

When Sex Hurts: Tips for managing chronic vulvar pain

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THE UNIVERSITY OF BRITISH COLUMBIA

Continuing Professional Development

Faculty of Medicine



Land Acknowledgement

DISCLOSURES

- Speaking Honorariums: PainBC, Astra Zeneca/Gilead
- Unpaid Advisory Boards: Tight Lipped, Intimate Wellbeing
- Grants: Shared Care Grant

MITIGATION OF BIAS

- Relationships do not affect choice in developing content
- Will discuss off label treatment



Objectives

UBC CPD
Medicine
CONTINUING
PROFESSIONAL
DEVELOPMENT

- 1) Examine impact of vulvodynia on the patient's physical / emotional health
- 2) Develop confidence diagnosing and explaining vulvodynia
- 3) Review an online Toolkit that provides resources for community physicians to educate patients and start treatment

Poll Question

How comfortable are you accurately diagnosing vulvodynia?

- A. Very comfortable
- B. Somewhat comfortable
- C. Neither comfortable nor uncomfortable
- D. Somewhat uncomfortable
- E. Very uncomfortable





WHAT IS
VULVODYNIA?

Vulvar Pain of at least three months duration, without a clear identifiable cause

But with potential associated factors

When should vulvodynia be considered?



Pain with tampon insertion



Pain with sexual insertion



Pain with tight clothing



Pain with exercise



Unable to have a pelvic exam

Vulvar Skin
Conditions

Vulvar Pain
Conditions

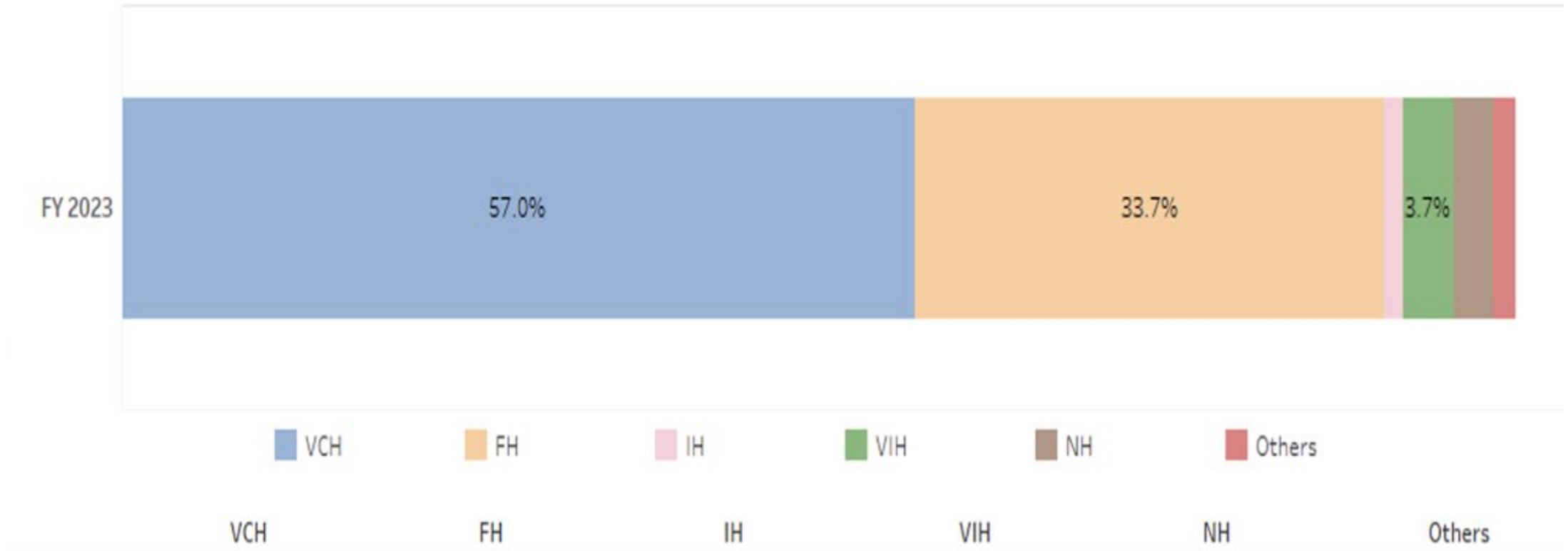
Malignant and
Pre-malignant
conditions

Cancer Sexual
Health &
Menopause

BC Centre for Vulvar Health

Bcvulvarhealth.ca

Vulvar Pain Clinics 2023- by Health Authority



FY 2023

389

230

9

25

19

11

A close-up photograph of two hands, one on the left and one on the right, firmly gripping a grey chain-link fence. The hands are positioned as if they are pulling or holding onto the fence. The background is blurred, showing what appears to be a person in a light-colored uniform, possibly a police officer or security guard, standing behind the fence. The overall tone is somber and evocative of restriction or barrier.

