

Workshop ICS Barcelona 26-8-2013: Physiotherapy Round Table

Sexual dysfunctions (sexual pain disorders) in female patients: different steps of physiotherapy : **A case from my practice**
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Referred by the gynaecologist :

- Women : 22 years old /Student : master in the biology
- Her first partner 23 years , 4 years together
 - Diagnosis: sexual pain disorder: primary vaginismus
 - a involuntary contraction of the outer third of the vagina muscles ,which interferes with sexual intercourse
 - primary: she is never been able to be penetrated
 - Treatment before: 1sexologist times/hypnosis 5x
 - Not a clear cause , no problem libido, feeling of orgasm

Possible treatment steps :

1. Anamnesis:
= **nonjudgmental approach** with both directed and open-ended questions should be used,
Ask pointed questions about the patient symptoms
2. Ask **patients goals** prior to starting treatment (use her goals to evaluate progress)
3. **Educate** the patient regarding pelvic floor. Information is a important part of comprehensive treatment approach
4. **Demystify** some myths about vaginismus
5. **Explaining the procedure**, pelvic/relaxation techniques to the patient (biofeedback, insertion techniques..)Every session takes 30 minutes/ weekly or once every two weeks)
6. Starts first with clothes on : to put the patient at ease.
Questions about the pelvic floor + exercises. How is the proprioception pfm? ? No good proprioception : Demonstrate , describe , direct physical contact (touching centre perineum , ...

*They need to **contract on a right way** otherwise we can't give a home program for pfm.*

*At the end of the consultation **always explaining what we are going to do the following therapy session***

7. Working with surface Emg electrodes biofeedback
EMG trans vaginal probe/stretching exercises/vaginal balloon/vaginal probe 1-4 /desensitisation exercises
8. Always **give homework**: starting insertion or dilatation training= self management techniques (insert 1 finger and perform the exercises done during the treatment session. Every day if it is possible! Practice makes perfect.

Every step we do is in consultation with the patient! Partner

The aim of the therapy is to provide an empathetic, supportive clinician patient relationship, reduce or eliminate performance anxiety and fear of penetration, and help gain sexual confidence We have to convince her to have sex when her body confidence ,body awareness and proprioception of the musculature is good !

It is teamwork : In many cases a combination of treatments is most effective . Because women with sexual complaints have sexual issues associated with physical and psychological factors. sex therapist , psychotherapist , pelvic floor therapist , gynaecologist

A systematic review by the world health organisation included 54 studies on dyspareunia including 35,973 women , the prevalence of painful intercourse ranged from **8 to 22 %** (Latthe P et al 2006). There are a few data about the prevalence of vaginismus, in a questionnaire study of 2979 women ,**0,4 %** reported vaginismus (Christensen BS et al 2011)

Latthe P, Mignini L, Gray R, Hills R, Khan K. Factors predisposing women to chronic pelvic pain: systematic review. *BMJ*. 2006 Apr 1;332(7544):749-55.

Birgitte S. Christensen, Morten Grønbaek, Merete Osler et al. Sexual Dysfunctions and Difficulties in Denmark: Prevalence and Associated Sociodemographic Factors. *Arch Sex Behav* 2011;40:121-132