

when
making
love
hurts

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You Are Not Alone

Pain during sexual intercourse is not a normal condition, and it's not something you have to live with. Although you may think you are alone, a surprisingly large number of women experience this condition at some point in their lives.

What is Dyspareunia?

The term dyspareunia (dis-pa-roon-ia) is the medical term for pain during sexual intercourse.

Fear and embarrassment prevent many women from seeking help for dyspareunia. They may think they are abnormal. Or they may think nothing can be done. But that isn't true. Much can be done.

Thankfully, changing social attitudes have encouraged discussion of pain during sex. For more information about dyspareunia and its treatment, talk to your doctor or another health care professional.

What You Should Know About Dyspareunia

- Dyspareunia is quite common. Clinical studies show that approximately 10% of women experience pain during intercourse.
- Dyspareunia can be experienced during penetration or during deep thrusting. Women may experience either type or both.
- All kinds of women experience dyspareunia. It affects women regardless of marital status, income, age, race or childbearing history.
- Embarrassment prevents many women from seeking help and leads to unnecessary suffering and problems with their partner.
- Many effective treatments are available. These include medications, relaxation exercises and surgery.

Pain during sexual intercourse can occur for a variety of reasons such as an allergic reaction to a personal hygiene product or a physical problem. Sometimes, emotional issues play a role in the pain.

Causes of Pain

The causes of pain during sex include:

- Infection – Bacterial or yeast infections are among the most common causes of pain during intercourse.
- Lack of estrogen – During menopause, the vaginal walls thin, and the amount of vaginal lubrication decreases.
- Vulvodynia – In this condition, the vulva is hypersensitive and extremely tender on touch.

Additional causes of Pain

- Pelvic floor muscle spasms – Involuntary muscle spasms can result in difficult and uncomfortable sex.
- Drug side effects – Common drugs including those for allergy, high blood pressure or depression may affect the amount of vaginal lubrication, as well as the level of sexual arousal and desire.
- Endometriosis – The tissue lining the uterus – the endometrium - may grow outside the uterus causing deep pain during sex.
- Retroverted (tipped) uterus - If the uterus is retroverted or tipped backwards, the penis can hit the cervix or uterus during sexual intercourse causing deep and intense pain. This type of pain is called collision dyspareunia and may be more common than previously thought.
- Other physical problems – Scar tissue from abdominal surgery or from delivering a baby can distort the anatomy and cause significant pain during sexual intercourse. A cyst on an ovary can also cause pain.
- Emotional issues – Sometimes, past issues such as sexual abuse or communication problems in a relationship can translate into sexual difficulties.

Pain during sex may be caused by other reasons as well. Only consultation with your doctor or another health care professional will help you find out why you are experiencing pain and help you with a solution.

How is Dyspareunia Diagnosed?

Basic Diagnostic Procedures

One of the easiest ways of diagnosing your problem is through a description of it. You can help by being open and candid. It may be helpful to think of the interview process as a heart to heart talk with a good friend.

Your doctor is aware that the subject is a sensitive one that involves private issues. He or she will be very supportive and will maintain confidentiality to protect your privacy. Remember, your doctor is there to help you.

You may also want to write down any questions or concerns before your appointment.

During the appointment, your doctor will interview you about some of the following subjects:

- Characteristics of the pain such as its strength, how long it lasts and where it occurs
- When you feel the pain
- Other symptoms you may have such as headache, nausea or fatigue
- Past medical history
- Family history

A pelvic exam will help your doctor locate any areas of tenderness and identify other possible physical causes of your pain.

Additional Diagnostic Procedures

Depending on the results of your history and the pelvic exam, your physician may also use some of the following diagnostic tools:

- Lab tests – Cultures are used to check for infections.
- MRI and CT – Scans are used to check for physical problems.
- Ultrasound - This non-invasive procedure is used to check the ovaries and the uterus.
- Laparoscopy - A miniature camera is used to visualize your internal organs through small incisions made in your abdomen to check for physical problems.

Treatment Options

Depending on the results of your exam, your doctor will develop a personalized treatment plan that may include some of the following options:

- Medications – In the case of an infection, treatment with medication often solves the problem.
- Lubrication – Use of a cream or jelly can help make sexual intercourse more comfortable in cases when there is not enough natural lubrication.
- Relaxation exercises – Relaxation exercises may help a woman regain control over vaginal muscles, thus reducing pain and making sexual intercourse more pleasurable.
- Surgery – If diagnostic tests determine a physical problem is involved such as endometriosis or a tipped uterus, surgery may be recommended.

