SYMPTOM

Ovulation pain

Ovulation pain is lower abdominal pain that occurs around the release of an egg

WHAT IT FEELS LIKE
A one-sided ache, cramp, or sudden sharp twinge

WHERE IT IS FELT
One side of the lower abdomen or pelvis

MOST COMMON CAUSES
Follicle growth, egg release, fluid irritating nearby tissue

WHEN IT IS URGENT
Pelvic pain with possible pregnancy, fever, fainting, or vomiting

USUALLY LASTS
A few minutes to one or two days

SEE A DOCTOR IF
Pain is new, worsening, recurrent, or disrupts daily life

Overview

Ovulation pain is discomfort in the lower abdomen or pelvis around the time an ovary releases an egg. The medical name is mittelschmerz , a German word meaning "middle pain."

The pain often occurs about halfway between menstrual periods, but cycles do not always follow a 28-day pattern. Ovulation may happen earlier or later from one cycle to the next. Timing alone cannot confirm that pain is caused by ovulation.

Ovulation pain is usually brief and does not cause lasting harm. However, several conditions can produce similar pain. New, severe, persistent, or unusual pelvic pain deserves medical assessment rather than being assumed to be ovulation pain.

What it may feel or look like

The pain is usually felt on one side of the lower abdomen. It may switch sides between cycles, remain on the same side for several cycles, or not occur every month.

You may notice:

Typical ovulation pain does not usually cause high fever, fainting, persistent vomiting, or heavy

bleeding. Those symptoms suggest that another cause needs prompt attention.

Keeping track of the pain and your periods can help show a pattern. A calendar or period-tracking app may be useful, although it cannot prove that ovulation has occurred.

- A dull ache, pressure, or cramp
- A sudden sharp twinge
- Pain lasting minutes, hours, or up to one or two days
- Mild vaginal spotting or discharge around the same time
- Pain that begins near the middle of your cycle

Common causes

During a menstrual cycle, a fluid-filled sac called a follicle grows inside an ovary. The follicle contains the developing egg. Stretching of the ovary as the follicle grows may cause an ache or pressure.

When the follicle opens and releases the egg, a small amount of fluid or blood may enter the pelvis. This can irritate nearby tissue and cause a sharper pain. These processes are the usual explanations for ovulation pain.

Other common problems can feel similar. Constipation, trapped gas, a stomach illness, urinary irritation, or a strained abdominal muscle may cause pain in the same area. Menstrual cramps can also be mistaken for ovulation pain when cycles are irregular.

Less common causes of recurring pelvic pain include endometriosis, in which tissue similar to the uterine lining grows outside the uterus, and pelvic infection. An ovarian cyst, which is a fluid-filled sac on an ovary, may also cause discomfort. Many ovarian cysts are harmless, but some need monitoring or treatment.

Urgent conditions can also begin with one-sided pelvic pain. These include appendicitis, twisting of an ovary called ovarian torsion, or an ectopic pregnancy, in which a pregnancy develops outside the uterus. Symptoms and examination findings, not cycle timing alone, help separate these conditions.

When to seek medical care

Seek emergency care for sudden or severe pelvic pain with fainting, marked weakness, shoulder-tip pain, trouble breathing, or heavy vaginal bleeding. These symptoms are especially

important if you could be pregnant.

Arrange same-day medical care if pelvic pain occurs with:

Book a routine appointment if the pain keeps returning, is getting worse, lasts longer than a day or two, or interferes with sleep, work, exercise, or sex. You should also make an appointment if your bleeding pattern has changed or you are unsure whether the pain follows ovulation.

- A positive pregnancy test or a missed period
- Fever or chills
- Repeated vomiting
- Pain that is severe, rapidly worsening, or painful to touch
- Unusual vaginal bleeding or foul-smelling discharge
- Difficulty passing urine or blood in the urine

How the cause is found

A clinician will ask where the pain is, when it started, how long it lasts, and whether it follows a similar pattern each cycle. They may also ask about bleeding, discharge, bowel or urinary symptoms, sexual health, contraception, and the possibility of pregnancy.

An abdominal or pelvic examination may help locate the tender area. If pregnancy is possible, a pregnancy test is often important because pelvic pain in pregnancy needs careful assessment.

Depending on your symptoms, testing may include urine tests, infection testing, blood tests, or a pelvic ultrasound. Ultrasound uses sound waves to create images of the ovaries and other pelvic organs. Not everyone with brief, mild, predictable pain needs tests.

There is no single test that proves pain is from ovulation. The diagnosis is generally considered only after the timing, symptoms, and any necessary tests make other causes less likely.

Treatment and self-care

Mild, short-lived pain may improve with rest, a warm bath, or a heating pad placed over the lower abdomen. Protect your skin from burns and avoid sleeping with a heating pad switched on.

An over-the-counter pain reliever may help. Follow the package directions and do not combine products containing the same ingredient. Ask a pharmacist or clinician which option is suitable

if pregnancy is possible or if you have kidney disease, liver disease, stomach ulcers, take blood-thinning medicine, or have previously reacted to pain relievers.

If ovulation pain is frequent or disruptive, a clinician may discuss hormonal contraception that prevents ovulation. This can reduce ovulation-related pain, but the choice depends on your health, preferences, and pregnancy plans.

Antibiotics or surgery do not treat ordinary ovulation pain. They may be needed only if assessment finds another condition that requires them.

What to expect

Ovulation pain commonly settles within a few hours, although it can last up to one or two days. It may return during later cycles, and the side can change.

Brief, mild pain around ovulation does not usually affect fertility. Pain that is frequent, severe, or associated with pain during sex, heavy periods, bleeding between periods, or difficulty becoming pregnant may have another cause and should be assessed.

If your symptoms stop following their usual pattern, do not rely on a previous explanation of ovulation pain. A new illness can occur even when you have had similar discomfort before.

Common questions

Does ovulation pain mean an egg was released?

It may occur around egg release, but pain cannot confirm ovulation. Hormone tests, ultrasound, or changes in body temperature provide different kinds of information, although none may be necessary unless there is a fertility concern.

Can ovulation pain happen on both sides?

Pain is more often one-sided. Discomfort may switch sides between cycles, and some people feel more general lower abdominal pain. Strong pain on both sides or pain that does not settle should not automatically be attributed to ovulation.

Is spotting normal with ovulation pain?

Light spotting can happen around ovulation. Heavy bleeding, bleeding that continues, or bleeding with severe pain, dizziness, or possible pregnancy needs prompt medical attention.

Can ovulation pain happen while using birth control?

Methods that reliably prevent ovulation often reduce this pain. However, not every

contraceptive stops ovulation in every cycle. Pelvic pain while using contraception can also have another cause.

Sources

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