

Provoked Vestibulodynia (PVD)

What is vulvodynia?

The “vulva” refers to the female genitalia. *Vulvodynia* is a real pain condition where an uncomfortable sensation (burning, stinging, rawness = “dynia”) involves the vulva. If the discomfort is felt at the entrance to the vagina (the vestibule) it is called *vestibulodynia*.

What are the symptoms?

Vestibulodynia can interfere with sex (especially intercourse) and daily living activities. Vestibulodynia is thought to be the most common cause of superficial painful sexual intercourse in women. This pain may be present the first time a woman attempts to have penetrative sex; or develop in a sexually active woman who has never before had pain during intercourse. Women will also describe pain or discomfort when inserting a tampon, menstrual cup or during a pelvic examination (eg. pap smears). A few women will also notice discomfort outside of sex. For example, they may complain of burning following urination, pain while wearing tight clothing, or after sitting for long periods of time. Some women will notice monthly episodes of itching just prior to their menstrual that feel like a “yeast infection”.

How is PVD diagnosed?

PVD is diagnosed by clinical examination, the diagnosis of this condition is based on the women’s description of her symptoms and the physical examination.

- 1) The classic symptom –severe discomfort when something is inserted into the vagina.
- 2) The clinical exam reveals normal appearing vulva (skin color, texture, vulvar anatomy) but the woman complains of extreme tenderness when the entrance of the vagina is touched with a cotton swab.

What causes PVD?

There are a number of theories about how this pain develops.

- Increased sensitivity of the peripheral nerves in the vulvar skin (maybe secondary to inflammation caused initially by an infection or exposure to an allergen or irritant).
- Increased number of peripheral nerves in the vulvar skin perhaps due to a change in sex hormones.

- Increased sensitivity of the pain processing system in the body. There appears to be a genetic disposition to developing this type of vulvar pain. Stress and depression can alter the pain processing system in the brain.
- Tense pelvic floor muscles. The muscles around the painful opening of the vagina become very tense over time and this can increase the discomfort. The muscles can also go into “spasm” to try and protect the vagina when something is inserted – this is called vaginismus.

We may not know for certain what causes this pain condition for an individual woman, but we do know that after a period of time, living with this condition can result in anxiety and depression, secondary sexual problems such as a loss of desire and a dampened sexual response (such as a vaginal dryness) and often problems with the pelvic floor muscles.

How can PVD be managed?

There are a variety of therapeutic approaches that are available. While most therapies result in an improvement, more than one therapy may be needed in order to restore sexual health. Helpful interventions that your physician may choose to discuss with you include:

- *Education and Support* - Information about PVD can help women and their partners feel less isolated, diminish unspoken fears and anxieties, and introduce ways to cope. Watch our online video “when sex hurts” at www.bcvulvarhealth.ca
- *Vulvar Skin Care* - Good skin care is an essential step in managing this condition. See our handout.
- *Topical medications* such as vaginal lubricants and moisturizers, estrogen cream or topical freezing gel: 2- 5% Lidocaine may be helpful to some women.
- *Oral medications* may help to reduce the level of discomfort a woman is experiencing. Some medications that have been used primarily for one type of medical condition (eg. depression or epilepsy) have been found to have pain relieving properties. These medications can be used to reduce pain. Some examples are Tri-cyclic antidepressants, and or anti-seizure medications.
- *Psychological counselling* – Experiencing pain with sex often leads to anxiety and avoidance of sex. These natural reactions can result in less sexual interest, lower sexual arousal and over time a reflex tightening of the pelvic floor muscles with sex. These reactions, in turn can result in more pain during sex. Addressing these reactions can help reduce pain and improve sexual pleasure.
- *Sexual counselling* – Individual and or couple therapy with a specialist in sexual medicine may be helpful to address sexual concerns (like “I never feel like having sex”).
- *Pelvic floor physiotherapy with biofeedback*. There are physiotherapists who specialize in the treatment of vaginismus (the reflex tightening of the pelvic floor muscles) and PVD.
- *Surgery*, is often a last resort, but has been found to be helpful for some women who have failed to improve with other treatments.