**How can we address and help to
remove barriers for patients &
community physicians?**



Bringing family physicians
& specialists together for
coordinated patient care.

WORKING GROUP

Family Doctors
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Improving access to care for individuals with vulvodynia by supporting family physicians in the community



WHY IS THIS IMPORTANT?

It's common

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graph TD; A[It's common] --> B[It's underdiagnosed]; B --> C[Causes significant suffering];
```

It's underdiagnosed

Causes significant suffering

Vulvar Skin
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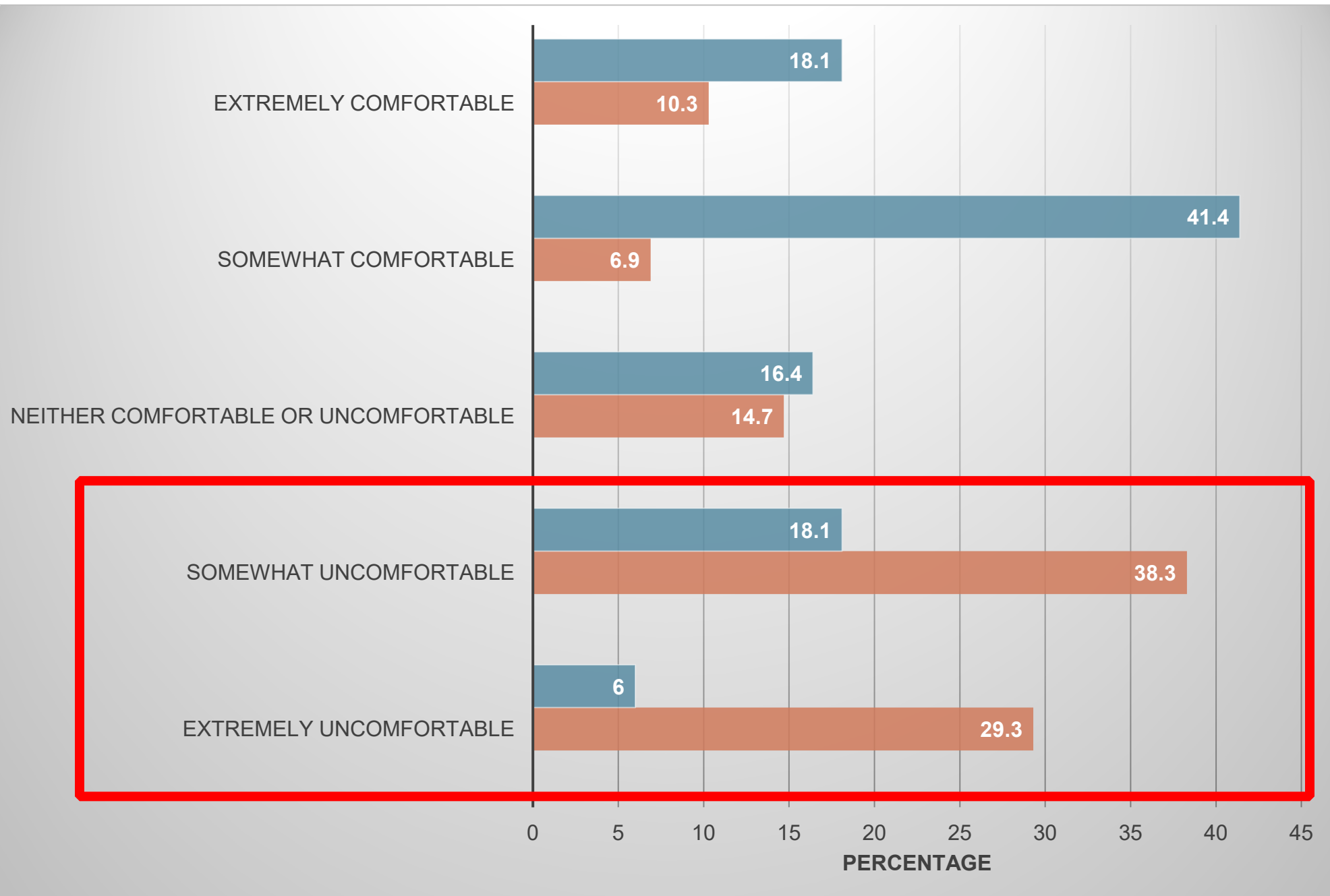
Survey and focus group
of community physicians
and other HCPs

Poll Question

What percentage of survey respondents were somewhat or very uncomfortable treating vulvodynia?

- A. 10%
- B. 25%
- C. 70%
- D. 90%





■ Diagnosis

■ Treatment



BARRIERS TO
COMMUNITY
CARE

- Patients' ability to pay
- Lack of awareness about the condition
- Lack of guidelines
- Lack of patient resources
- Available office time



The Vulvodynia Primary Care Toolkit

This toolkit is designed for family physicians and other providers to help navigate the journey of care for patients with vulvodynia.

From diagnosis to initiating management of symptoms for patients with vulvodynia, this toolkit is your go-to resource for step-by-step compassionate care.

www.Vulvodyniatoolkit.Com



