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Lionel Reyftmann



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The Illawarra Pelvic Pain Network to assist women with chronic pelvic pain



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Gynecologist Dr Lionel Reyftmann has teamed up with other health

professionals to form the Illawarra Pelvic Pain Network. Picture: SYLVIA LIBER

Wollongong gynaecologist Dr Lionel Reyftmann wants Illawarra women to stop suffering in silence.

Dr Reyftmann said about one in five women suffered from chronic pelvic pain, but it was a “silent epidemic” as many were reticent to talk about it.

To tackle the problem the obstetrician and gynaecologist has joined 11 other local health professionals to form the Illawarra Pelvic Pain Network.

“It’s a silent epidemic as women may find it difficult to openly speak about and seek the right assistance,” Dr Reyftmann said.

“It’s one thing to tell someone you have back pain but women often find it difficult or embarrassing to say ‘I suffer from pain in my vagina’ for instance.

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“We have formed this network to raise public awareness of chronic pelvic pain conditions, and provide links to health professionals with expertise in the area.

“We will also provide regular education sessions for local GPs to improve outcomes for these women.”

Dr Reyftmann said the most common type of pelvic pain was endometriosis – a painful condition where the tissue that lines the uterus grows in other areas of the pelvis.

However, he said, there were many other causes of pelvic pain including fibroids, painful bladder syndrome and irritable bowel syndrome.

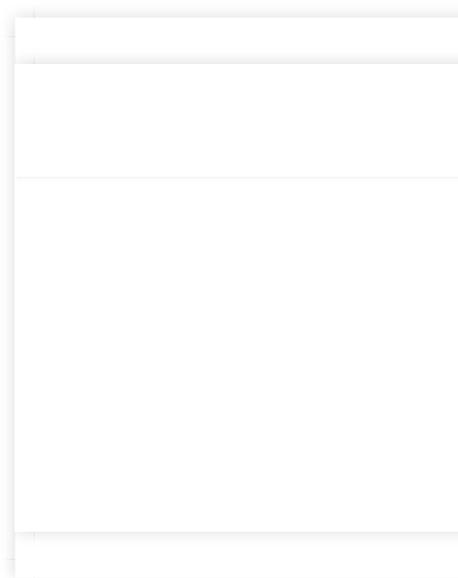
For that reason, the network provides a holistic approach to treatment by also involving a urologist, physiotherapist, psychologist, sexual health physician and more.

“When I moved here from France four years ago I saw a fair bit of patients suffering from pelvic pain, being referred by their GPs with a suspicion of endometriosis,” Dr Reyftmann said.

“I would operate on them and sometimes the exploration of the abdomen would be normal. In some other cases I would treat the endometriosis but the pain would persist.

“Those challenging cases convinced me that the isolated approach of a single health practitioner is often insufficient to address the complexity of a condition such as chronic pelvic pain.

“I progressively got to the conclusion that a new surgery, which could be potentially mutilating or have complications, was not always the solution.”



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Dr Reyftmann said similar networks existed in some of Australia’s capital cities, and they worked to provide women with swifter diagnoses and more treatment options.

“It’s a pain that starts early – often in the teens or early twenties – and if it can be diagnosed rapidly and treated correctly then it can literally stop the spiral of pain as a woman ages,” he said.

“The problem is it can take years to get a correct diagnosis, while many women simply remain undiagnosed.”

Visit the Illawarra Pelvic Pain Network at www.irml.com.au.

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