



Pain Inside the Body

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IPPS 2017 Patient Advocate Reporter

Spine & Sports Medicine Fellow

Northwestern University/McGaw Medical Center & Shirley Ryan AbilityLab - Chicago, IL

Mentor: Aline Flores, PT

Based upon:

Understanding Visceral Pain

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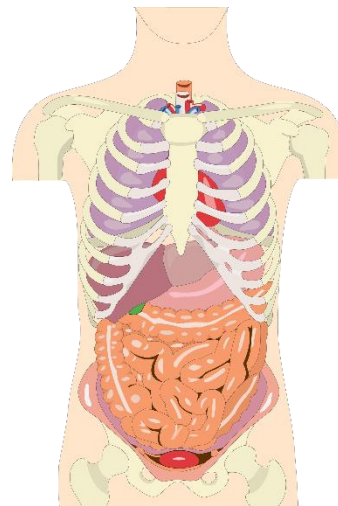
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Pain can come from many different places. When pain comes from the internal organs (*viscera*), it is called *visceral pain*. The heart, lungs, bladder, kidneys, stomach, uterus, ovaries, and colon are examples of internal organs. Internal organs are normally only felt if there is discomfort or pain. Examples of things that can cause discomfort or pain in the internal organs are stretch (stomach after a big meal), inflammation (bladder infection, appendicitis or pelvic inflammatory disease), or decreased blood flow (heart attack).

Internal organ pain can sometimes be felt in a different area of the body. This is called *referred pain*. Referred pain happens when pain signals from the organs and those from skin, fat and muscle that have similar nerve supply to the underlying organ get mixed together in the spinal cord on the way to the brain. An example is during a heart attack when pain is felt in the jaw or the left arm. The spinal cord can also mix together signals from different organs with similar nerve supplies. An example is when constipation in the bowel causes pain in the bladder.

Pain can be acute (sudden and short-lived) or chronic (long-lasting). Pain becomes chronic when it lasts longer than 6 months. Some examples of chronic internal organ pain include: irritable bowel syndrome (IBS), bladder pain syndrome (BPS), and chronic pelvic pain syndrome (CPPS).





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In chronic pain, the pain signals from the organs may be very small. However, over time, the spinal cord and brain turn up or “amplify” these small pain signals. When amplified, the small pain signals become larger and more intense. This is also known as pain *hypersensitization or central sensitization*.

Treatment of chronic pain is targeted at “turning down the amplifiers.” There is no one “right way” to treat chronic pain. Treatment is targeted at biological, psychological, and social factors that are known to maintain and increase pain. This is called a “*biopsychosocial model*.” This type of treatment is individualized to each person’s biological (body), emotional (mood), and social (stressors, family, friends and work place) needs. People with chronic pain should work closely with their doctors to find their own personalized treatment approach.