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A range of health and lifestyle problems can lead to painful sex. Many women are reluctant to seek professional help but there are plenty of treatments that can ease the pain.

By Sarah Marinos

exual health
experts estimate
that one in six to
one in 10 women find sex
becomes a pain rather than
a pleasure at some time
in their life. Embarrassed,
many women hesitate
to see a GP, but this can
make matters worse,
says Dr Elizabeth Farrell,
gynaecologist with Jean
Hailes for Women's Health.

"If intercourse continues to be painful a woman will lose her libido, she'll avoid sex and that can lead to difficulties in her sense of self as a sexual woman, and it can impact on her relationship," she says.

Here we outline 10 causes of painful sex and treatments to bring relief.

Pelvie inflammatory disease (PID)

This is usually the result of a sexually transmitted infection, like chlamydia or gonorrhoea, that spreads from the vagina to the cervix, uterus and fallopian tubes. About 10,000



women a year are treated for PID. Symptoms include lower abdominal pain, changes in the smell or colour of vaginal discharge and pain during sex. Untreated, PID can lead to infertility. Treatment is a straightforward course of antibiotics. Your partner needs to be tested too, and you should not have sex until treatment is finished.

Fibroids.

Fibroids are more common after the age of 40 – about 40 per cent of women get them – and they can be painful during sex when the fibroid can hit against your bowel or bladder. Signs of fibroids are heavy and painful periods, spotting and needing to

wee more than usual. They are diagnosed using an ultrasound.

"You'll probably need to have the fibroid surgically removed," says Dr Gino Pecoraro from the Royal Australian and New Zealand College of Obstetricians and Gynaecologists. This may be via keyhole surgery or using ultrasound heat to destroy the fibroid. Newer treatment injects minute glass beads, like sand, into the blood vessel feeding the fibroid. This blocks its blood supply so it shrinks and dies.

Adenonivosis

The risk of adenomyosis rises for women in their 30s and 40s. "The lining of the uterus grows into the muscle wall >



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of the uterus. This leads to tenderness, painful periods and pain when you have sex," explains Dr Pecoraro,

Adenomyosis is diagnosed with a transvaginal ultrasound, where the ultrasound probe is placed inside the vagina. Commonly adenomyosis is treated with hormones, such as the Mirena IUD, that thin the uterus lining.

The reason some women get adenomyosis is unknown, but the condition often disappears after menopause.

Skin problems

Skin around the vaginal entrance may become irritated as a reaction to perfumed soaps or shower gels. "Don't use soap in the vaginal area, just water," says Dr Farrell. "Wear cotton undies and only use cotton pads or tampons."

The vaginal area can also become itchy due to lichen sclerosus, which affects around one in 80 women from middle age. Skin around the vulva becomes pigmented, thickened and crinkly and the vagina opening narrows. Cortisone cream is applied to the inflamed area and some women may need surgery to remove skin blocking the vagina entrance.

Endometriosis

In endometriosis the lining of the uterus grows outside the uterus and thickens. This leads to scar tissue that can stick to the ovaries, fallopian tubes and bowel. Signs of endometriosis include painful periods and pelvic pain. Women can develop endometriosis due to menstrual blood flowing backwards into the fallopian tubes during a period. A family history of the condition is also a risk factor.

"During sex, the uterus, ovaries and fallopian tubes are supported but move in the pelvis," says Dr Pecoraro. "If you have scarring the tissue becomes tight. With thrusting during sex, you get pulling on scar tissue that pulls on connected organs and causes

pain." Treatment can include hormone therapy, the Pill or removal of scar tissue.

Vaginismus

If you have involuntary tightening of the muscles around the vagina during sex you may be experiencing vaginismus. It can happen due to vaginal damage during childbirth, or there can be psychological factors such as a fear of intercourse due to sexual abuse or an abusive relationship. Cognitive behavioural therapy provides psychological support while pelvic floor physiotherapy helps to relax muscles.

"We recommend rubbing steroid cream into the muscle just inside the vagina, to relax it," says Dr Pecoraro. Botox may also be injected into the muscle to paralyse it so that it doesn't tighten.

"Often there's a focus on strengthening pelvic floor muscles to stop incontinence," says Shan Morrison from Women's & Men's Health Physiotherapy. "But the pelvic floor muscles aren't meant to be tight all the time. They should be soft and flexible, like the muscles between your thumb and index finger." See your doctor for advice about pelvic floor exercises if you think this could be contributing to the problem.

Oestrogen loss

Around perimenopause and menopause oestrogen levels fall, leading to vaginal dryness, and about five per cent of women report pain most times they have sex.

"The fall in oestrogen causes





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thinning of the vaginal tissue, dryness and lack of lubrication," says Dr Deborah Bateson, medical director of Family Planning NSW. "Try over-the-counter lubricants from the chemist, and your GP or gynaecologist can prescribe vaginal lubricants that plump tissue in the area. A dose of vaginal oestrogen in a cream or tablet may also be helpful." These can be inserted into the vagina using a special applicator.

Size disparity

"If the erect penis seems too big for your vaginal entrance and entry is painful, your automatic response is to tighten your pelvic floor," explains Dr Farrell. This can be helped by gentle dilation of the vaginal entrance and by pelvic floor exercises such as pulling in the pelvic muscles, holding for 10 seconds and then releasing the muscles slowly. Repeat this up to 10 times, a few times a day.

"Sometimes we recommend dilators – different sized glass or plastic tubing that is gently inserted into the vagina," adds Dr Farrell.
"Women graduate to the size that allows her to fit her partner's penis."

Lulvodynia

In some women the skin around the vaginal opening becomes sore after a bout of thrush. Signs of thrush include white vaginal discharge and stinging that lead to the burning sensation typical of vulvodynia. "Women often experience burning or stabbing sensations during and after sex," says Morrison.

Treatment may include moisturising creams to reduce inflammation, and avoiding soaps and shower gels. Thrush is cleared with anti-fungal creams applied inside the vagina or with oral medication.

WHERE TO GET HELP

See your GP or go to the Sexual Health & Family Planning Australia website, www.shfpa.org.au, and click on 'Find a Clinic' to find a sexual health clinic near you. Family Planning NSW, fpnsw.org.au or call 1300 658 886. Jean Hailes for Women's Health, jeanhailes.org.au or call 1800 532 642. NZ Vulvovaginal Society, anzys.org. Go to the patient information link.