Management of women with dsypareunia in a tertiary gynaecology clinic

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Background

- Sexual pain is common amongst sexually active women (7.5% of women between 16-74 years), and 16% of women experience menopausal symptoms report sexual pain
- In a recent audit of 685 patients presenting to GOPD, 103 (15%) patients with dyspareunia were identified.
- 15% patients underwent diagnostic laparoscopy, of which 60% were negative, 13% had endometriosis and 20% had adhesions.
- 17% were referred to 9 different specialist services, including psychosexual, vulval, counselling and pain clinic (**Figure 1**)
- Insights gained from this study have led to the creation of a sexual pain disorders pathway at Guy's and St. Thomas' Hospital involving a multidisciplinary team that includes physiotherapists, genital dermatologists, and a psychosexual team. (**Figure 2**)

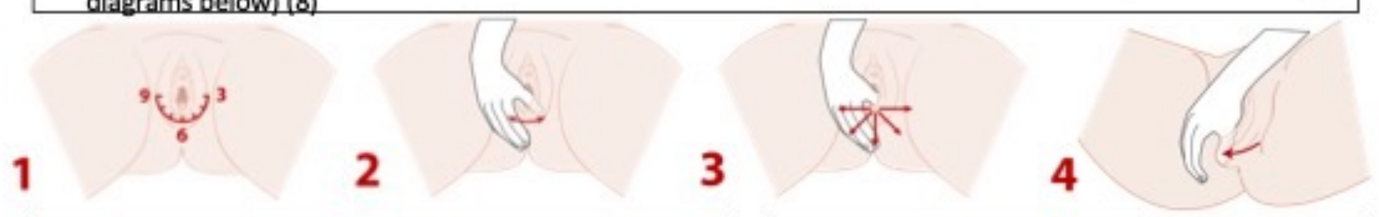
Figure 2 – A recent sexual pain disorders pathway devised with an MDT at Guy's and St. Thomas' Hospital, UK

Management Guidelines for Dyspareunia

Once an extensive history and examination has been taken to rule out other gynaecological and non-gynaecological causes of dyspareunia, the following principles may be applied in order to aid the patient:

1. Basic principles of vulval care

a. Wash the vulval area only with oil or emulsifying agents
b. Discourage use of soaps, shower gels, wipes, biological and perfumed laundry products (7)
c. Sanitary care: Advise the use of cotton/bamboo fabrics when choosing underwear, period pants and washable pads or unbleached cotton/bamboo disposable pads (NOT gel based pads)
d. Wash undergarments with non-bio washing powder
e. Use unbleached and undyed toilet paper
f. A desensitizing lubricant such as menthol or lidocaine ointment (under oil) may be helpful to reduce pain from penetrative sex
g. Advise twice daily perineal/ vulval massage with inert oil using the thumb (i.e. olive or coconut oil). (See diagrams below) (8)



2. Evidence of pelvic floor hypertonia (simple vaginismus)

a. Recommend pelvic health/ perineal massage to identify and address tender points
b. Referral to specialized pelvic health physiotherapy

3. Evidence of Vulval dermatoses

a. Treat lichen sclerosis with a pea-sized amount of topical Dermovate (7)
b. Once daily for 1 month
c. Alternate days for 1 month
d. Twice a week for once month
e. If no improvement after three months, or if there is a raised lesion – URGENT referral to gynaecology or vulval clinic with skin biopsy.
f. Consider referral to vulval dermatology.

