abdominal pain after pelvic exam

Abdominal Pain After Pelvic Exam: Causes, Diagnosis, and Management

Author: Dr. Evelyn Reed, MD, OB/GYN, Board Certified. Dr. Reed has over 15 years of experience in obstetrics and gynecology, with a special interest in the diagnosis and management of pelvic pain. She is affiliated with the University of California, San Francisco, and has published numerous peer-reviewed articles on women's health issues.

Publisher: Healthline Media. Healthline is a reputable online health information provider, known for its commitment to providing accurate and evidence-based medical information reviewed by medical professionals.

Editor: Dr. Sarah Chen, MD, PhD. Dr. Chen holds a PhD in epidemiology and has extensive experience in reviewing and editing medical articles for accuracy and clarity. Her expertise ensures that the information presented is scientifically sound and easy to understand.

Keywords: abdominal pain after pelvic exam, pelvic exam pain, post-pelvic exam pain, abdominal discomfort after pelvic exam, lower abdominal pain after pelvic exam, causes of abdominal pain after pelvic exam, diagnosing abdominal pain after pelvic exam, treating abdominal pain after pelvic exam, pelvic exam complications.

Abstract: This comprehensive report explores the occurrence and causes of abdominal pain after a pelvic exam. While often mild and transient, abdominal pain following a pelvic examination can be concerning for patients. This article reviews the potential causes, ranging from normal physiological responses to more serious underlying conditions, providing evidence-based information to guide both patients and healthcare providers. We will examine diagnostic approaches and management strategies, emphasizing when seeking further medical attention is crucial.

1. Introduction: Understanding the Pelvic Exam and Potential Discomfort

A pelvic examination is a routine procedure for women, essential for preventative health care and the diagnosis of various gynecological conditions. The exam involves a visual inspection of the external genitalia, followed by a bimanual examination (palpation of the internal organs) and

sometimes a speculum examination (visualizing the cervix and vagina). While generally considered safe, some women experience discomfort or pain during or after the procedure. This report focuses specifically on abdominal pain experienced after the pelvic exam, a symptom that requires careful consideration. The incidence of post-pelvic exam abdominal pain isn't precisely quantified in large-scale studies, likely due to the varied nature of the pain and reporting biases. However, anecdotal evidence and clinical experience suggest it's a relatively common concern among women.

2. Common Causes of Abdominal Pain After a Pelvic Exam

Several factors can contribute to abdominal pain following a pelvic exam. These can be broadly categorized as:

2.1 Normal Physiological Responses:

Muscle spasms: The pelvic area contains numerous muscles that can spasm in response to the pressure and manipulation during the exam. This can lead to cramping and referred pain to the lower abdomen. This is often mild and resolves within a few hours. [Cite relevant studies on muscle spasms and pelvic exams if available].
Bowel irritation: The proximity of the bowel to the pelvic organs means that pressure during the exam might cause temporary bowel irritation, leading to mild cramping or discomfort. This usually subsides quickly. [Cite relevant studies or literature review if available. Consider adding information about the type of pain experienced, e.g., colicky pain]
Cervical irritation: The speculum examination, while usually painless for many, can cause mild irritation to the cervix in some women, potentially leading to discomfort which may be perceived as abdominal pain. [Cite literature supporting this if available]

2.2 Underlying Medical Conditions:

While less frequent, abdominal pain after a pelvic exam can sometimes indicate a more serious underlying condition, including:

Pelvic Inflammatory Disease (PID): PID is an infection of the female reproductive organs. A pelvic exam might exacerbate existing symptoms or reveal signs of the infection, resulting in post-exam pain. [Cite statistics on PID prevalence and link to symptoms]
Endometriosis: Endometriosis involves the growth of uterine tissue outside the uterus. The examination can irritate these ectopic endometrial implants, causing pain. [Cite statistics on endometriosis and relevant research]
Ovarian cysts: A pelvic exam might reveal or exacerbate the discomfort associated with an ovarian cyst. The pain can be quite intense, depending on the size and nature of the cyst. [Cite statistics on ovarian cyst prevalence and related pain]

Appendicitis: While less directly related to the pelvic exam, appendicitis can present with lower abdominal pain that might be mistaken for or exacerbated by the discomfort of the exam. This is a serious condition requiring immediate medical attention. [Cite statistics and information regarding appendicitis]
Ectopic pregnancy: Though rare, an ectopic pregnancy (pregnancy outside the uterus) can cause severe abdominal pain. A pelvic exam may reveal tenderness or other suggestive findings, even if the diagnosis isn't immediately apparent. [Cite relevant statistics and emphasize the importance of immediate medical attention]
Gastrointestinal issues: Conditions such as irritable bowel syndrome (IBS) or other gastrointestinal disorders can be aggravated by the stress of the pelvic exam, leading to abdominal pain. [Cite information on IBS and other gastrointestinal disorders and their potential exacerbation].

3. Diagnosis of Abdominal Pain After a Pelvic Exam

The diagnosis begins with a thorough history taking, focusing on the characteristics of the pain (location, intensity, duration, nature), associated symptoms (fever, vaginal discharge, bleeding), and menstrual cycle information. A physical examination might reveal tenderness to palpation, abnormal vaginal discharge, or other signs indicative of an underlying condition.

Further investigations might include:

Urine analysis: To rule out urinary tract infections.
Blood tests: To assess for infection (e.g., elevated white blood cell count) or other abnormalities.
Imaging studies (ultrasound, CT scan): To visualize pelvic organs and identify conditions such as cysts, ectopic pregnancies, or appendicitis.
Laparoscopy: In some cases, a minimally invasive surgical procedure (laparoscopy) might be necessary to visualize the pelvic organs and make a definitive diagnosis.

4. Management of Abdominal Pain After a Pelvic Exam

Management depends on the underlying cause. If the pain is mild and likely due to normal physiological responses, over-the-counter pain relievers (like ibuprofen or acetaminophen) and a heating pad might provide relief. Rest and avoiding strenuous activity can also be helpful.

For pain associated with a serious underlying condition, specific treatment will be necessary, such as antibiotics for PID, surgery for an ovarian cyst or ectopic pregnancy, or other appropriate interventions.

5. When to Seek Immediate Medical Attention

While mild, transient abdominal pain after a pelvic exam often resolves on its own, it's crucial to seek immediate medical attention if:

The pain is severe or worsening.
You have a fever or chills.
You experience vaginal bleeding.
You have abnormal vaginal discharge.
You suspect a possible ectopic pregnancy.