“ For the last year I’ve had severe pain in my vagina with sex. It’s so bad we haven’t been able to have sex for the last two months. I don’t know what is going on.”





VULVODYNIA
DESCRIPTORS

LOCATION

- **Localized** or generalized

PROVOCATION

- Spontaneous or **provoked**

TIMING

- **Primary or secondary**



PRIMARY
CARE TOOLKIT

Getting
Started

Screening
and History

Physical
Exam

Psychosexual
Impact

Treatment
Plan

Screening and History

The Essentials

Screening for Vulvodynia

Responding to a Patient with Vulvar Pain

Preparing for Physical Exam

Going Beyond

Introduction

Preparing for Physical Exam

Follow-Up: Review and Journaling



The Essentials

The vulva is not a good historian

It is important to do a physical
exam

1. Vulvar Pain: What to Rule Out

Vulvodynia is a Diagnosis of Exclusion

For a patient experiencing vulvar pain (either provoked or spontaneous) it is important to rule out the following conditions. Keep in mind that patients may have both a specific disorder AND vulvodynia.

Infections

- Candida
- Herpes

Hormonal Skin Changes

- Menopause
- Lactational amenorrhea
- Hormone induced atrophy

Inflammation

- Eczema

Neurologic

- Post-herpetic neuralgia
- Pudendal neuralgia



Consider if the patient has unprovoked pain

Neoplastic

- Paget's disease
- Vulvar Cancer
- Vulvar intraepithelial neoplasia (VIN)

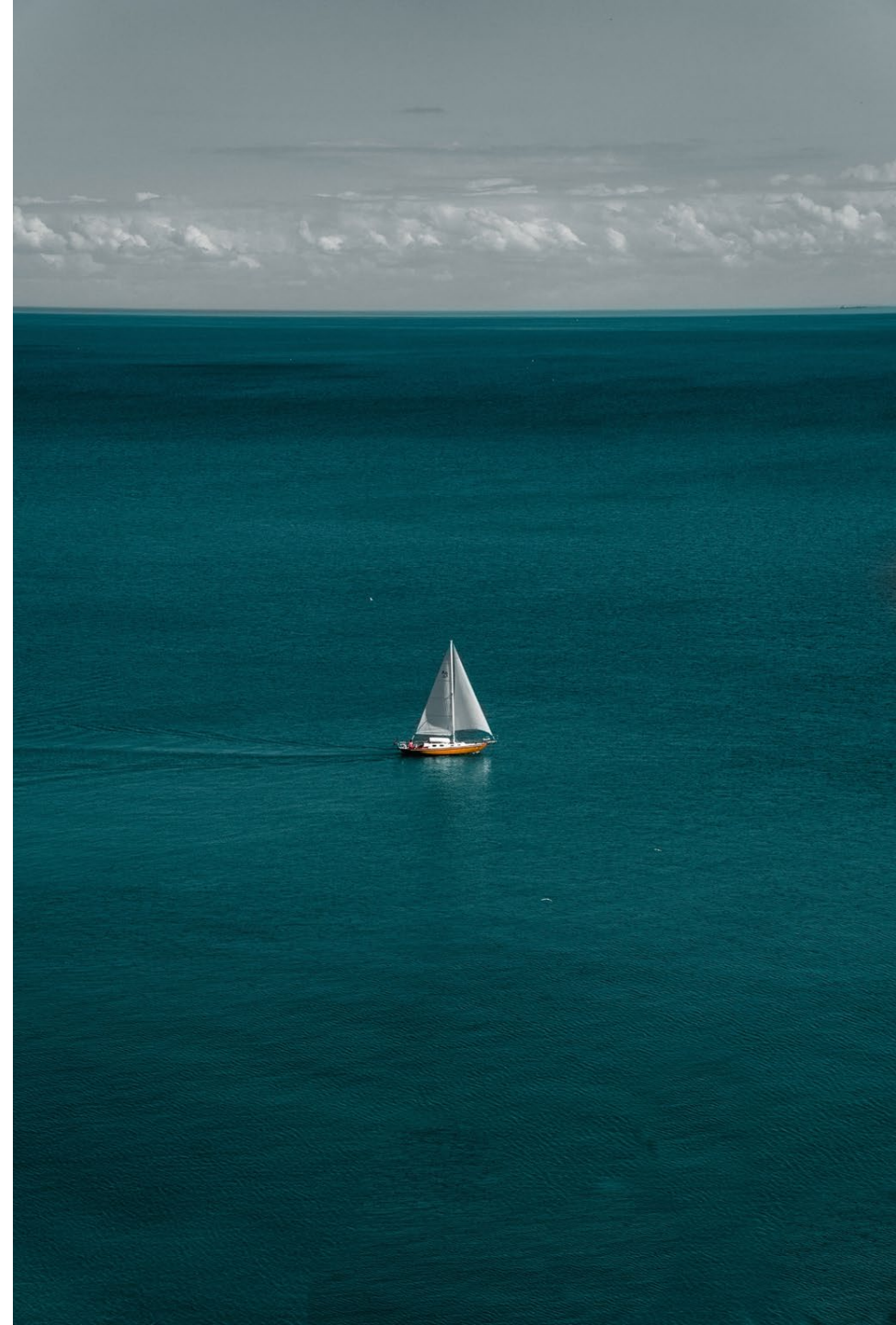
SAIL

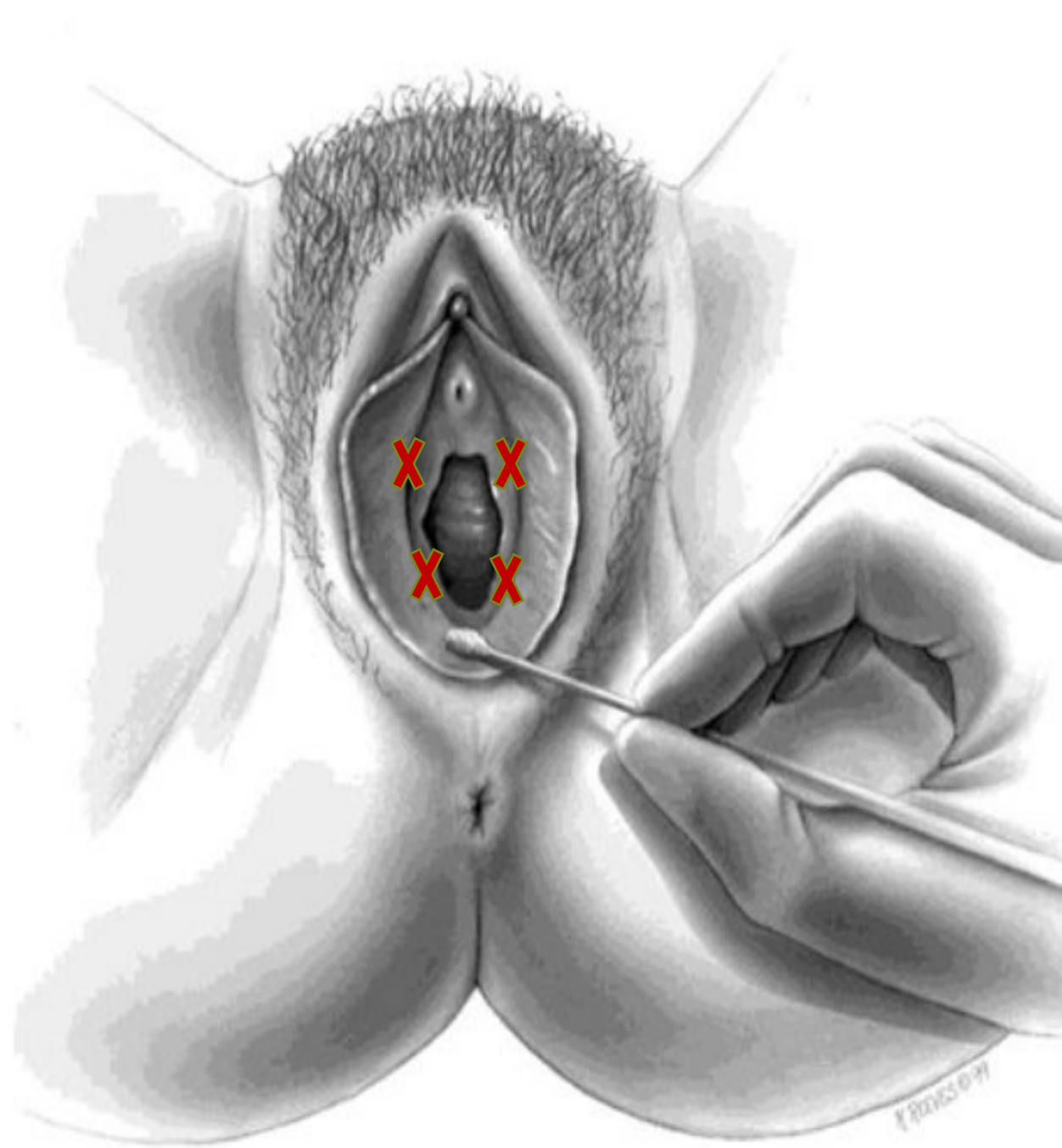
