may offer some relief to muscles which are over-compensating, but is usually most effective in conjunction with some manual treatment. It should be remembered that acupuncture will not realign joints.

#### *Nerve block*

- An injection may be used to temporarily block the nerve carrying the pain message. Can also be used to help to diagnose causes of chronic pain.

This is by no means an exhaustive list. You may find other alternatives, but be clear about any risks, benefits and side effects.

### **Other strategies for living with pain:**

#### *Keeping a diary*

# SUPPORTED



## Pain Management

Page 4

- To help you to see patterns in how you feel physically and emotionally. Some people rate their pain on a scale

### *Cut down on stimulants*

- Limit your intake of caffeine (tea, coffee, soft drinks) and nicotine - it may increase pain in some cases

### *Eat and sleep regularly*

- Be as regular as possible with meals and rest and you'll feel better

### *Talk with people*

- Feeling isolated increases stresses. Finding an understanding group or individuals who make you feel safe can make you feel good and it can also be empowering

### *Good communication*

- With Drs and other professionals
- Pain is a signal that something is wrong and needs attention so make sure people are aware
- Help others to understand by rating your pain e.g. 1 little pain 10 - most severe pain

### *Where is your pain and what does it feel like?*

- Sharp, shooting, burning, deep, constant?
- What makes it worse or what time of day
- Explain how it limits you

### **If you feel your current treatment is not working:**

- Go back to your Dr - they may try something else or refer you to a pain clinic
- You are entitled to a second opinion from another consultant. It can be helpful to find out who is a person with experience in your condition and giving their details to your GP who may not have come across that individual before
- You have the right to change your Dr if you are not satisfied
- Contact the Pelvic Partnership
- NHS Direct can help you contact clinics, organisations etc 0845 4647
- Pain Concern UK provide information and guidance to chronic pain sufferers: 01293 552636; [www.painconcern.fsnet.co.uk](http://www.painconcern.fsnet.co.uk)
- Try the list of practitioners whom our members have found beneficial in 'useful telephone numbers' pdf.

### *Acknowledgments:*

*The Pelvic Partnership would like to thank Ellie Ball, Sarah Fishburn, Anne-Marie Haigh, Dawn Ilsley, Janet Jaudun, Fiona Tankard and Anita Whittle for their input into this leaflet.*

*This leaflet was written by women with Symphysis Pubis Dysfunction (SPD) for women with SPD.*

*The Pelvic Partnership takes no responsibility for any action you do or do not take as a result of reading this information. We recommend that you seek advice from your medical practitioner, midwife or physiotherapist and this information is not a substitute for doing so.*

*Produced October 2002*

- Website: [www.pelvicpartnership.org.uk](http://www.pelvicpartnership.org.uk)
- General enquiries: [enquiries@pelvicpartnership.org.uk](mailto:enquiries@pelvicpartnership.org.uk)
- Support for SPD: [support@pelvicpartnership.org.uk](mailto:support@pelvicpartnership.org.uk)
- Membership: [membership@pelvicpartnership.org.uk](mailto:membership@pelvicpartnership.org.uk)
- Call The Pelvic Partnership on: 01235 820 921
- If you are enquiring from Ireland: 028 4063 8116

# SUPPORTED



## Join The Pelvic Partnership

By joining The Pelvic Partnership you will receive our newsletter with all the latest information about how to treat, cope and live with SPD, it also has a list of useful contact numbers, dates of support groups, lectures and events that could be a real benefit to you.

We are a registered Charity run by volunteers and we rely on your donation for our existence. This allows us to pay for regular newsletter production and postage, production, printing and postage costs for our information leaflets for those who do not have internet access, and to improve awareness of SPD among healthcare professionals. Please help us to continue with these activities by joining or making a donation.

### The cost of membership is:

£19 for ordinary membership for one year.

£10 for ordinary membership for six months.

£30 international for one year.

*If you cannot manage the full rate at present, please send us what you can.*

Extra donations and fundraising ideas are very welcome - the more income we have the more we can achieve. Please complete the Gift Aid Declaration to increase the value to us of your donation by 28 %. All we need is a Gift Aid Declaration from each tax-paying member or donor. If you are not a tax-payer, your partner can complete the Gift Aid Declaration if they are a tax payer and they are paying the membership.

Please complete the form and send it with a cheque payable to:

"The Pelvic Partnership" to: 26 Manor Green, Harwell, Oxon, OX11 0DQ.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_ Email: \_\_\_\_\_

Tel: \_\_\_\_\_

Cheque enclosed for: £ \_\_\_\_\_

Donation of: £ \_\_\_\_\_

Date: \_\_\_\_\_

Thank you for joining the Pelvic Partnership. We are trying to find out about people who contact The Pelvic Partnership and use the information to improve our support and gain funding for the group. Personal details will always remain confidential.

- Website: [www.pelvicpartnership.org.uk](http://www.pelvicpartnership.org.uk)
- General enquiries: [enquiries@pelvicpartnership.org.uk](mailto:enquiries@pelvicpartnership.org.uk)
- Support for SPD: [support@pelvicpartnership.org.uk](mailto:support@pelvicpartnership.org.uk)

- Membership: [membership@pelvicpartnership.org.uk](mailto:membership@pelvicpartnership.org.uk)
- Call The Pelvic Partnership on: 01235 820 921
- If you are enquiring from Ireland: 028 4063 8116