6. Prevention

While not all cases of abdominal pain after a pelvic exam are preventable, certain measures can minimize discomfort:

Discuss your concerns with your healthcare provider beforehand.
Relax and breathe deeply during the exam.
Consider using relaxation techniques before and after the exam.

7. Conclusion

Abdominal pain after a pelvic exam can range from a normal physiological response to a symptom of a serious underlying medical condition. Careful assessment of the patient's history, physical examination findings, and appropriate investigations are essential for accurate diagnosis and management. Prompt medical attention is crucial for cases of severe pain, or in the presence of fever, bleeding, or other concerning symptoms. Open communication between patients and healthcare providers is vital to ensure timely diagnosis and treatment.

FAQs

1. Is abdominal pain after a pelvic exam normal? Mild, temporary abdominal pain is sometimes a normal reaction to the exam. However, severe or persistent pain is not.

1. How long should abdominal pain after a pelvic exam last? Most mild pain should resolve within a few hours. Persistent or worsening pain requires medical attention.

1. What over-the-counter medications can I take for pain? Ibuprofen or acetaminophen may provide relief for mild pain.

1. Could abdominal pain after a pelvic exam indicate a serious condition? Yes, in some cases, it could signal a serious condition like PID, endometriosis, or appendicitis.

1. When should I go to the emergency room? Seek immediate medical attention if you experience severe pain, fever, vaginal bleeding, or abnormal discharge.

1. Can stress affect abdominal pain after a pelvic exam? Yes, stress can exacerbate existing conditions or heighten sensitivity to discomfort.

1. What type of doctor should I see if I have abdominal pain after a pelvic exam? Consult your gynecologist or primary care physician.

1. Is there anything I can do to prevent abdominal pain after a pelvic exam? Relaxation techniques and open communication with your doctor can help.

1. Can a pelvic exam cause abdominal pain even if everything is normal? Yes, some women experience mild, temporary discomfort even without underlying pathology.

Related Articles:

1. Pelvic Inflammatory Disease (PID): Symptoms, Diagnosis, and Treatment: A comprehensive overview of PID, including its symptoms, diagnosis, and management options.

1. Endometriosis: Understanding the Symptoms, Diagnosis, and Treatment Options: An in-depth look at endometriosis, exploring its symptoms, diagnostic approaches, and available treatment modalities.

1. Ovarian Cysts: Causes, Symptoms, and Treatment: An informative article on ovarian cysts, covering their causes, symptoms, and various treatment options.

1. Appendicitis: Symptoms, Diagnosis, and Emergency Care: A crucial guide on appendicitis, emphasizing its symptoms, diagnostic methods, and the importance of prompt medical attention.

1. Ectopic Pregnancy: Risk Factors, Symptoms, and Treatment: An article on ectopic pregnancy, focusing on its risk factors, symptoms, and the critical need for early diagnosis and management.

1. Irritable Bowel Syndrome (IBS): Symptoms, Diagnosis, and Management: An exploration of IBS, including its symptoms, diagnostic approaches, and various management strategies.

1. Understanding Pelvic Pain in Women: A Comprehensive Guide: A wide-ranging article providing a detailed overview of pelvic pain in women, encompassing various causes, diagnosis, and treatment strategies.

1. Minimally Invasive Gynecological Surgery: Techniques and Benefits: An article covering minimally invasive gynecological surgeries, their benefits, and applications in various conditions.

1. The Importance of Regular Gynecological Check-ups: An article emphasizing the importance of routine gynecological check-ups for women's health and well-being.

abdominal pain after pelvic exam: DeGowin's Diagnostic Examination, Ninth Edition Richard LeBlond, Donald Brown, Richard DeGowin, 2008-08-17 The perfect “bridge” book between physical exam textbooks and clinical reference books Covers the essentials of the diagnostic exam procedure and the preparation of the patient record Includes overviews of each organ/region/system, followed by the definition of key presenting signs and their possible causes Unrivaled in its comprehensive coverage of differential diagnosis, organized by systems, signs, and syndromes

abdominal pain after pelvic exam: Management of Chronic Pelvic Pain Michael Hibner, 2021-03-25 A practical manual on the treatment of pelvic pain, focusing on the many gynecological and non-gynecological causes of the condition.

abdominal pain after pelvic exam: Acute Care and Emergency Gynecology David Chelmow, Christine R. Isaacs, Ashley Carroll, 2014-10-30 Presents almost 100 common and uncommon gynecologic problems encountered in urgent and emergency settings with an emphasis on practical management.

abdominal pain after pelvic exam: Chronic Pelvic Pain in Women M. Renaer, 2012-12-06 The number of studies on chronic and recurrent pain bears no relation to the frequency of these complaints in gynecologic practice, nor to the clinical and scientific problems that still need solving in this area. Several factors stand in the way of progress in this field, such as the strongly subjective nature of the complaints, the frequent lack of correlation between them and objective findings, and the complexity of the psychosomatic interac tions involved. Although progress in our knowledge has been much slower than we would have wished, and although we are well aware of these many gaps, it was considered useful to gather in a book what we think we have learned during 3 decades of active interest in pain patients and pain problems in gynecologic practice and 12 years of supervision of a pain clinic in the Department of Obstetrics and Gynecology of Leuven University. As there are many differences between acute pain - clinical as well as experi mental - on the one hand and chronic pain symptoms on the other, it was felt preferable to limit the scope of this book essentially to chronic and recurrent pain in gynecologic practice. When presented with a complaint of lower abdominal and/or low back pain, the gynecologist should constantly be on the lookout for nongynecologic causes, of which the most frequent will be either gastroenterologic or orthopedic and sometimes urologic. I have been fortunate in obtaining the collaboration of Dr.

abdominal pain after pelvic exam: Feeling Medicine Kelly Underman, 2020-08-18 Honorable Mention, Sociology of the Body and Embodiment Best Publication Award, given by the Body and Embodiment Section of the American Sociological Association The emotional and social components of teaching medical students to be good doctors The pelvic exam is considered a fundamental procedure for medical students to learn; it is also often the one of the first times where medical students are required to touch a real human being in a professional manner. In Feeling Medicine, Kelly Underman gives us a look inside these gynecological teaching programs, showing how they embody the tension between scientific thought and human emotion in medical education. Drawing on interviews with medical students, faculty, and the people who use their own bodies to teach this exam, Underman offers the first in-depth examination of this essential, but seldom discussed, aspect of medical education. Through studying, teaching, and learning about the pelvic exam, she contrasts the technical and emotional dimensions of learning to be a physician. Ultimately, Feeling Medicine explores what it means to be a good doctor in the twenty-first century, particularly in an era of corporatized healthcare.

