SYMPTOM

Pelvic pain

Pelvic pain is discomfort felt in the lower abdomen between the hip bones.

WHAT IT FEELS LIKE
Aching, cramping, pressure, or sudden sharp pain

WHERE IT IS FELT
Lower abdomen, genitals, hips, or lower back

MOST COMMON CAUSES
Menstrual cramps, bowel problems, urinary tract infections

WHEN IT IS URGENT
Sudden severe pain, fainting, heavy bleeding, or possible pregnancy

USUALLY LASTS
Minutes to months, depending on the cause

SEE A DOCTOR IF
Persistent, recurring, worsening, or disrupting daily activities

Overview

Pelvic pain is felt below the belly button and between the hip bones. It may come from the reproductive organs, bladder, bowel, muscles, joints, or nerves. Pain from the lower back, groin, or testicles can also spread into the pelvis.

The pain may be acute, meaning it starts suddenly, or persistent. Some people have pain that comes and goes with menstrual periods, sexual activity, urination, bowel movements, exercise, or certain positions.

Pelvic pain is a symptom, not a diagnosis. More than one condition can contribute, especially when pain has lasted for several months.

What it may feel or look like

Pelvic pain can feel different depending on its cause. You may notice:

The pain may be constant or come and go. It can occur during a period, after eating, while passing urine or stool, or during or after sex.

There may be no visible change. Other symptoms can include bloating, constipation, diarrhoea,

urinary changes, vaginal bleeding or discharge, nausea, fever, or pain in the penis or testicles. These details can help a healthcare professional narrow down the cause.

- Dull aching, heaviness, or pressure
- Cramping that comes in waves
- Sharp, stabbing, burning, or pulling pain
- Pain on one side or across the whole lower abdomen
- Pain spreading to the back, groin, thighs, genitals, or rectum

Common causes

Pelvic pain often comes from temporary or treatable problems. Which causes are possible depends partly on your anatomy, age, menstrual pattern, pregnancy possibility, and other symptoms.

Common causes include:

Less common causes include endometriosis, ovarian cysts, fibroids, adenomyosis, pelvic inflammatory disease, bladder pain syndrome, hernias, prostate inflammation, or pain following surgery. Endometriosis is tissue similar to the womb lining growing elsewhere in the body. Pelvic inflammatory disease is an infection involving the upper reproductive organs.

A few causes need prompt assessment. These include pregnancy outside the womb, called an ectopic pregnancy; twisting of an ovary or testicle; appendicitis; bowel blockage; or a serious infection. Symptoms alone cannot reliably tell these conditions apart.

- Menstrual cramps or ovulation pain: Cramping may occur before or during a period. Some people notice brief one-sided pain around ovulation.
- Bowel problems: Constipation, trapped gas, or irritable bowel syndrome can cause cramping, bloating, and pain linked to bowel movements.
- Urinary problems: A urinary tract infection may cause pelvic discomfort, burning when urinating, or frequent urination.
- Muscle and joint pain: Tight or irritated pelvic floor muscles, abdominal strain, and hip or lower-back problems may be felt in the pelvis.

When to seek medical care

Call emergency services or go to an emergency department if pelvic pain is sudden or severe,

especially with:

Seek same-day medical advice if the pain is worsening or occurs with fever, repeated vomiting, difficulty passing urine, blood in urine or stool, unusual vaginal discharge, or moderate bleeding. Pain during a possible pregnancy also needs prompt assessment, even without a confirmed pregnancy test.

Book a routine appointment if the pain lasts, keeps returning, becomes more frequent, or affects sleep, sex, work, exercise, or other daily activities. Also arrange care if periods become much more painful or if you develop ongoing bowel or bladder changes.

- Fainting, severe dizziness, confusion, or clammy skin
- Heavy vaginal bleeding
- A positive pregnancy test or possible pregnancy
- Severe testicular pain or swelling
- A rigid or very tender abdomen
- Trouble breathing or severe weakness

How the cause is found

A healthcare professional will ask when the pain began, where it is felt, and what makes it better or worse. They may ask about periods, pregnancy possibility, sexual health, contraception, bowel movements, urination, previous operations, and medicines.

An abdominal examination may help locate tenderness or swelling. Depending on your symptoms and anatomy, you may be offered a pelvic, genital, or rectal examination. The reason should be explained first, and the examination requires your consent. You can ask for a chaperone.

Possible tests include urine testing, a pregnancy test, swabs for infection, or blood tests. Ultrasound is often used to look at the pelvic organs. Some situations require other scans or referral to a gynaecologist, urologist, bowel specialist, or pelvic-floor physiotherapist.

Tests do not always identify one clear cause. Persistent pelvic pain can involve several overlapping factors, including muscles and nerves becoming more sensitive over time.

Treatment and self-care

Treatment depends on the likely cause. It may include treatment for infection, constipation,

menstrual problems, endometriosis, muscle tension, or another underlying condition. Some people benefit from pelvic-floor physiotherapy or a pain-management plan. Surgery is useful only for certain causes.

While arranging routine care, you may find it helpful to:

Non-prescription pain medicines may help some people. Follow the package directions and ask a pharmacist whether a product is suitable for you, particularly if pregnancy is possible or you take other medicines.

Do not rely on self-care for sudden, severe, or rapidly worsening pain.

- Use a warm pack on the lower abdomen
- Rest during a flare while avoiding prolonged bed rest
- Try gentle walking or stretching if movement feels comfortable
- Keep regular meals, fluids, and bowel habits
- Record pain timing, periods, bleeding, and bowel or urinary symptoms

What to expect

How long pelvic pain lasts depends on its cause. Menstrual cramps, ovulation pain, or a short-lived bowel problem may settle within hours or days. Infections and other conditions usually improve when the underlying problem is treated.

Persistent pain may fluctuate rather than disappear at once. Follow-up can be important if initial tests are normal but symptoms continue. A symptom diary can help show patterns and measure whether treatment is working.

Return for review if the pain changes, new symptoms appear, or the agreed treatment is not helping. Seek urgent care if any emergency warning signs develop.

Common questions

Can pelvic pain be caused by stress?

Stress can tighten muscles and make the nervous system more sensitive to pain. However, new or persistent pelvic pain should not automatically be attributed to stress without considering physical causes.

Does pelvic pain always come from reproductive organs?

No. The bowel, bladder, abdominal wall, pelvic-floor muscles, hips, nerves, prostate, and

testicles can all cause pain felt in the pelvis.

Can I have pelvic pain even if tests are normal?

Yes. Some conditions are not visible on routine scans, and muscle or nerve-related pain may not appear on standard tests. Ongoing symptoms still deserve follow-up.

Should I take a pregnancy test?

If pregnancy is possible, a home test can provide useful information. Pelvic pain with a positive test, bleeding, faintness, or shoulder-tip pain needs urgent medical assessment.

Sources

- NHS. Pelvic pain
- American College of Obstetricians and Gynecologists. Chronic Pelvic Pain
- National Institute for Health and Care Excellence. Endometriosis: diagnosis and management, guideline NG73
- Centers for Disease Control and Prevention. Pelvic Inflammatory Disease: STI Treatment Guidelines
- Lamvu G, Carrillo J, Ouyang C, Rapkin A. Chronic Pelvic Pain in Women: A Review. JAMA. 2021;325(23):2381-2391