S - is the skin normal – texture / colour?

A – is anatomy normal?

I – inflammation?

L – lesions present?





1. Vulvar Pain: What to Rule Out

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A subset of people using OCP or other antiandrogens (spironolactone) will develop atrophy and pain at the vulvar vestibule

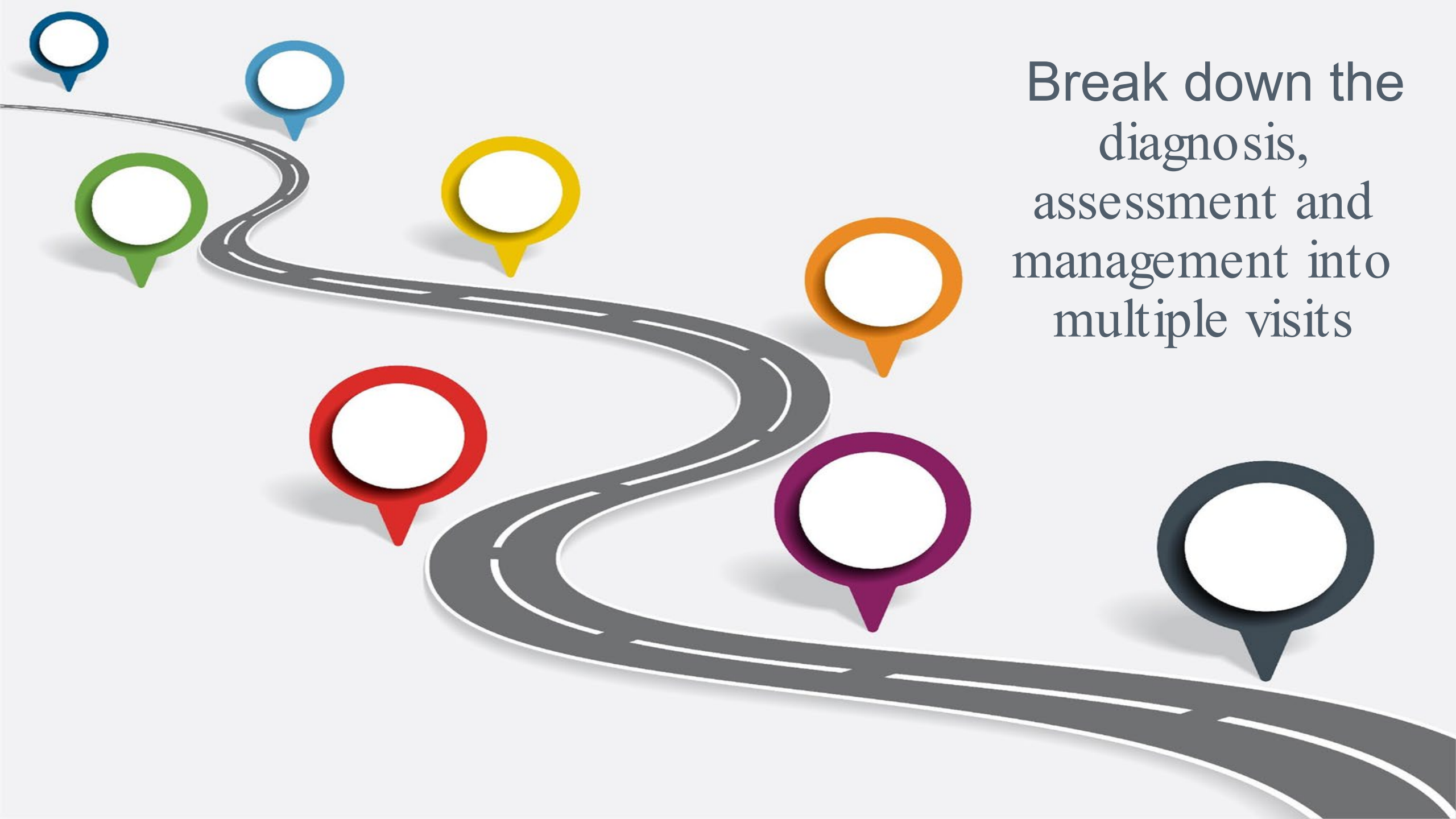
- Generally accepted by specialists, but we do not have adequate evidence of prevalence, etiology, presentation, or best treatment
- If you have a patient with vulvodynia who is on OCP can try:
 - Stop the OCP &
 - Treat the vulvar vestibule
 - topical estrogen
 - compounded estradiol 0.03%/ testosterone 0.1% in glaxal base

So let's say you've made the
diagnosis

Provoked Vulvodynia

Where do you go from
here?





Break down the
diagnosis,
assessment and
management into
multiple visits



- Patients experience a gap in care once the physician makes the diagnosis
- This is an easy and impactful gap to fill

Reason for visit

Which of the following doctors have you seen for this problem?

- Family doctor
 - Walk-in clinic doctor
 - Gynaecologist
 - Dermatologist
 - Urologist
 - Other
- (check all that apply)

What other health care providers have you seen for this problem?

Have you been given a diagnosis?

- Yes
- No

What was the diagnosis you were given?

Do you agree with the diagnosis you were given?

- Yes
- No

Briefly describe the reason for your visit to the BCCVH

Can't have sex due to pain