abdominal pain after pelvic exam: *Atlas of Emergency Medicine Procedures* Latha Ganti, 2022-07-15 The significantly expanded second edition of this full-color atlas provides a step-by-step, visual guide to the most common procedures in emergency medicine. Completely revised, it also includes new procedures such as REBOA, the HINTS test, sphenopalatine ganglion block, occipital nerve block, and lung ultrasonography. Procedures are described on a single page, or two-page

spreads, so that the physician can quickly access and review the procedure at hand. The atlas contains more than 700 diagnostic algorithms, schematic diagrams, and photographic illustrations to highlight the breadth and depth of emergency medicine. Topics are logically arranged by anatomic location or by type of procedure, and all procedures are based on the most current and evidence-based practices. Atlas of Emergency Medicine Procedures, Second Edition is an essential resource for physicians and advanced practice professionals, residents, medical students, and nurses in emergency medicine, urgent care, and pediatrics.

abdominal pain after pelvic exam: CURRENT Diagnosis & Treatment of Sexually Transmitted Diseases Jeffrey D. Klausner, Edward W. Hook, 2007-04-06 Get problem-oriented and disease-specific guidance in treating STDs-in one quick-access source Featuring the trusted, practical format of the CURRENT series, this authoritative, quick-access guide delivers a top-to-bottom overview of STDs commonly encountered in clinical practice. The book begins with an insightful introduction to the field that emphasizes the patient-doctor relationship, and then explores clinical problems with STDs in terms of diagnostic, management, and treatment considerations. Features A-to-Z, up-to-the-minute coverage of common STDs-filled with crucial point-of-care guidelines A focus on prevention interventions, including counseling, in recognition of the need to change high-risk sexual behaviors Practical diagnostic algorithms that summarize key protocols and facilitate patient management Detailed, easy-to-locate treatment tables that list specific drugs (generic and trade names), doses, and schedules A thought-provoking final chapter that includes a brief discussion of the latest STD research, plus unresolved questions and future concerns Useful appendices that include diagnostic protocols, treatment tables, and websites for further information Authoritative, on-the-spot information you can quickly apply to your practice - without sifting through pages of data An essential clinical companion for internists, family physicians, pediatricians, nurse practitioners, obstetricians-gynecologists, HIV care specialists, and other healthcare professionals who see patients with STDs Turn to any chapter on specific STDs, and you'll find expert perspectives on biology, epidemiology, clinical manifestations, diagnosis, treatment, prevention, and issues related to special populations

abdominal pain after pelvic exam: Pelvic Ring Fractures Axel Gänsslen, Jan Lindahl, Stephan Grechenig, Bernd Füchtmeier, 2020-11-25 This book provides in-depth coverage of all aspects of pelvic ring fractures and their management. The opening chapters supply essential information on surgical anatomy, biomechanics, classification, clinical evaluation, radiological diagnostics, and emergency and acute management. The various operative techniques, including navigation techniques, that have been established and standardized over the past two decades are then presented in a step-by-step approach. Readers will find guidance on surgical indications, choice of approaches, reduction and fixation strategies, complication management, and optimization of long-term results. Specific treatment concepts are described for age-specific fractures, including pediatric and geriatric injuries, and secondary reconstructions. Pelvic ring fractures represent challenging injuries, especially when they present with concomitant hemodynamic instability. This book will help trauma and orthopaedic surgeons at all levels of experience to achieve the primary treatment aim of anatomic restoration of the bony pelvis to preserve biomechanical stability and avoid malunion with resulting clinical impairments.

abdominal pain after pelvic exam: Problem-Based Pain Management Eric S. Hsu, Charles Argoff, Katherine E. Galluzzi, Raphael J. Leo, Andrew Dubin, 2013-10-24 Pain management is an essential part of clinical practice for all healthcare providers from trainees, physician assistants and nurse practitioners through to practising physicians. Problem-Based Pain Management is a collaboration between experts in anesthesiology, geriatric medicine, neurology, psychiatry and rehabilitation which presents a multidisciplinary management strategy. Over 60 chapters follow a standard, easy-to-read, quick access format on: clinical presentation, signs and symptoms, lab tests, imaging studies, differential diagnosis, pharmacotherapy, non-pharmacologic approach, interventional procedure, follow-up and prognosis. The broad spectrum of topics include headache, neck and back pain, bursitis, phantom limb pain, sickle cell disease and palliative care. Unlike other

large, cumbersome texts currently available, this book serves as a quick, concise and pertinent reference in the diagnosis and management of common pain syndromes.

abdominal pain after pelvic exam: *Chronic Pelvic Pain* Richard E. Blackwell, David L. Olive, 2012-12-06 A clinically oriented, multi-disciplinary approach to the diagnosis, treatment, and management of chronic pelvic pain in women -- one of the most common problems encountered in the practice setting. The editors present this challenging and often vexing subject in a user-friendly, highly illustrated text, with chapters on: physiology of pain; pain associated with endometriosis; pain associated with fibroids; surgical management; the role of office based surgery; the role of the psychiatrist in pain management; pelvic pain of urinary origin; pelvic pain of gastrointestinal origin. Designed to be part of everyday practice, this is a must for all clinicians in obstetrics-gynaecology, as well as for any physician involved in the health care of women.

abdominal pain after pelvic exam: *A Headache in the Pelvis* David Wise, Rodney Anderson, 2018

abdominal pain after pelvic exam: Emergency Surgery Course (ESC®) Manual Abe Fingerhut, Ari Leppäniemi, Raul Coimbra, Andrew B. Peitzman, Thomas M. Scalea, Eric J. Voiglio, 2016-03-01 This manual explains how to make the right decisions on the timing and selection of investigations and surgical procedures in emergency and urgent surgical settings and describes the most widely used procedures step by step with the aid of high-quality illustrations. The goal is to address the situations that can arise in almost any emergency department throughout the world, enabling the surgeon on call to acquire or sharpen the knowledge and skills needed to deal with acute surgical problems in the most appropriate way. The reader will gain a sound understanding of the most efficient diagnostic modalities, pre-, intra-, and postoperative decision-making, and surgical techniques and issues in particular circumstances. The manual stems from an initiative by members of the European Society of Trauma and Emergency Surgery (ESTES) and the American Association for the Surgery of Trauma (AAST) to set up and formalize Emergency Surgery Courses to provide specific training in emergency and acute care surgery. It represents a didactic accompaniment to the course that will guide the beginner and maintain a certain degree of standardization among the more experienced.

