

Vaginismus and dyspareunia (sexual pain)

Information for patients

Introduction

Vaginismus is a fairly common experience where pain is felt on penetration of the vagina. Common causes of pain are penetrative sex, tampons or medical examinations. People with this condition feel pain and sometimes a sense of a 'block' so that penetration is painful, difficult or impossible. Vaginismus is an automatic spasm (contraction) of the pelvic floor muscles which causes the vaginal muscles to tighten. It can occur on the first attempt at sex, medical examination or tampon use or it can develop gradually later in life.

Dyspareunia is the medical name for sexual pain. Vaginismus is one cause of pain but there are others too.

There can be many different reasons why sexual pain occurs but for many people there is no clear background reason. Once pain or discomfort has happened with penetration it is more likely the muscles respond by tightening next time anything goes near the vagina. The experience of pain makes the body and mind more alert to it happening again. In turn this can cause anxiety and tension when any further attempts at penetration occur. This makes the pelvic floor muscles more likely to respond by tightening. This reflex unconscious tightening of the muscles is called vaginismus and is what continues to make penetration of the vagina painful or impossible even when any original cause has gone.

Information about vaginismus and sexual pain can be found on the NHS website:

<https://www.nhs.uk/conditions/vaginismus/>



<https://www.nhs.uk/common-health-questions/sexual-health/why-does-sex-hurt/>



Causes

Some causes of vaginismus are:


- Skin irritation causing pain/discomfort which then causes the muscle tightening. The vulval skin (the sensitive skin around the vagina and inner lips) can be irritated for many reasons. Physical causes include infections such as thrush, and skin conditions such as eczema. Sometimes the skin can be irritated for no obvious reason, or it can become sensitive to 'normal' things like washing products such as shower gel or shampoo. Surprisingly many of the products advertised for use in 'intimate areas' contain ingredients that can irritate the skin or strip it of the natural secretions that protect the skin from irritation. Using water only or an emollient can help (see Self-help 2. Vulval skin care below for further information).
- Pain or discomfort on first attempt at sex or tampon use which can start the cycle of anxiety and muscle tension.
- After menopause, the vulval and vaginal skin can sometimes feel delicate and less stretchy. This may cause pain with sex but can be helped by oestrogen in the form of a cream or vaginal tablet.
- Fears or worries about sex. Some people are brought up to think that sex will or might be painful, or that it is shameful or disgusting. Others fear sexually transmitted infections or pregnancy.
- Difficult first sexual experience.
- Unwanted sexual experience or sexual assault or rape.

- Family, social and cultural messages about sex can also cause people to fear sex or expect pain or discomfort when it happens.
- Often there is no obvious cause at all.

One, several or none of these reasons may explain vaginismus in an individual. If the cause is not obvious, worrying about what happened is probably not helpful. The solution depends more on learning to relax the pelvic floor muscles and feeling more comfortable about the vulval skin and the vagina.

Self-help

You may find the following self-help tips useful:

1. **Stop trying vaginal penetration during sex if this is painful.** Repeating the painful pattern over and over means that the feeling of pain, the distress and anxiety reinforce the response of tightening the muscles.
2. **Vulval skin care:** Use nothing but water to wash or a soap substitute emollient (e.g. Oilatum or E45). If skin is very sore or irritated using a moisturiser once or twice a day (e.g. Aqueous cream, Emulsifying Ointment or Hydromol) may calm the skin. Even if the skin seems fine, applying an emollient (essentially a basic moisturiser without any additives, colour or perfume) may improve the skin and also allows exploration of the vulval area which can help make it less sensitive.
3. **Self-exploration:** getting to know the vulva and vagina can help identify if there are any tender areas that are more likely to cause pain and muscle tightening. Also touching or applying an emollient here can desensitise the area. The body gets more used to being touched here without triggering pain which helps break the cycle that causes muscle tightening.
4. **Relaxation techniques, mindfulness or meditation.** Finding a way to help the mind and body stop focussing on the pain or the expectation of pain can help reduce the anxiety around penetration. Being able to stay 'in the moment' and focus on sensations and arousal without thinking/worrying about penetration is very important. Intimacy can be very important to a relationship so continuing to touch, stroke and focus on non-penetrative sexual pleasure can help you keep connected while reducing your anxiety.
5. **Pelvic floor muscle exercises** that focus on the release of the pelvic floor help develop an awareness of how this area feels. There are some videos and links on the NHS Lothian website, especially 'How to relax your pelvic floor muscles':
<https://services.nhsllothian.scot/urologyphysiotherapy/female-pelvic-pain/>

6. **Vaginal trainers or fingers.** Gently exploring the entrance to the vagina with the little finger or the smallest vaginal trainer allows a gradual retraining of the vaginal muscles to accept something being inserted. This may seem difficult at first and can be a slow, steady process. Repeat over and over again until it gradually gets easier and then try increasing the size of the trainer or using larger fingers.

Professional Help

While some people are able to help themselves to overcome vaginismus and sexual pain, sometimes professional help is needed if the simple steps above do not seem to work or seem too difficult or frightening to try. Talking to your GP or practice nurse, however difficult that may seem, is a good first step to getting help. There may be a simple reason for your pain. If referral is needed they can send you to the person best able to help you. Psychosexual therapists, sexual and reproductive health doctors and physiotherapists with an interest in the pelvic floor are some of the people who can provide appropriate treatment and support.