

Pain Disorders and Sexual Suffering – For Gynecologists

By Laurie Watson

“Vulvar pain disorders are often frustrating disorders for treating physicians and always cause sexual dysfunction in those who suffer with them,” says Deborah Metzger, PhD, MD, Medical Director of Harmony Women’s Health in Los Altos, CA. I have heard Dr. Metzger speak at two conferences now and agree that one common cause of low libido in my clients is pain. Even pain reduction does not always increase sexual satisfaction for the woman. After years of pain, spouses often need to be re-educated and re-introduced to each other in tender intimacy. A great deal of relational disruption has to be worked through in the couple as well as reactive anxiety resolved in the patient. Some pain disorders I’ve worked with are unusual like vulvar pain causing an apparent semi-aborted orgasm or clitoral pain upon arousal. In addition to the unusual cases, I see much vestibulitis and vaginismus (both primary and secondary), vulvodynia, as well as the garden-variety dyspareunia caused by rushed love-making technique or post-menopausal hormonal changes. I think every post-partum woman should be considered for vaginal estrogen because of increased prolactin (even C-section patients) to ease the resumption of intercourse. I would welcome any opportunity to be involved in a case conference regarding vulvar pain whether or not the patient makes an appointment with me.

Many of my clients are seen concurrently by pain expert Dr. Dennis Zolnoun of UNC, Chapel Hill, Division of Advanced Laparoscopy and Pelvic Pain. Zolnoun has currently been successfully using a compound of .5mg/g estradiol and 5% HP lidocaine for many of my vestibulitis patients and I’ve seen pain levels that have been 8-10 often for years sometimes come down to a subjective 2-3 as soon as 6 weeks. (I am NOT a physician and every patient must consult her doctor for risks and benefits to every treatment option.) She believes that even in patients who do not have the typical presentation of vestibular erythema, the reported “burning” or “cutting” sensations respond to this hyper-estrogen (applied carefully only at the outer vestibule). The cream is being compounded by Triangle Compounding Pharmacy. To treat the secondary vaginismus, she will frequently have the patient use a vibrator to reduce muscular tension – www.evibra.com. (Dr. Zolnoun is also currently seeking candidates for a pre-menopausal low libido drug study as well.) Curing pain disorders usually requires a treatment triangle of physicians, physical therapist and psychotherapists.

I work with the client to find sexual solutions and techniques that reduce pain, diminish anxiety, frequently increase patient control and eventually include the formerly excluded partner. While a few clients have strictly organic pathology, many women find sex therapy for pain gives them an opportunity to resolve other historic sexual problems from misinformation to relational feelings and experiences that might have further complicated their healing.