Did getting a diagnosis of something, change your outlook about how you experience the condition?

Hope.

Relief for me, it's just like this is not just in my head; it's not just something psychological

I was, I felt a lot of reassurance, finally someone **taking me seriously**.

I kind of **felt validated** I think, like that this is ~~actually~~ really, this is not something that is in my head, this is a real thing and people have heard about it and there might be something that I can do; that this is not normal, this is not what everybody goes through but maybe there is something that ~~can~~ **make sex fun**.

EDUCATION

- Education alone is effective in decreasing anxiety, improving sexual function and decreasing perceived pain
- Education is critical for “setting the patient up for success”
- Biases regarding non-medical therapy

3. Making the Diagnosis

Diagnosing vulvodynia is challenging. How do you know your patient has vulvodynia?

1. The patient's report of pain is a reliable diagnostic indicator.
2. The pain may be present all the time (spontaneous) or only with touch (provoked). Many words can be used to describe the vulvar pain from pressure to burning.
3. Q-Tip Test result is greater than 3/10. This is considered a positive Q-Tip Test and is consistent with provoked vestibulodynia. However, note that if the patient has pain that is not above a 3, it is still possible that they have vulvodynia.
4. All other conditions are ruled out or managed.

Once the diagnosis has been confirmed

the physical exam findings should be reviewed with the patient and an overview of vulvodynia provided using the following checklist:

Inform

- First, check in with the patient to see how they are feeling physically and mentally after the exam. Let them know that it is common for patients to feel tense, anxious, and sometimes emotional after the exam.
- Review the physical assessment with the patient. Show them the findings on the diagram of the vulva if possible (this allows for visual learning and also education about anatomy).
- Let the patient know that the vulva skin is healthy and you have ruled out other conditions.

Educate

- Instill hope: Explain to the patient that their symptoms are real (and common) – up to 16% of women and individuals with vulvas have vulvodynia.
- Explain the diagnosis in simple terms emphasizing the potential role of both peripheral and central sensitization as well as activity of the pelvic floor muscles. The following is an example of how you can briefly explain vulvodynia to a patient:

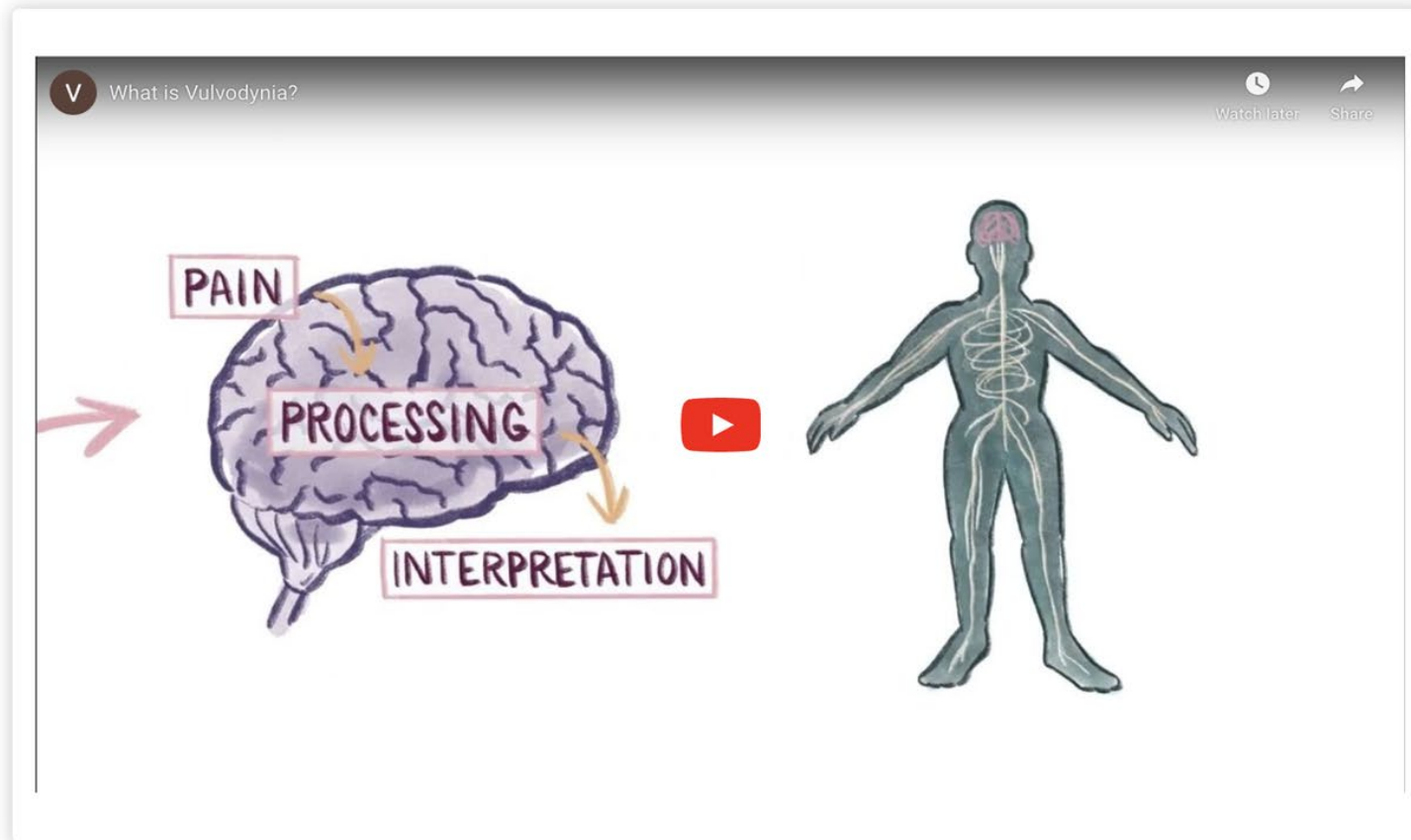
Sometimes vulvodynia is caused by central sensitization, a pain-sensitization condition. Pain is like an alarm system that alerts us to a potential threat. Sometimes that brain gets it wrong and sets off the alarm when there is no actual threat and the tissues are healthy, or when the threat has passed and the tissues have healed. This is what is happening in the case of vulvodynia caused by central sensitization.

