



Physiotherapy for women with vulval or sexual pain

Vulvodynia is the term used to describe vulvar pain of at least 3 months duration without a recognized underlying cause¹. Symptoms can be continuous (unprovoked) or provoked by touch. Provoked vulvodynia can cause pain with intercourse (dyspareunia), with tampon insertion or with vaginal examinations. Some women can even experience pain in sitting or wearing tight clothing¹.

Dyspareunia can occur either at the vulva, or deep inside the pelvis. Sexual pain is a common problem which can be quite distressing for women and their relationships. Some women can suffer many years before seeking help and by this stage it can have a significant impact on their quality of life. Referral to one of our friendly physiotherapists sooner rather than later is extremely important as the sooner treatment starts, the faster it will resolve. It is also important to start treatment early to prevent central sensitisation and the development of chronic pelvic pain².

What causes vulvodynia and/ or sexual pain?

- Pelvic floor muscles need to relax in order to be able to insert anything into the vagina. If these muscles are not relaxing well they can tense up and become painful¹.
- High intensity core or abdominal work can tighten the abdominals and pelvic floor, also contributing to tension and pain.
- Recurrent infections and inflammatory skin conditions can cause sensitivity of the pelvic floor muscle tissues¹.
- Hormonal changes with breastfeeding or menopause can change tissue structure and lubrication¹.
- If stitches were required after a vaginal birth, there may be some slight thickening or adhesions of scar tissue at the area.
- Relationship issues, mood or a history of past abuse can also contribute.
- Pelvic asymmetry and musculoskeletal dysfunction can also contribute and refer pain.

What will physiotherapy sessions involve?

We understand that sexual pain is a sensitive area which may be difficult to talk about. Our physiotherapists are highly trained, receptive and approachable. We will take the time to listen to symptoms and will screen other areas related to the pelvic floor, including bladder and bowel habits. Sexual pain is often a complex problem and we will work in conjunction with GPs and specialists. Treatment is different for everyone but may involve:

- Education on anatomy and function of the pelvic floor muscles
- Increasing understanding about how and why the pain occurs
- Techniques to help relax and reduce tension in the body and pelvic floor
- Manual therapy to the spine and pelvis if required
- A pelvic floor training program to improve awareness, tone and correct activation
- Techniques to help desensitise sensitive areas of the pelvic floor

For psychological contributions to sexual pain, consultations with a psychologist can also help in returning to normal sexual function.

¹Lev-Sagie & Witkin. (2016). Recent advances in understanding provoked vestibulodynia. *F1000Research*

²Malykhina. (2007). Neural mechanisms of pelvic organ cross-sensitization. *Neuroscience* 149.



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