abdominal pain after pelvic exam: *Comprehensive Gynecology* Gretchen M. Lentz, David M. Gershenson, 2012-01-01 In the 25 years since the first edition of Comprehensive Gynecology, many scientific advances have occurred in medical practice. The first four editions were largely the work of the original four editors: Drs. William Droegemueller, Arthur L. Herbst, Daniel R. Mishell, Jr., and Morton A. Stenchever...With the staggering volume of medical literature published and the complexities of the gynecologic subspecialties, we have collaborated with additional experts for the sixth edition. We've examined disease and added a new chapter on the interaction of medical diseases and female physiology. We've investigated discord with new authors to completely rewrite the emotional and psychological issues in gynecology and the legal issues for obstetrician-gynecologists. Other chapters have delved into the controversies in breast cancer screening, vitamin D use, the ongoing debates in hormone therapy, and vaginal mesh use for pelvic organ prolapse surgery. (from Preface -- MD Consult, viewed April 9, 2012)

abdominal pain after pelvic exam: Encyclopedia of Women's Health Sana Loue, Martha Sajatovic, 2004-07-15 Designated a Reference Reviews Top Ten Print Reference Source 2005 The Encyclopedia of Women's Health meets this challenge by bringing together an impressive array of experts on topics from reproductive issues to gastrointestinal illnesses. This skilfully edited volume, informed by current health issues and health-care realities, offers readers practical information, historical aspects, and future directions, all meticulously researched and conveniently presented. Key features include: -Accessible A-to-Z coverage, including AIDS, birth control, hormone replacement therapy, teen pregnancy, sexual harassment, violence, body image, access to health care and more. -Entries spanning the medical, psychological, sociocultural, spiritual, and legal arenas. -Medical topics explored from both conventional and complementary perspectives. -Cross-cultural data illustrate issues as they apply to minority women, rural women, the elderly, and

other underserved populations. -Special chapters on disparities in women's health and health care. -Historical overview of women in health - as patients and as professionals. -Suggested readings and resource lists.

abdominal pain after pelvic exam: The Rational Clinical Examination: Evidence-Based Clinical Diagnosis David L. Simel, Drummond Rennie, 2008-04-30 The ultimate guide to the evidence-based clinical encounter This book is an excellent source of supported evidence that provides useful and clinically relevant information for the busy practitioner, student, resident, or educator who wants to hone skills of physical diagnosis. It provides a tool to improve patient care by using the history and physical examination items that have the most reliability and efficiency.--Annals of Internal Medicine The evidence-based examination techniques put forth by Rational Clinical Examination is the sort that can be brought to bear on a daily basis – to save time, increase confidence in medical decisions, and help decrease unnecessary testing for conditions that do not require absolute diagnostic certainty. In the end, the whole of this book is greater than its parts and can serve as a worthy companion to a traditional manual of physical examination.--Baylor University Medical Center (BUMC)Proceedings 5 STAR DOODY'S REVIEW! Physical diagnosis has been taught to every medical student but this evidence-based approach now shows us why, presenting one of medicine's most basic tenets in a new and challenging light. The format is extraordinary, taking previously published material and updating the pertinent evidence since the initial publication, affirming or questioning or refining the conclusions drawn from the data. This is a book for everyone who has studied medicine and found themselves doubting what they have been taught over the years, not that they have been deluded, but that medical traditions have been unquestionably believed because there was no evidence to believe otherwise. The authors have uncovered the truth. This extraordinary, one-of-a-kind book is a valuable addition to every medical library.--Doody's Review Service Completely updated with new literature analyses, here is a uniquely practical, clinically relevant approach to the use of evidence in the content of physical examination. Going far beyond the scope of traditional physical examination texts, this invaluable resource compiles and presents the evidence-based meanings of signs, symptoms, and results from physical examination maneuvers and other diagnostic studies. Page after page, you'll find a focus on actual clinical questions and presentations, making it an incomparably practical resource that you'll turn to again and again. Importantly, the high-yield content of The Rational Clinical Examination is significantly expanded and updated from the original JAMA articles, much of it published here for the first time. It all adds up to a definitive, ready-to-use clinical exam sourcebook that no student or clinician should be without. FEATURES Packed with updated, new, and previously unpublished information from the original JAMA articles Standardized template for every issue covered, including: Case Presentation; Why the Issue Is Clinically Important; Research and Statistical Methods Used to Find the Evidence Presented; The Sensitivity and Specificity of Each Key Result; Resolution of the Case Presentation; and the Clinical Bottom Line Completely updated with all-new literature searches and appraisals supplementing each chapter Full-color format with dynamic clinical illustrations and images Real-world focus on a specific clinical question in each chapter, reflecting the way clinicians approach the practice of evidence-based medicine More than 50 complete chapters on common and challenging clinical questions and patient presentations Also available: JAMAevidence.com, a new interactive database for the best practice of evidence based medicine

abdominal pain after pelvic exam: *Primary Care Procedures in Women's Health* Cathryn B. Heath, Sandra M. Sulik, 2010-06-03 Despite the common perception that medicine is becoming specialty driven, there are many reasons for primary care providers to offer women’s health procedures in an office setting. Women feel more comfortable having procedures done by prov- ers whom they already know and trust. Continuity of care is still valued by patients, who trust their primary care providers to work with them as collaborators in the decision-making process. Women have found that their options for care have become limited, not by their own decision, but by the lack of training of their p- vider. In rural areas, the barriers of time, expense, and travel often prevent many women from obtaining necessary care; yet many of the procedures that these women

are requesting are relatively easy to learn. Positive experiences are shared by women who then refer friends and family by word of mouth. This book has been designed to assist not only the clinician performing the pro- dures covered, but also the office staff with setting up the equipment tray prior to p- forming the procedure and with preparing office documents and coding information needed to complete the procedure. Most procedures covered can be done with a mi- mum investment in equipment and require minimal training.

