A Case of Female Sexual Pain
- the Genitourinary Medicine perspective

- Penny Goold (credit to Alison Mears)
Claire, age 32

• It’s a bit overwhelming?
The Case...

• ...Lets focus on the 'GUM aspects' of this case
Aim

 Appropriately manage a woman presenting to a sexual health service with vulval pain

Objectives

• To understand possible causes
• To be able to ask the right questions
• To be able to undertake appropriate examination & investigations
• To formulate a plan (try and help)
What we know so far...

- Superficial dyspareunia
- Low sexual interest and arousal
- ? sexual assault/rape?
- Anxiety/panic attack/?PTSD
- Mild sexual disgust
- ?Relationship issues
- ?Hypermobility

- Specific coping mechanisms
Be observant to hidden cues

“You say nothing is bothering you, but your body language is hinting at something else.”

From the book “Fight Fair” by Tim and Joy Downs. Used by permission.
IS THE PAIN 'SEXUAL' OR IS THE SEX PAINFUL?

Irv Binik (Psychologist)
Pain History

- **Duration:** lifelong / acquired?
  - WHY THEN, WHY NOW?

- Characteristics of the pain/s:
  - TYPE OF PAIN e.g. sharp/ burning/ stinging/ tightness?
  - SEVERITY and IMPACT ON FUNCTION
  - SITE
  - RADIATION
  - RELIEVING/ AGGREVATING FACTORS
    - Unprovoked vs **provoked**
    - global / every 'sex' / partner specific/ Tampons/fingers/sex toys .......is it situational?
Other important aspects of the history

- Other symptoms...

- Associated symptoms:
  - Itch or soreness
  - PV discharge
  - Other pain (perineum/anorectal area)
  - Bladder (interstitial cystitis)
  - Bowel (IBS or constipation)
Other important aspects of the history

- 'Thrush' x 3 whilst on COCP?
  - find out details of this...
    - Was it confirmed?
    - Self-diagnosed/treated?

....prior thrush commonly reported in vulval pain (provoked vestibulodynia)
History continued...

- Gynae: last speculum examination / eg smear- ok?, miscarriages/TOP

- PMH/ DH / allergies
- Any history of skin conditions?
- Any autoimmune conditions (Thyroid disease)
- Genital hygiene products

- Sex: Dry / lack of lubrication with sex? (uses lube?)
- Tears/ breaks in skin with sex?/Can she get aroused?
History continued...

- Alcohol and recreational drug use?
- Domestic abuse?
- Sexual violence? (and risk assessment)

Being mindful of her agenda / her coping mechanisms

Other considerations ...
- Mental health assessment
VULVAL PAIN- What to think about?

- Infection - candida/herpes
- Inflammatory skin conditions
  - vulval eczema inc. irritant dermatitis,
  - Lichens (e.g. Lichen sclerosis)
- Neoplastic
- FGM
- Neurological; pudendal neuralgia, spinal nerve compression, herpes neuralgia
- Pain syndromes eg vulvodynia (provoked/unprovoked)
  - (vaginismus)

Intertwined with...
- Psychological/Mental health needs
- Relationship and other sexual dysfunctions
Next step...

Need to investigate the PAIN

- Offer appropriate STI tests - Chlamydia / Gonorrhoea / HIV / Syphilis
- Vaginal slide & culture (thrus & bacterial vaginosis) / pH / wet slide & culture / NAAT (Trichomonas vaginalis)

(Hepatitis testing and ?Hep B vaccination)

Really important to empower her...
Next step...

Need to investigate the PAIN

EXAMINE

- Really important to examine patients with ‘superficial dyspareunia’

- Eg. Skin (lichen sclerosis, evidence of candida etc)

GO AT HER PACE...........
Examination

- Go at her pace
- Cotton bud examination of vestibule
- ALLODYニア (central pain sensitization)

Vaginismus

+/- speculum

+/- Palpation of Pelvic floor muscles
Claire...

- Negative tests, slight erythema of the vestibule
- Body language
- Point tenderness at 5 and 7 o’clock
- Tender tense
- PF muscles
The sex is painful...

Multi-factorial
- **Provoked Vestibulodynia / vaginismus /PF dysfunction**
  - often difficult to delineate/ commonly coexist
- Poor sexual arousal (dry) – adding to/causing the pain
- Thrush? ? – adding to pain

**FIRST/ALONGSIDE**
- Address Psychosexual issues?
- Relationship counselling?
- Address non-sexual mental health pathology?
  - Sexual assault

*MDT approach very helpful here*
Vulvodynia

Neuropathic pain syndromes affecting vulva;

• Provoked vs unprovoked vs mixed
• Local vs generalized

Pathophysiology uncertain

Diagnoses of exclusion.....

Beware of rushing into a diagnosis...

(In one Study, 61% of those diagnosed actually had a dermatological condition)
Vulvodynia (provoked) - treatment

- Her pain is real, you are taking it seriously...

- Patient information/empowerment eg.
  www.vulvalpainsociety.org

- Avoid irritants or precipitants
- Exclude/or manage thrush
- Use of emollients & sexual lubricants
- Topical anesthetic agents (can sting)

1. ‘Guidelines for the management of vulvodynia’ BSSVD Guideline Group, Br Journal dermatology (2010); 162(6), 1180-5
2. BASHH guidelines for Management of vulval conditions
Biopsychosocial approach

You are in a position to coordinate appropriate support tailored to her needs (and local availability)

- Medical treatment
- Physical treatment (desensitization of pelvic floor)
- Psychological management
  - Sexual function
  - Sexual abuse
- Relationship therapy

Give her time to think through her options
Multidisciplinary team is key

- Psychosexual & Sexual therapy
- Relationship therapy
- Physiotherapy
- Psychological support following sexual abuse
- Mental health (non sexual) support

- Self-help (mindfullness…)
Mind Full, or Mindful?
In conclusion

- Key aspects of the 'GUM' management

- Pain is a very real **symptom** - experienced in the Vulva AND the Brain...acknowledging it

- **WHAT** is the **CAUSE** (or causes) of your patient / client's pain during ‘sex’

- How to approach your patient

- **WHAT** you can do & when/how MDT helpful