
What are trigger points?

Trigger points are painful tissues in and around muscles and fascia (tissue that holds the body together). For women with pelvic pain these tender areas are often found in the abdominal wall of the lower abdomen. The abdomen is often tender to pressure with one finger and has an aching or sharply painful sensation. The pain may radiate to the low back or groin and legs and can be made worse by pelvic organ sensations such as full bladder, menses, or ovulation.

What causes trigger points?

There are many theories as to what causes this kind of pain; however, the exact mechanism is not well understood. It is generally believed that the pain in the wall of the abdomen is referred from the pelvic organs (uterus, bladder) just as pain from the heart is referred to the left arm. Treating the abdominal wall pain may also be an important part of making the patient feel better.

Trigger point abdominal wall pain may start or become worse after abdominal or pelvic surgery, pregnancy, menses and in association with such diseases as Endometriosis, Interstitial Cystitis (chronic bladder pain) or pelvic infections. Removing pelvic organs does not necessarily get rid of the pain since there seems to be an ongoing nerve component to the pain.

How are trigger points treated?

Trigger points can be blocked by a local anesthetic injection to determine if that tissue is a major source of the pelvic pain. Often this produces prolonged relief from the pain (weeks to months).

Painful tissues that don't respond to 3 to 5 treatments may need central epidural blocks, neurologic or pain medications or further assessment of pelvic organ diseases. Physical therapy and stress reduction exercises may also be helpful.

Do trigger point injections hurt?

Actually, injection into tender abdominal wall points with a local anesthetic, if it is to work, should reproduce the same exact pain that the patient feels. Injection into non-trigger point tissue actually causes very little discomfort at all. Most patients are able to tolerate the reproducing of their pain because the pain lasts for only a few seconds to minutes and the local anesthetic actually blocks the pain of injection as well as the trigger points. A few patients require pre-injection pain medications to help deal with the severity of their pain.

What is the benefit to me?

Blocking trigger points should ease your pain. The relief you get informs us if we are treating you in the most effective way. With the first treatment, you may get a few days relief or you may get weeks to months of relief. You need to let the health care team know how you feel.

What are the risks of trigger point injections?

Besides reproducing your pain for a few minutes, injecting with a needle may cause a bruising or aching in the area of the injection. This is not dangerous and often responds to mild pain medications, such as Tylenol and local heat.

The local anesthetic may block the nerves to the thigh for one or two hours and cause numbness and muscle weakness in the leg. There are no long-term effects as the “numbed nerves” return to their natural function as soon as the block wears off.

Other rare complications include infection at the site of the injection and possible injury to bowel or bladder from the needle or from bleeding from injured blood vessels. These latter complications are exceedingly rare and we take extreme precautions to avoid them.

Can trigger point injections make the pain worse?

While the purpose is to find and reproduce your pain in order to tell where it is coming from, most

of the time the pain of injection, as well as the abdominal wall pain, are adequately blocked by the local anesthetic. This can happen not only for the duration of the anesthetic (2-4 hours), but also for an extended period of time days to months. This indicates that we have blocked a nerve feedback cycle.

Occasionally patients note that after one or two days the pain returns and may be worse. This “rebound pain” is due to trigger points that are adjacent to those blocked and were not as dominant at the time of the exam. Reinjecting these areas is often all that is necessary. This is also why the abdominal wall needs to be blocked 3-5 times in order to get all the points and to get the optimal result.

The International Pelvic Pain Society was formed to allow physicians, psychologists, nurses, physical therapists, and other professionals to coordinate, collect, and apply a growing body of information on chronic female pelvic pain. In doing this, we hope to be able to provide more relief and insure a more normal lifestyle for our patients. For membership information for healthcare professionals and patients, please contact us.

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