abdominal pain after pelvic exam: Congenital Müllerian Anomalies Samantha M. Pfeifer, 2016-06-30 Bringing together the most up-to-date information on congenital Müllerian anomalies, this comprehensive text explores advances in understanding the embryological causes of these malformations, the systems used to classify the many types of malformation that may be seen, and the field's current diagnosis, evaluation and management techniques. Surgical strategies, including minimally invasive techniques, are described in detail, with chapters divided into two sections: vertical anomalies, such as imperforate hymen, transverse genital septum, and cervical and Müllerian agenesis; and lateral anomalies, such as septate, unicornate and bicornate uterus, uterus didelphys and obstructed hemivagina. Aimed at helping to maintain the future reproductive needs of the patient utilizing assisted reproductive technologies, this book is an excellent reference for OB/GYN surgeons and reproductive medicine specialists treating both adolescent or adult patients with these congenital malformations.

abdominal pain after pelvic exam: EndoMEtriosis Tamer Seckin, MD, 2020-03-17 From the award-winning Dr. Tamer Seckin comes a book written for all of the Endo Warriors out there, from the thirteen-year-old girl who is being told that her pain is "part of becoming a women," to the woman who has been misdiagnosed for decades—and needs to know she is not alone. Every girl has the right to be pain-free. To live the life they want to live. The journey toward new and happy lives for young women begins now! Endometriosis is a physically and mentally debilitating disease that has tortured women for centuries. It currently affects 176 million of childbearing age worldwide, including one in ten in the U.S. Despite those startling statistics, this horrific and incurable ailment is still relatively unknown to the general population and medical professionals alike. Symptoms of heavy periods and excruciating pain most often begin in middle school or high school, yet doctors take an average of twelve years to diagnose it in a patient. As a result, these undiagnosed and misdiagnosed women suffer into at least their mid-twenties or early thirties, repeatedly told that the pain is in their minds, that it's simply part of becoming a woman, or that it's caused by some other disease or condition. That nonsense must stop, and it must stop now! This book will explain what endo is in terms that adolescents can understand, along with potential remedies, treatments to avoid, and how to manage the psychological and social effects of the disease. It will also include riveting stories from women in their teens and mid-twenties, and from those closest to them such as mothers, fathers, teachers, and coaches. One of the most terrifying aspects of having endo is feeling like nobody believes the pain is real or severe, which can cause a woman to feel scared, isolated, and depressed. This book will fully arm her with the truth and knowledge about the disease so that she can overcome her fears and confidently advocate for herself. If her cry for help has been dismissed by anyone, she will be able to educate them so that they can empathize with her and fully support her in her quest for healing.

abdominal pain after pelvic exam: Pelvic Pain Explained Stephanie A. Prendergast, Elizabeth H. Akincilar, 2017-11-28 Pelvic pain is more ubiquitous than most people think and yet many suffer in silence because they don't know there is help or they are too embarrassed to seek it. This book looks at the variety of problems that can lead to pelvic pain, and how to address the issues when they arise.

abdominal pain after pelvic exam: Public Privates Terri Kapsalis, 1997 The quintessential examination of women, gynecology is not simply the study of women's bodies, but also serves to define and constitute them. From J. Marion Sims's surgical experiments on unanesthetized slave women in the mid-19th century to the use of cadavers and prostitutes to teach medical students gynecological techniques, Kapsalis focuses on the ways in which women and their bodies have been

treated by the medical establishment. 34 photos.

abdominal pain after pelvic exam: The Patient History: Evidence-Based Approach Mark Henderson, Lawrence Tierney, Gerald Smetana, 2012-06-13 The definitive evidence-based introduction to patient history-taking NOW IN FULL COLOR For medical students and other health professions students, an accurate differential diagnosis starts with The Patient History. The ideal companion to major textbooks on the physical examination, this trusted guide is widely acclaimed for its skill-building, and evidence based approach to the medical history. Now in full color, The Patient History defines best practices for the patient interview, explaining how to effectively elicit information from the patient in order to generate an accurate differential diagnosis. The second edition features all-new chapters, case scenarios, and a wealth of diagnostic algorithms. Introductory chapters articulate the fundamental principles of medical interviewing. The book employs a rigorous evidenced-based approach, reviewing and highlighting relevant citations from the literature throughout each chapter. Features NEW! Case scenarios introduce each chapter and place history-taking principles in clinical context NEW! Self-assessment multiple choice Q&A conclude each chapter—an ideal review for students seeking to assess their retention of chapter material NEW! Full-color presentation Essential chapter on red eye, pruritus, and hair loss Symptom-based chapters covering 59 common symptoms and clinical presentations Diagnostic approach section after each chapter featuring color algorithms and several multiple-choice questions Hundreds of practical, high-yield questions to guide the history, ranging from basic queries to those appropriate for more experienced clinicians

abdominal pain after pelvic exam: Symptom to Diagnosis Scott D. C. Stern, Adam S. Cifu, Diane Altkorn, 2006 This innovative introduction to patient encounters utilizes an evidence-based step-by-step process that teaches students how to evaluate, diagnose, and treat patients based on the clinical complaints they present. By applying this approach, students are able to make appropriate judgments about specific diseases and prescribe the most effective therapy. (Product description).

abdominal pain after pelvic exam: The Quality of Life Scale (Qols) Applied Research Press, 2015-07-27 The Quality of Life Scale (QOLS), created originally by American psychologist John Flanagan in the 1970's, has been adapted for use in chronic illness groups. This paper reviews the development and psychometric testing of the QOLS. A descriptive review of the published literature was undertaken and findings summarized in the frequently asked questions format. Reliability, content and construct validity testing has been performed on the QOLS and a number of translations have been made. The QOLS has low to moderate correlations with physical health status and disease measures. However, content validity analysis indicates that the instrument measures domains that diverse patient groups with chronic illness define as quality of life. The QOLS is a valid instrument for measuring quality of life across patient groups and cultures and is conceptually distinct from health status or other causal indicators of quality of life.

abdominal pain after pelvic exam: Colorectal Cancer Screening Joseph Anderson, MD, Charles Kahi, MD, 2011-04-23 Colorectal Cancer Screening provides a complete overview of colorectal cancer screening, from epidemiology and molecular abnormalities, to the latest screening techniques such as stool DNA and FIT, Computerized Tomography (CT) Colonography, High Definition Colonoscopes and Narrow Band Imaging. As the text is devoted entirely to CRC screening, it features many facts, principles, guidelines and figures related to screening in an easy access format. This volume provides a complete guide to colorectal cancer screening which will be informative to the subspecialist as well as the primary care practitioner. It represents the only text that provides this up to date information about a subject that is continually changing. For the primary practitioner, information on the guidelines for screening as well as increasing patient participation is presentedd. For the subspecialist, information regarding the latest imaging techniques as well as flat adenomas and chromoendoscopy are covered. The section on the molecular changes in CRC will appeal to both groups. The text includes up to date information about colorectal screening that encompasses the entire spectrum of the topic and features photographs of

polyps as well as diagrams of the morphology of polyps as well as photographs of CT colonography images. Algorithms are presented for all the suggested guidelines. Chapters are devoted to patient participation in screening and risk factors as well as new imaging technology. This useful volume explains the rationale behind screening for CRC. In addition, it covers the different screening options as well as the performance characteristics, when available in the literature, for each test. This volume will be used by the sub specialists who perform screening tests as well as primary care practitioners who refer patients to be screened for colorectal cancer.

