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## Pudendal Neuropathy (PN)

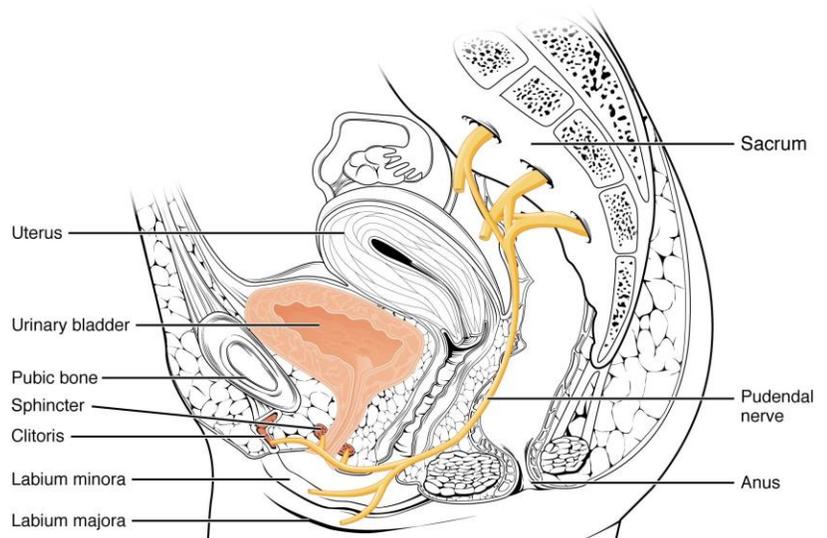
The **pudendal nerve** carries sensations to/from the external genitals, the lower rectum, and the perineum (between the genitals and the anus). There is a pudendal nerve on each side of the pelvis. **Neuropathy** is disease of or damage to a nerve. So, **pudendal neuropathy** is a nerve problem in the rectal and genital region.

### Symptoms

Some people have mostly rectal pain, sometimes with defecation problems. Others have mostly pain in the genitals. The symptoms may include stabbing, twisting or burning pain, pins and needles, numbness or hypersensitivity. The nerve is involved in normal bladder, bowel, and sexual function. Bladder irritation and vulvar pain are common presentations that may lead a clinician to suspect a patient has issues involving these nerves. Painful intercourse, orgasm, and ejaculation can also be associated symptoms. Usually the symptoms are made worse by sitting, and better by either standing or lying down.

### Causes of PN

Dysfunction of the pudendal nerve can occur suddenly as a result of trauma, such as surgery in the pelvic region, falls, bicycle accidents or childbirth. It can also occur from sustained trauma over time, such as from bicycle riding or aggressive weightlifting that strains the pelvic muscles. Trauma may cause stretching or compression of the nerve directly, or by causing fibrosis which can pinch the nerve. Most of the time a clear cause for PN cannot be identified. PN is often associated with pelvic floor dysfunction such as bowel and bladder problems.



Pudendal nerve depicted in female pelvis

### Treatment

Most treatments have not been well studied, and treatment response may vary based on patient characteristics, however, treatment options include: *Behavioral or activity modification* to reduce repetitive use or trauma. *Nerve medications or nerve blocks* to stop the pain. These often must be used or repeated over time to achieve long-term relief. Nerve blocks are injections, sometimes done with an X-ray, and can include a numbing agent (lidocaine), or botulinum toxin (which is experimental). *Pelvic floor physical therapy* is a non-surgical treatment done by a physical therapist. The therapist applies pressure and stretching techniques to the pelvic floor muscles to encourage normal range of motion and reduce spasm. The therapist also trains the patient to control the resting activity of the pelvic floor muscles. These treatments are thought to reduce muscle strain in the area around the pudendal nerve. *Surgery* to decompress the nerve, neuro ablation or neuromodulation are other treatment options that may help certain select patients who fail all conservative measures.

For more information on Pudendal Neuropathy visit: [www.pudendalhope.info](http://www.pudendalhope.info)