



Northumbria Healthcare
NHS Foundation Trust

When sex is painful

Issued by the Obstetrics and Gynaecology Department

This information is about how the Obstetrics and Gynaecology Health Psychology Service may be able to help you if you experience painful sex.

When sex is painful

Women who experience gynaecological difficulties, and associated pain sometimes try to keep having sex despite the pain, or might avoid intimacy all together. This can affect self-confidence and self-esteem, and can lead to stress in even the most loving of relationships.

It can be very difficult to ask for help.

Most women who go to their GP about problems with painful sex are referred to a gynaecologist for a specialist opinion. Medical or surgical treatment may be needed, but sometimes the pain can persist. Sometimes it is not possible to identify a medical or surgical treatment which will help. In these instances, women may be referred to the Obstetrics and Gynaecology Health Psychology Services.

This does not mean that the experience of pain is not acknowledged or understood and it does not mean that the pain is not real.

Conditions which can make sex painful

There are some conditions which make sex painful, these include dyspareunia, vaginismus, vulvodynia or other gynaecological conditions.

Dyspareunia

Dyspareunia is when you have pain during or after sexual intercourse. Pain can be felt anywhere in the genital area or, more deeply, in the pelvis. Dyspareunia pain can be related to friction, or thrusting. There are many physical conditions that can contribute to a diagnosis of dyspareunia.

In some cases dyspareunia can lead to vaginismus. This often occurs when healing of a painful physical condition is treated but the subconscious mind and body still anticipates pain and resist intercourse by tightening the pelvic floor muscles.

Vaginismus

Vaginismus is an **involuntary** (we cannot control it) spasm, of the muscles surrounding the vagina, making penetration of any kind painful or impossible. We do not have any control over this and often do not realise it is happening. The extent of this varies greatly. It can impede medical examinations, insertion of tampons or sexual intercourse. All the muscles in the body learn progressively how to behave until their response becomes automatic. In vaginismus the muscles of the vagina have unconsciously learnt to spasm.

Several things can contribute to vaginismus including:

- fear of pregnancy
- fear of pain
- past sexual abuse or trauma
- negative attitudes to sex
- struggles in relation to trust within relationships
- levels of lubrication
- menopausal symptoms
- anxiety

Vaginismus often happens alongside other medical conditions or even after a medical condition has been successfully treated. It can also be the result of surgical or physical trauma, such as a difficult birth.

Vulvodynia

Vulvodynia is a burning, stinging but often unexplained pain affecting the skin around the vagina or the vulva.

Although the condition is persistent and without an obvious cause, there are steps which can be taken to help relieve the discomfort. Vulvodynia that is always present or comes on without a trigger is called unprovoked vulvodynia. If the pain starts when the vulva is touched, such as during sex or when changing a tampon, doctors call this provoked vulvodynia. Vulvodynia cannot be transmitted during sex and is not a sign of a more serious condition.

What do we know about pain?

We know and understand a lot about pain. There are many different kinds of pain and just as many ways of explaining them and reacting to them. For example:

- we might be hurt, injured or unwell and our pain is obvious to us
- other pain we might not be able to see, a headache for example, but we can make sense of this if we think we may not have had enough to eat or drink
- pain can act as the body's alarm system – if we put our hand on something hot, we feel pain before the damage occurs. We might have lots of pain but no actual damage, or lots of damage but not much pain

Some pain is difficult to see, and equally as difficult to understand, but it is very real pain. Our mind and body are inseparable and we have thoughts, feelings and behaviours which are inter-related.

Pain “signals” are processed by our brain, and can affect our emotions, sleep pattern and memory. For example if we feel physical pain, we might also feel tired, low or anxious. This makes pain a very individual experience.

How will I access the service?

You may have already been referred to us and we are sending you this leaflet with a first appointment letter. Or, one of the doctors might have given you this leaflet after suggesting referral to us. Women can also refer themselves to us.

What will happen after I have been referred?

We will contact you by telephone so that we can answer any questions you may have and to find out when it is most convenient to be seen. We will try to see you as soon as possible but we do often have a short waiting list.

The initial screening assessment appointment will take place at the hospital and generally lasts approximately forty-five minutes. This provides you with an opportunity to meet a psychological therapist and to ask any questions which you may have regarding your referral, the psychological therapy or the subsequent treatment plan.

If you are unable to attend your appointment, please contact us to let us know, so that we can offer the appointment time to someone else.

What can you expect?

You will be seen by an experienced psychological therapist in a confidential hospital environment. We are aware that gynaecological difficulties can be distressing and sometimes embarrassing. We will treat you with the utmost respect, courtesy and sensitivity at all times.

You will never be asked to undress and you will never be physically examined by a psychological therapist.

How can we help?

Sometimes problems or difficulties need to be reviewed in a broader context and often a psychological perspective can help. This is because pain is something that affects our body and our mind. It is not something that is 'only in your mind' or 'only in your body'. A referral to our service is an opportunity to explore this mind/body link further.

Psychological approaches

If you and the therapist both feel it will help to explore the problems/difficulties further and to consider treatment options within a psychological context, you will be offered further appointments.

During your appointment the focus will be on the "here and now".

Sometimes it may be necessary to explore events leading up to, or contributing to, the development of the problem. This may be as a result of trauma, infection, any history of abuse or any difficult experiences relating to sexual intimacy. If this is the case then these issues can be addressed as part of your therapy if you wish. You only need to talk about what you feel comfortable with.

Some women like their partner to attend some of their sessions. You will decide if this would help you in discussion with your therapist. This can be really helpful when couples are ready to resume intimacy or when some changes in communication or intimate behaviours are indicated.

If you need further information, or would like to ask a question please contact us:

Obstetrics and Gynaecology Health Psychology
Department of Obstetrics and Gynaecology
Wansbeck Hospital
Ashington
Telephone: 01670 564095

Alternative Formats

If you would like a copy of this information in large print, another language, audio tape or other format please call the Contact Centre on **03 44 811 8118**

Other sources of information

NHS 111

NHS Choices

www.nhs.uk/pages/homepage.aspx

NICE (National Institute for Health and Clinical Excellence)

www.nice.org.uk

Patient Advice and Liaison Service (PALS)

Freephone: **0800 032 0202**

Text: **01670 511098**

Email: northoftynepals@nhct.nhs.uk

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General Enquiries **03 44 811 8111**

www.northumbria.nhs.uk

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