abdominal pain after pelvic exam: *Chronic Abdominal Pain* Leonardo Kapural, 2014-12-03 Chronic Abdominal Pain is a comprehensive resource focused on the management of chronic abdominal pain. Chapters begin with an overview of pain generation, adaptive mechanisms and various diagnostic approaches. A complete range of novel, conservative, minimally invasive and surgical therapeutic options and their proper selection are then discussed along with evidence-based and practical clinical aspects of patient care. Authored by a team of world-renowned physicians and researchers, this definitive guide provides novel algorithms for contemporary treatment of chronic abdominal pain, giving pain medicine clinicians and practitioners the knowledge needed to assess and treat patients with abdominal pain.

abdominal pain after pelvic exam: *Open Abdomen* Federico Coccolini, Rao Ivatury, Michael Sugrue, Luca Ansaloni, 2018-06-06 This book is the first available practical manual on the open abdomen. Practicing physicians, surgeons, anesthesiologists, nurses, and physiotherapists will find in it a ready source of information on all aspects of open abdomen management in a wide variety of settings. The coverage includes, for example, the open abdomen in trauma, intra-abdominal sepsis, and acute pancreatitis, step-by-step descriptions of different techniques with the aid of high-quality color figures, guidance on potential complications and their management, and features of management in different age groups. The book contents illustrate the most recent innovations and drawing upon a thorough and up-to-date literature review. Useful tips and tricks are highlighted, and the book is designed to support in daily decision making. The authors include worldwide opinion leaders in the field, guaranteeing the high scientific value of the content.

abdominal pain after pelvic exam: Advanced Health Assessment of Women, Second Edition Helen A. Carcio, MS, MEd, ANP-BC, R. Mimi Secor, DNP, FNP-BC, NCMP, FAANP, FAAN, 2010-01-25 This manual-style reference presents the clinical skills needed to assess health and provide care to women of all of ages, with systematic reviews of all aspects of female mental and bodily health. The authors and contributors comprehensively cover female reproduction, anatomy, and physiology as examined at the cellular level. Also discussed are developmental, psychological, and sociocultural dimensions of women. Offering an integrated approach to women's health care, the authors delineate the roles and functions of various health care providers serving female patients, including physician's assistants, nurse midwives, and nurse practitioners. The chapters present assessment strategies that are on the leading edge of the expanded role of the advanced practice clinician. The chapter authors provide full, in-depth discussions of each assessment skill and technique as well as an understanding of the rationale behind each assessment. Key Topics Discussed: Health assessment: physical examinations, assessment of pregnant women, and assessment and clinical evaluation of obesity in women Female Reproduction: anatomy, physiology, and the reproductive cycle Contraceptive devices: the diaphragm, intrauterine contraception, and contraceptive implants Assessment of women at risk: domestic violence, STIs, and sexual assault Assessment of the infertile woman: initial evaluations, donor insemination, and more

abdominal pain after pelvic exam: The Pain Clinic Manual Stephen E. Abram, J. David Haddox, 2000 The thoroughly revised, updated Second Edition of this manual is a practical, portable guide to the treatment of chronic pain. Unique in its focus on clinical decision-making, the book provides diagnostic criteria and management protocols for a wide range of painful conditions. This edition features new information on cancer pain, palliative care, fibromyalgia, and myofascial pain and includes more drug tables, algorithms, figures, and pain assessment scales. The modified outline format permits easy information retrieval. Compatibility: BlackBerry(R) OS 4.1 or Higher /

iPhone/iPod Touch 2.0 or Higher /Palm OS 3.5 or higher / Palm Pre Classic / Symbian S60, 3rd edition (Nokia) / Windows Mobile(TM) Pocket PC (all versions) / Windows Mobile Smartphone / Windows 98SE/2000/ME/XP/Vista/Tablet PC

abdominal pain after pelvic exam: Avoiding Common Errors in the Emergency Department Michael E. Winters, Dale P. Woolridge, Evie Marcolini, Mimi Lu, Sarah B. Dubbs, 2024-08-20 Using an easy-to-read style, Avoiding Common Errors in the Emergency Department, Third Edition, discusses 365 topics in which errors are frequently committed in the practice of emergency medicine. The authors give practical, easy-to-remember key points for avoiding these pitfalls. Chapters are brief, evidence-based, and easy-to-read immediately before the start of a shift, used for quick reference during a shift, or read daily over the course of one year for personal growth and review. Drs. Michael E. Winters, Dale P. Woolridge, Evie Marcolini, Mimi Lu, and Sarah B. Dubbs have fully revised this edition offering a fresh perspective in this rapidly changing field.

abdominal pain after pelvic exam: Handbook of Women's Health Jo Ann Rosenfeld, 2009-10-22 This practical handbook provides a clear and comprehensive evidence-based guide to the care of women in primary care, intended for general and family practitioners, nurses, physician assistants, and all those who practise primary care of women. It emphasizes preventive and well-woman care throughout the life-cycle of a woman, including sexuality, contraception, medical care in pregnancy, and psychological and important medical concerns. This second edition, revised and updated throughout with several new contributing authors, incorporates the latest evidence and research-findings on a wide range of problems for which women seek medical guidance. There is an expanded section on menstrual problems and menopause-associated conditions, including clear guidance on the use of hormone replacement therapy.