If You Need Surgery

If surgery is recommended, it may be performed using laparoscopic technique.

In laparoscopy, a small incision is made in the abdomen allowing the physician to insert a miniature camera or scope to visualize the internal organs. The physician then passes specialized surgical instruments through one or more additional small incisions to perform the procedure.

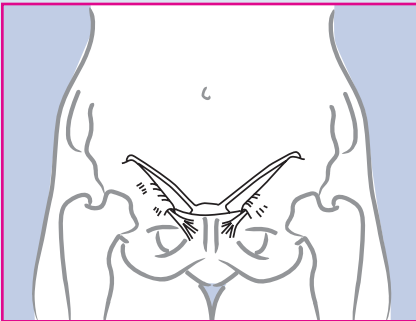
In most cases, recovery time is reduced, and patient comfort is improved compared to traditional surgery.

For example, deep pain related to a tipped uterus may be treated with a laparoscopic procedure known as the UPLIFT procedure. The UPLIFT procedure is one method of repositioning the uterus. In the UPLIFT procedure, the ligaments holding the uterus in place are shortened and strengthened to reposition the uterus in a more normal position. The procedure reduces the possibility of the penis hitting the cervix or uterus and causing pain during intercourse.

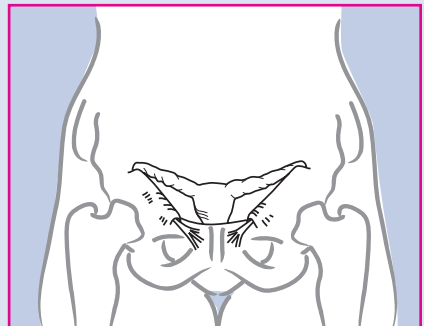
Laparoscopic Uterine Repositioning

UPLIFT Procedure

Tipped uterus



Uterus repositioned in normal position



Questions or Concerns

The following are questions or concerns you should discuss with your doctor or health care professional:

Location of the pain (at entry, deep, etc.):

Characteristics of the pain (dull, aching, sharp, etc.):

When it happens (at entry, during intercourse, after intercourse, etc.):

Methods used to cope with the pain (avoid intercourse, change positions, have intercourse only at certain times of the month, etc.):

Reasons you think you may be experiencing the pain:

Glossary

Cervix – The narrow outer end of the uterus.

Collision dyspareunia – A type of dyspareunia caused by the penis hitting the cervix or uterus. The condition is associated with a retroverted or tipped uterus.

Dyspareunia – The medical term for pain during sexual intercourse.

Endometriosis – A condition in which the tissue lining the uterus begins to grow in other places causing pain and scar tissue.

Laparoscopy – A procedure in which a slender camera is inserted into a small incision in the abdomen to view the internal organs.

Retroverted uterus – The medical term used to describe a uterus that is tipped backward. A surgical procedure to reposition the uterus may be recommended if a woman with a retroverted uterus is experiencing collision dyspareunia.

UPLIFT procedure - A method of repositioning the uterus in which the ligaments holding the uterus in position are shortened and strengthened through a laparoscopic procedure.

Uterine repositioning – A surgical procedure used to reposition the uterus in a neutral/slightly anteverted position. The procedure may be recommended to women with a retroverted uterus who are experiencing collision dyspareunia.

Vaginitis – An inflammation of the vagina. Often caused by an infection.

Vulva – The outer area of a woman's genitals.

Vulvodynia – A chronic condition in which the vulva is hypersensitive to touch or pressure. Sexual intercourse is very painful. In some women, even a light touch associated with tampon use or tight clothing may provoke symptoms.

What's New?

Our website is constantly updating and adding new information and resources. Visit <http://www.inletmedical.org/html/new.htm> for the most recent updates and content additions.

Where You Can Find Additional Help and Information

Inlet Medical, Inc., located in Minneapolis, MN., partners with gynecologists to design laparoscopic surgical instruments and kits to restore women's health:

www.inletmedical.org or

Toll-free: (800) 969-0269

International Pelvic Pain Society, a forum for professional and public education about the diagnosis and treatment of chronic pelvic pain:

www.pelvicpain.org or

Toll-free: (800) 624-9676

This publication was developed under the direction of Inlet Medical, Minneapolis, MN. The brochure was designed as an aid to patients and sets forth current information and opinions on subjects related to women's health. The information in this brochure does not dictate an exclusive course of treatments or procedures to be followed and should not be construed as excluding other acceptable methods of practice. Variations taking into account the needs of the individual patient, resources, and limitations unique to the institution or type of practice may be appropriate.

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