Sometimes vulvodynia is caused by peripheral sensitization. After there has been injury or inflammation to an area (e.g., the vulva), there is a normal sensitization response intended to help prevent additional harm. However, sometimes these nerve fibres remain highly sensitive and send pain signals in response to innocuous touch or even no touch at all, resulting in vulvodynia.

- Provide reliable online educational resources about vulvodynia (see [resources](#) page).

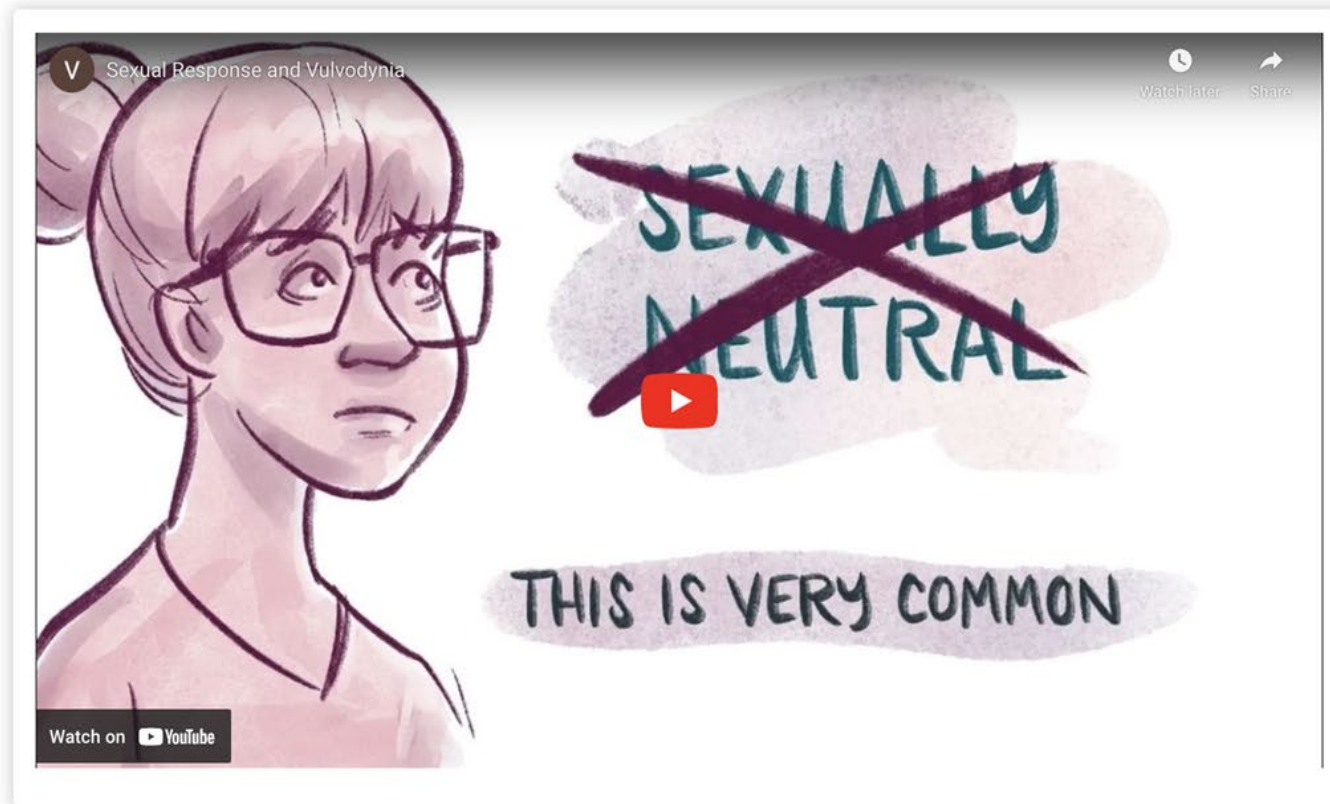
4. What is Vulvodynia

Have your patient watch this video to help them understand what vulvodynia is



5. Sexual Response

Have your patient watch this video to help them understand how their sexual response can be impacted by vulvodynia.





It is common for patients +/- partner to feel grief, anger, a sense of failure and loneliness and isolation

Many patients feel they are the only person in the world experiencing this.



Patient Stories



Tight Lipped is a grassroots movement by and for people with chronic vulvovaginal and pelvic pain.



We fight for a world where those with these conditions are **diagnosed correctly, treated effectively, and given compassionate care.**

Poll Question

All of the following are evidence-based treatment for provoked vulvodynia EXCEPT?

- A. Vestibulectomy (excision of painful tissue)
- B. Pelvic floor physiotherapy
