

DYSPAREUNIA (PAINFUL INTERCOURSE)

Pain with intercourse or dyspareunia is a common condition affecting many women at some point in their lives. Pain can be at the opening of the vagina or deep inside during intimacy. Some women have short term pain (after child birth or a surgery), while others can have lifelong pain requiring continued treatment.

Common causes of pain with intercourse include: vulvovaginal atrophy or VVA (thinning of the vulvovaginal tissue due to reduced estrogen), dermatologic changes of the skin such as lichen sclerosis, vaginal infections, vulvar vestibulitis, scar tissue from episiotomy or surgery, pelvic muscle spasm and tightness (levator myalgia), and trauma to the area (past abuse or fall).

- **Dyspareunia**- genital pain during intercourse
- **Vaginismus**- over contraction or spasm of muscles surrounding the lower third of the vagina when vaginal entry is attempted
- **Non-coital Sexual Pain**- pain with any sexual activity, not necessarily intercourse

The evaluation for dyspareunia involves a complete history of medications, surgeries, and sexual experiences, ability to use tampons, and musculoskeletal injuries.

A complete examination is done, if possible, observing the health of the vulva, hymen and vagina, performing a vaginal culture, and palpating the vulvar and vaginal muscles, as well as the pelvic organs.

A pelvic ultrasound or MRI may be done if indicated.

What are the Treatments for DYSPAREUNIA?

Education about anatomy, foreplay, and sexual positions.

Behavioral interventions such as change in detergent, underwear, sexual positions, and use of sexual aides, such as dilators or vibrators.

Lubricants can be helpful to ease penetration. Preferred lubricants are water based and glycerin-free, however, some women respond to water and glycerin based, oil based, or silicone based lubricants better.

Medications that relax and/or improve tissue health of the vulva and vagina include:

Steroids ointment or creams- for local inflammatory conditions.

Vaginal estradiol cream- applied to the vulva 3x a week, resulting in more elasticity and improved tissue health.

Lidocaine- applied before penetration to reduce pain at local site.

Vaginal muscle relaxants- compounded suppositories for pelvic floor muscle spasm.

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Pelvic Floor Physical Therapy- to treat the muscular component of painful intercourse.

ThermiVa is a non-hormonal and non-surgical treatment that uses radiofrequency to gently heat the tissue to cause improved blood flow and elasticity, improved orgasm and lubrication.

Surgery- Removal of hymen or scar tissue is indicated in some cases.

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