

Robert J. Echenberg, MD, FACOG

Member: International Pelvic Pain Society

Co-Author: "Secret Suffering: How Women's Sexual and Pelvic Pain Affects Their Relationships"

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*Dr. Echenberg did his undergraduate work at Brown University, his medical training at Jefferson Medical College, and his residency training in Obstetrics and Gynecology at the University of Michigan Medical Center. Following over 30 years of Ob/Gyn practice, his passion for integrative care in women's health continues with his creation of one of the first privately owned multi-disciplinary practices specializing in assessment, diagnosis and treatment of chronic pelvic pain (CPP) - **"Women's Health, Pelvic Pain & Sexual Wellness" – in Bethlehem, Pennsylvania, USA.***

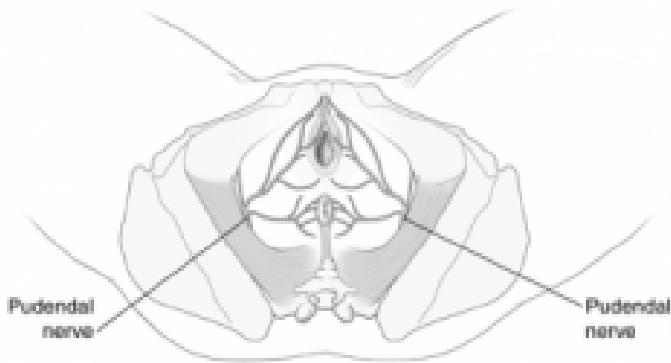
Dr. Echenberg has developed an approach and a "model" for assessing, educating and treating women with a wide variety of painful symptoms known, in total, as CPP. He states: "Many of my patients (now more than 1000 women and a small number of men) have benefited immeasurably and that we helped to increase their quality of living, and often that **we have 'given them back their lives', even though so many of them had suffered for years and even decades.**"

"For so long, I believed that the causes of female pelvic pain were limited primarily to endometriosis, ovarian cysts, pelvic infections, adhesions, congestion, fibroids, etc., as my training in Gynecology had dictated. If those conditions were ruled out, then the patient would be sent off to the urologist, GI doctor, low back specialist, family doctor,

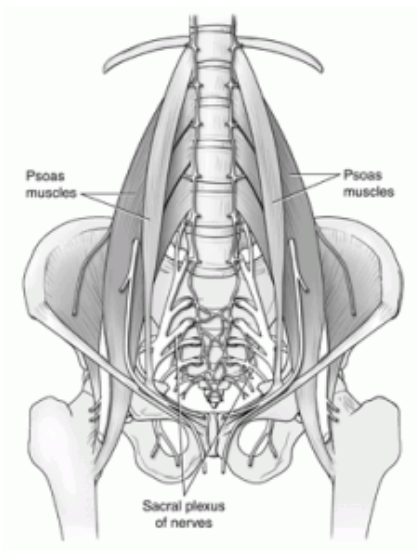
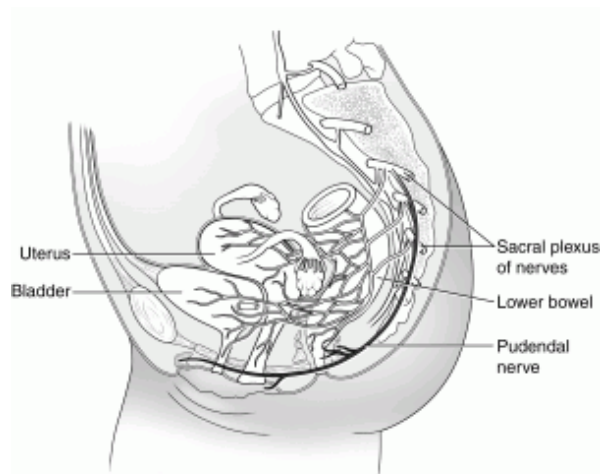
chiropractor, orthopedic doctor, and others, **and finally even to the psychiatrist.**”

“Through the development of my program, I learned that there were many other pathways to the pain. I became much more familiar with urinary bladder and lower bowel dysfunctions, because at least 80% of CPP is triggered by non-gynecologic

functional disorders such as Irritable Bowel Syndrome (IBS) and Painful Bladder Syndrome/Interstitial Cystitis (PBS/IC) - as well as the innumerable **nerves, muscles, and ligaments** that combine to make up the rest of the supportive structures of the pelvis.



Illustrations by Sara Krause



Consequently, we developed very specific treatment regimens for these conditions including specialized medications, dietary changes, bladder and bowel therapies, referral for manual pelvic floor physical therapy, emotional

counseling, **as well as recognizing and treating many of the specific nerve pain issues such as pudendal and inguinal neuralgias with office based pudendal blocks, and other peripheral nerve blocks and trigger point injections, both externally and intravaginally .”**

“I had to learn many new concepts particularly about “chronic pain” and how it differs so much from the “acute pain model” that most physicians are trained to follow. In the pelvis, there are multiple “triggers” for pain, and the nervous system and muscular system, which is quite complex in that region of the body, is usually (and unfortunately) entirely ignored by many of the pelvic “specialists.”

“We also discovered a common thread among women who complained of pelvic pain, no matter what the cause — **85-90 % also experience sexual pain or discomfort as a significant contributor to their diminished quality of life.** The impact of this sexual pain on their relationships and intimacy is therefore enormous. So we also deal with many of the conditions of the lower genital tract that diminish sexual pleasure and increase pain with sexual intimacy, such as **vulvodynia, vulvar vestibulodynia, vaginismus, pelvic floor hypertonic dysfunction, and even clitoral pain and persistent genital arousal disorder.** I am proud to say that our program has resulted in an increased quality of life for many hundreds of women/men and often has helped them restore intimacy in their relationships.”

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