- C. Neuropathic meds, such as amitriptyline
- D. Mindfulness based CBT



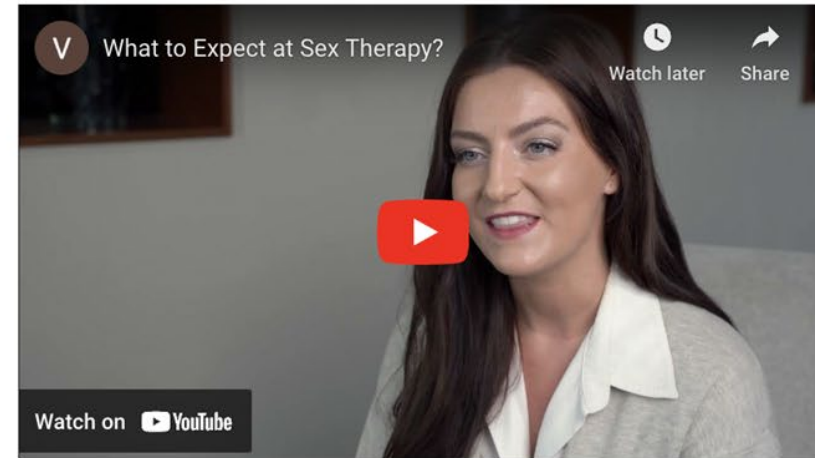
What treatments work for PVD?

1. There is **good** evidence to support **Pelvic floor physiotherapy & Mindfulness CBT**
1. Vestibulectomy
1. Botox injected into vulvar vestibule
1. There is **very poor** evidence to support any of the **medical** therapies (topical medications, systemic medications).

Brotto et al. J Sex Med 2015
Smith et al. J Gynaecol Women's Healthcare 2019
Bergeron et al. OB & Gynecol 2008



Watch this video to learn more about what to expect at a pelvic floor physiotherapy appointment. Scan the QR code below to access the video via mobile.



Watch this video to learn more about what to expect at a sex therapy appointment. Scan the QR code below to access the video via mobile.



Psychosexual Impact & Treatment

Click on the links below to download handouts about the psychosexual impact and treatment exercises for vulvodynia

**Vaginal Insert
Purchase Guide**

[Download](#)

**The Reasons for
Sex**

[Download](#)

**The Sexual
Response Cycle**

[Download](#)

**How Partners
Can Support
Individuals with
Vulvodynia**

[Download](#)

**How to Reduce
Vaginal Insertion
Activities with a
Partner**

[Download](#)

**Sensate Focus
Exercises
(Masters and
Johnson)**

[Download](#)

*IN HER
OWN
WORDS...*



Questions?

Bcvulvarhealth.ca

 [hello.vulva](https://www.instagram.com/hello.vulva)

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