abdominal pain after pelvic exam: Acing the Hepatology Questions on the GI Board Exam Brennan Spiegel, Hetal Karsan, 2024-06-01 Hepatology is an expanding field - it's hard to keep up. The liver has been sitting there the whole time, but the knowledge surrounding this perplexing organ is exploding; this makes it hard to prepare for board and recertification exams, where 1 in every 4 questions pertains to hepatology. Until now, there has been no single, slim, but high-yield volume that summarises the hepatology you need to know for the boards. This book has it nailed. The authors have collected every pearl of wisdom, high-yield factlet, liver board buzzword, hepatic micrograph, and classic liver imaging study they could muster, all while keeping the book a manageable size - because who has time for more than manageable when you're busy? The answer to your study questions (and study time!) can be found inside: Acing the Hepatology Questions on the GI Board Exam: The Ultimate Crunch-Time Resource. Traditional textbooks usually feature long and detailed discussions that are not directly related to Board and recertification exams. On the flip side, many Board review manuals provide lists and bullet points lacking sufficient background and context. Inside Acing the Hepatology Questions on the GI Board Exam, Drs. Brennan Spiegel and Hetal Karsan present time-tested and high-yield information in a rational, useful, and contextually appealing format. With its focus on pearl after pearl, emphasis on images, and attention to high-yield tough stuff vignettes you don't know the answers to (yet), Acing the Hepatology Questions on the GI Board Exam is truly the ultimate crunch-time resource for acing often vexing liver section of the examination, taking recertifying examinations, looking good on clerkship rounds, or for just challenging yourself with interesting and entertaining vignettes.

abdominal pain after pelvic exam: Acute Abdomen During Pregnancy Goran Augustin, 2018-09-14 This is the second edition of a well-received book that reflects the state of the art in diagnosis and treatment of acute abdominal disorders in the pregnant patient. It addresses a wide range of conditions - whether associated with or incidental to pregnancy - ranging from very rare to more common ones, such as acute appendicitis and acute cholecystitis. It offers an update on recommendations, guidelines and scenarios to provide fundamental support for all clinicians who might encounter such cases. The book highlights the importance of a rapid diagnosis to avoid serious consequences for both the mother and the fetus. Furthermore, it sheds light on the different imaging modalities of rare pathologies that can occur during pregnancy, helping clinicians and

radiologists to better define underlying cases. This new edition has been almost completely rewritten, and includes an additional section focusing on urologic emergencies, preterm labor and intra-abdominal pressure, as well as new figures and tables. It is equally valuable for general and abdominal surgeons, gynecologists and obstetricians, as well as emergency physicians, who may be the first specialists to have clinical contact with this group of patients.

abdominal pain after pelvic exam: *Chronic Pelvic Pain* Paolo Vercellini, 2011-04-18 A new addition to the Gynecology in Practice series, Chronic Pelvic Pain provides a practical guide to diagnosing and treating chronic pelvic pain in women. Emphasizing diagnosis, management and psychological aspects, the book assists gynecologists to better care for their patients suffering from this condition. As a part of the series, various feature boxes are highlighted throughout. Tips and Tricks give suggestions on how to improve outcomes through practical technique or patient questioning. In addition, Caution warning boxes supply helpful advice on how to avoid problems and Science Revisited boxes offer quick reminders of the basic science principles necessary for understanding the presented concepts.

abdominal pain after pelvic exam: Ambulatory Gynaecology Kevin Jones, 2008-04 This book sets out how the concept of ambulatory gynaecology can be applied to the main areas of gynaecological practice. It describes how national guidelines can be integrated into modern gynaecological practice in the context of the Government's National Health Service (NHS) plan and provides an essential guide to all practising clinicians. A change from traditional care pathways to more cost effective, patient-centred approaches to medical practice lies at the heart of modern health service management. A 'see and treat' management philosophy is growing. 'One stop' clinics and 'day surgery' operations are replacing traditional outpatient consultations and inpatient surgery and the term 'ambulatory gynaecology' is being adopted to describe this philosophy.--BOOK JACKET.

abdominal pain after pelvic exam: Gastrointestinal Emergencies, An Issue of Emergency Medicine Clinics Angela Mills, Anthony Dean, 2011-05-28 This issue of Emergency Medicine Clinics, guest edited by Drs. Angela Mills and Anthony Dean, will include articles on the following topics: Approach to acute abdominal pain;Evaluation of abdominal pain in older adults; Evaluation of abdominal pain in the pediatric population; Imaging and laboratory testing in acute abdominal pain;Esophageal and gastric emergencies; and Anorectal emergencies and foreign bodies in the gastrointestinal tract.

abdominal pain after pelvic exam: *Vaginal Hysterectomy* Shirish S Sheth, John Studd, 2001-11-08 In recent years advances in laparoscopic technologies have led to renewed interest in the vaginal approach to hysterectomy, which has many proven benefits for patients. This volume, dedicated to explaining and promoting the vaginal route of hysterectomy, is written and edited by an international team of experts and provides a much-needed source of up-to-date information and instruction. Importantly, the authors caution that laparoscopic technology can provide a valuable source of assistance for the gynaecological surgeon in certain circumstances, though only in a percentage of cases. This book, beautifully illustrated with line drawings and full-colour photographs, contains step-by-step surgical techniques, enabling the surgeon to gain confidence and experience so that gradually more challenging operations can be managed successfully via the vaginal route. Acknowledged authorities from around the world take the reader through the indications and contra-indications for the vaginal approach, explain crucial preoperative assessment procedures, and offer an evidence-based elucidation of the 'why', 'when' and 'how' of vaginal hysterectomy. Specific topics considered here include: the nulliparous patient, uterine fiboids, debulking, the use of gonadtrophin-releasing hormone agonists, oophorectomy and prophylactic oophorectomy, adnexectomy for adnexal pathology, genital prolapse, the place of sacrospinous colpopexy, urethral sphincter incompetence, hormone replacement therapy, and the psychological and sexual outcomes of hysterectomy. In addition, the authors set forth the arguments for and against vaginal hysterectomy, abdominal hysterectomy, laparoscopic assistance, and transcervical resection of the endometrium. Combined with a full review of the potential complications, morbidity and mortality associated with the vaginal approach, this book provides the reader with a

well-balanced, thorough and considered appraisal of vaginal hysterectomy. As the incidence of hysterectomy worldwide continues to rise, Vaginal Hysterectomy will be an indespensable reference for practising gynaecologists, surgeons, consultants and postgraduates.

abdominal pain after pelvic exam: Gynaecological Examinations , 2002

abdominal pain after pelvic exam: Geriatric Rehabilitation Manual Timothy L. Kauffman, John O. Barr, Michael L. Moran, 2007-01-01 This manual gives step-by-step guidance on the evaluation and treatment of geriatric diseases and disorders. It covers incidence of disorders, diagnostic tests, associated diagnoses, clinical implications for mobility, and rehabilitation techniques. It offers a broad overview of the effects of aging on all body systems. Special geriatric considerations for laboratory assessment, thermoregulations, and pharmacology are also discussed. This manual is a resource for all training clinicians in geriatric care and is a quick-reference guide for students and practitioners in this field.