4. Evidence of vulvodynia

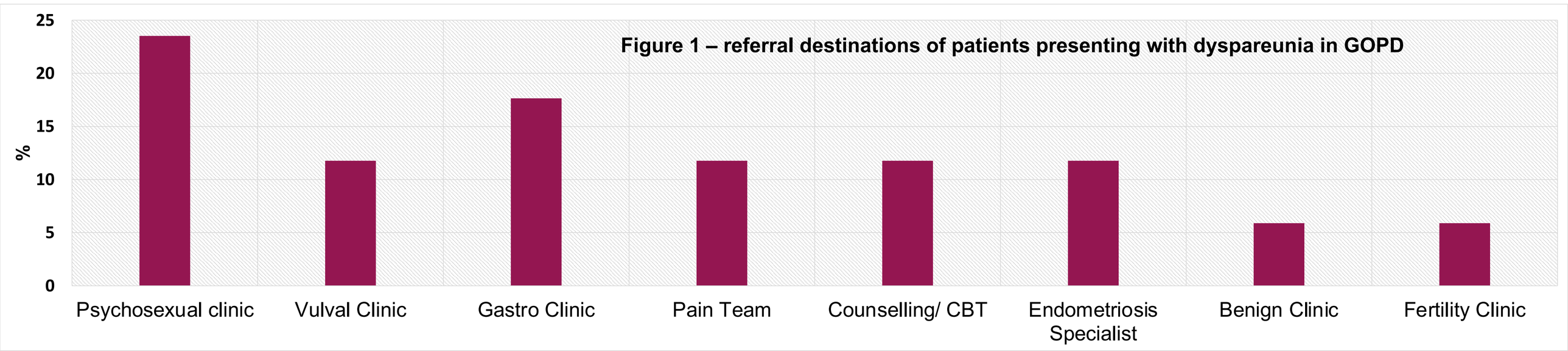
a. Consider involvement of the multi-disciplinary team (8)
b. Examples include psychosexual specialists, physiotherapists and genital dermatology

5. Evidence of vaginal atrophy

a) Common cause of pain in post-reproductive, postnatal (especially breastfeeding) women and women using progesterone only contraception. Any peri/menopausal women should be considered for Topical vaginal oestrogens (even if using systemic, as most will still be symptomatic of VVA and may have no clinical signs of VVA) (9)
b) Consider supplemental local vaginal oestrogen (can be used in breastfeeding).
c) If the patient has a history of gynaecological/oestrogen receptor positive breast cancer, they should receive information on the risks and benefits of local oestrogen and consider their individual risk factors. (10)

6. Evidence of psychosexual conditions

a. Most patients with sexual problems will see improvement by seeing an empathetic clinician who listens without any specific advice (PLISSIT model)
b. Resist the urge to reassure the patient as this may reinforce a belief that is affecting their sexual function (3).
c. This means that even if your examination findings are unremarkable, resist the urge to "correct" their belief. Instead ask them what they think is causing their pain or to 'show you' where their pain is.
d. Convey that you are actively listening to the patient with the use of reflective questions; (i.e. 'This must be really frustrating for you'. 'I can see why this is making you angry' 'you described your episiotomy as an open sore, that sounds frightening')
e. Consider referral to psychosexual services



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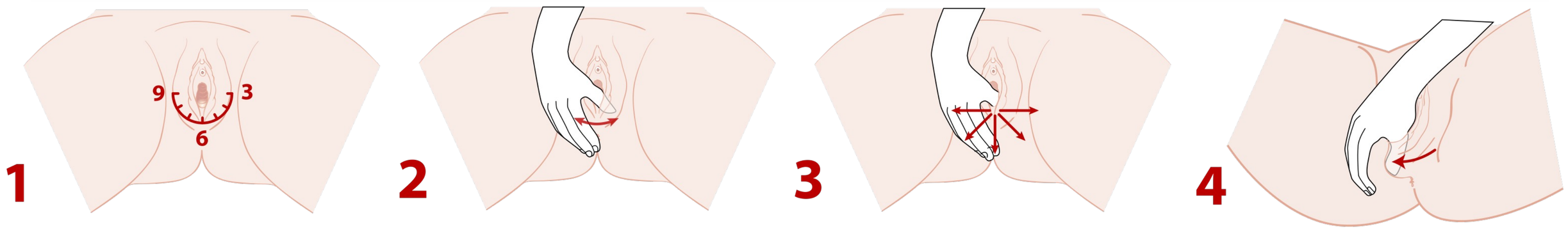

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