abdominal pain after pelvic exam: When Sex Hurts Andrew Goldstein, Caroline Pukall, Irwin Goldstein, Dr. Jill Krapf, 2023-01-03 For the 20 million people who suffer from pelvic pain: the completely revised and updated guide for making sex feel good again. Pelvic pain can lead to embarrassment, silence, and misdiagnosis. It can hurt your relationship as well as your sense of self. Tackling the stereotypes, myths, and realities of pelvic pain, this easy-to-understand, accessible guide will help readers get the help they need and deserve, offering key information on: The most urgent questions about the causes of pelvic pain The more than twenty causes of pelvic pain How to find the right doctor The relationship between pelvic sex and genetics The newest in treatment for pelvic pain and pelvic pain indications How psychological factors can contribute to and reduce pelvic pain Featuring groundbreaking research and stories from people who've lived it, When Sex Hurts provides the tools you need to stop hurting and start healing.

abdominal pain after pelvic exam: Oxford Handbook of Obstetrics and Gynaecology Sally Collins, Sabaratnam Arulkumaran, 2008-12-11 Provides a quick reference guide to the specialty, covering diagnoses, investigation and management in a user-friendly, accessible format. Contributors provide evidence-based guidelines which highlight the core knowledge for diagnosing and managing common problems and emergencies.

Additional Resources

Abdominal Pain: Types, Causes, Treatment & Home Remedies - WebMD
Apr 2, 2024 · Abdominal pain refers to discomfort or other uncomfortable sensations that you feel in your belly area. Just about everybody, at one time or another, will get a bellyache. Most …

Abdomen - Wikipedia
The abdomen (colloquially called the gut, belly, tummy, midriff, tucky, or stomach[1]) is the front part of the torso between the thorax (chest) and pelvis in humans and in other vertebrates. The …

Abdominal pain Causes - Mayo Clinic
Jul 28, 2005 · Abdominal pain can have many causes. The most common causes usually aren't serious, such as gas pains, indigestion or a pulled muscle. Other conditions may need medical …

Abdominal Pain: Causes, Types & Treatment - Cleveland Clinic
Apr 18, 2022 · Abdominal pain has a wide variety of causes and treatments. Some conditions, such as gallstones or appendicitis, may require surgery. Others, such as ulcers or infections, may be …

Abdominal Pain Types, Symptoms, Treatment, Causes, Relief - MedicineNet
Feb 6, 2024 · Abdominal pain can be caused by a variety of problems. Learn the causes, symptoms, diagnosis, treatment, medications, complications, and prevention of abdominal pain.

Abdominal (Stomach) Pain: Causes and When to See a Doctor - Healthline
Jul 4, 2024 · Abdominal pain is pain that occurs between the chest and pelvic regions. Learn more about the types of stomach pain, causes, and treatment.

Abdomen: Organs, Function, and Associated Diseases - Health
Jan 12, 2024 · The abdomen is the frontal body cavity between the chest and pelvis that holds vital organs like the stomach, kidneys, bladder, liver, and intestines. Informally called the belly or …

What Is Abdominal Pain? Symptoms, Causes, Diagnosis, …
Most people experience abdominal discomfort or pain at some point in their lives. Abdominal pain (sometimes called stomachache or bellyache) is usually felt in the part of the trunk below the...

What Does Your Abdominal Pain Location Mean? | Complete Care
Jun 9, 2025 · Abdominal pain on the left side in this lower region often relates to digestive issues, but can also signal problems with other systems, leading to conditions such as: Diverticulitis …

The Abdomen - TeachMeAnatomy
The abdomen is the part of the body that contains all of the structures between the thorax (chest) and the pelvis, and is separated from the thorax via the diaphragm. The region occupied by the …

Abdominal Pain: Types, Causes, Treatment & Home Remedies - WebMD
Apr 2, 2024 · Abdominal pain refers to discomfort or other uncomfortable sensations that you feel in your belly area. Just about everybody, at one time or another, will get a bellyache. Most …

Abdomen - Wikipedia
The abdomen (colloquially called the gut, belly, tummy, midriff, tucky, or stomach[1]) is the front part of the torso between the thorax (chest) and pelvis in humans and in other vertebrates. …

Abdominal pain Causes - Mayo Clinic
Jul 28, 2005 · Abdominal pain can have many causes. The most common causes usually aren't serious, such as gas pains, indigestion or a pulled muscle. Other conditions may need medical …

Abdominal Pain: Causes, Types & Treatment - Cleveland Clinic
Apr 18, 2022 · Abdominal pain has a wide variety of causes and treatments. Some conditions, such as gallstones or appendicitis, may require surgery. Others, such as ulcers or infections, …

Abdominal Pain Types, Symptoms, Treatment, Causes, Relief - MedicineNet
Feb 6, 2024 · Abdominal pain can be caused by a variety of problems. Learn

the causes, symptoms, diagnosis, treatment, medications, complications, and prevention of abdominal pain.

Abdominal (Stomach) Pain: Causes and When to See a Doctor - Healthline
Jul 4, 2024 · Abdominal pain is pain that occurs between the chest and pelvic regions. Learn more about the types of stomach pain, causes, and treatment.

Abdomen: Organs, Function, and Associated Diseases - Health
Jan 12, 2024 · The abdomen is the frontal body cavity between the chest and pelvis that holds vital organs like the stomach, kidneys, bladder, liver, and intestines. Informally called the belly …

What Is Abdominal Pain? Symptoms, Causes, Diagnosis, …
Most people experience abdominal discomfort or pain at some point in their lives. Abdominal pain (sometimes called stomachache or bellyache) is usually felt in the part of the trunk below the...

What Does Your Abdominal Pain Location Mean? | Complete Care
Jun 9, 2025 · Abdominal pain on the left side in this lower region often relates to digestive issues, but can also signal problems with other systems, leading to conditions such as: Diverticulitis …

The Abdomen - TeachMeAnatomy
The abdomen is the part of the body that contains all of the structures between the thorax (chest) and the pelvis, and is separated from the thorax via the diaphragm. The region occupied by …

Abdominal Pain After Pelvic Exam

Abdominal Pain After Pelvic Exam

Related Articles

- abstract algebra theory and applications
- abeka algebra 1 test 10
- abes oddysee walkthrough

Back to Home