

Non-Pharmacological Treatment for Vulvar Pain after Menopause

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Center for Vulvar Disorders

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- I will discuss several products with no financial gain to me
- Many treatments I discuss are not FDA-approved for vulvar pain
- Some treatments I advise are not conventional dosing
- Many recommendations for vulvar care and treatment are “expert opinion”

Objective

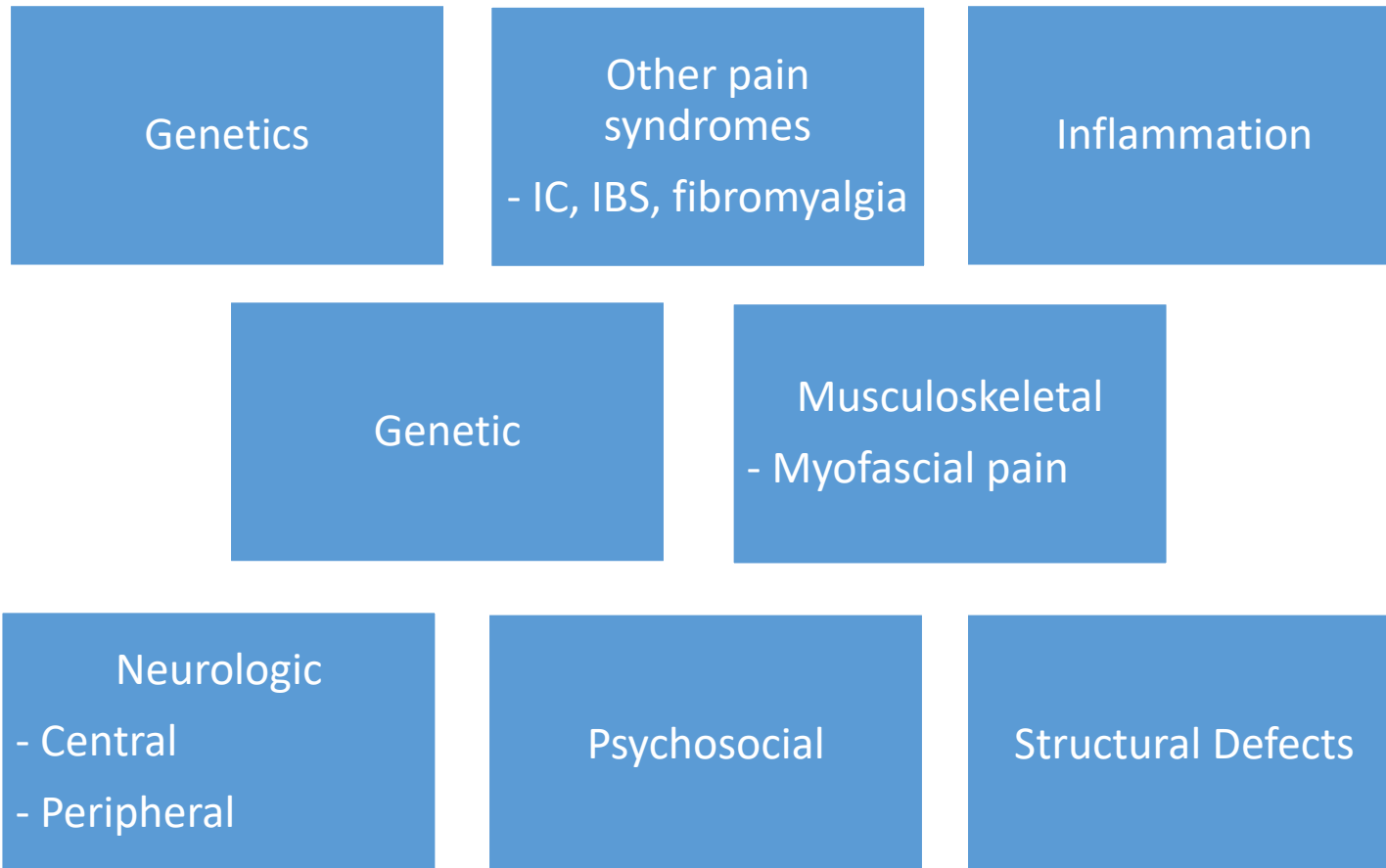
Advise patients on non-pharmacological treatments for vulvar pain after menopause

- Introduce you to the National Vulvodynia Guideline
- Provide vulvar care tips and pearls
- Direct you to resources for patients with vulvar pain
- Show you how to find a pelvic physical therapist
- Discuss the (limited) evidence behind treatments for vulvar pain

2015 ISSVD, ISSWSH, and IPPS Consensus Terminology and Classification of Persistent Vulvar Pain and Vulvodynia

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*On behalf of the consensus vulvar pain terminology committee of the International Society for the Study of
Vulvovaginal Disease (ISSVD), the International Society for the Study of Women's Sexual Health (ISSWSH),
and the International Pelvic Pain Society (IPPS)*



The Vulvodynia Guideline

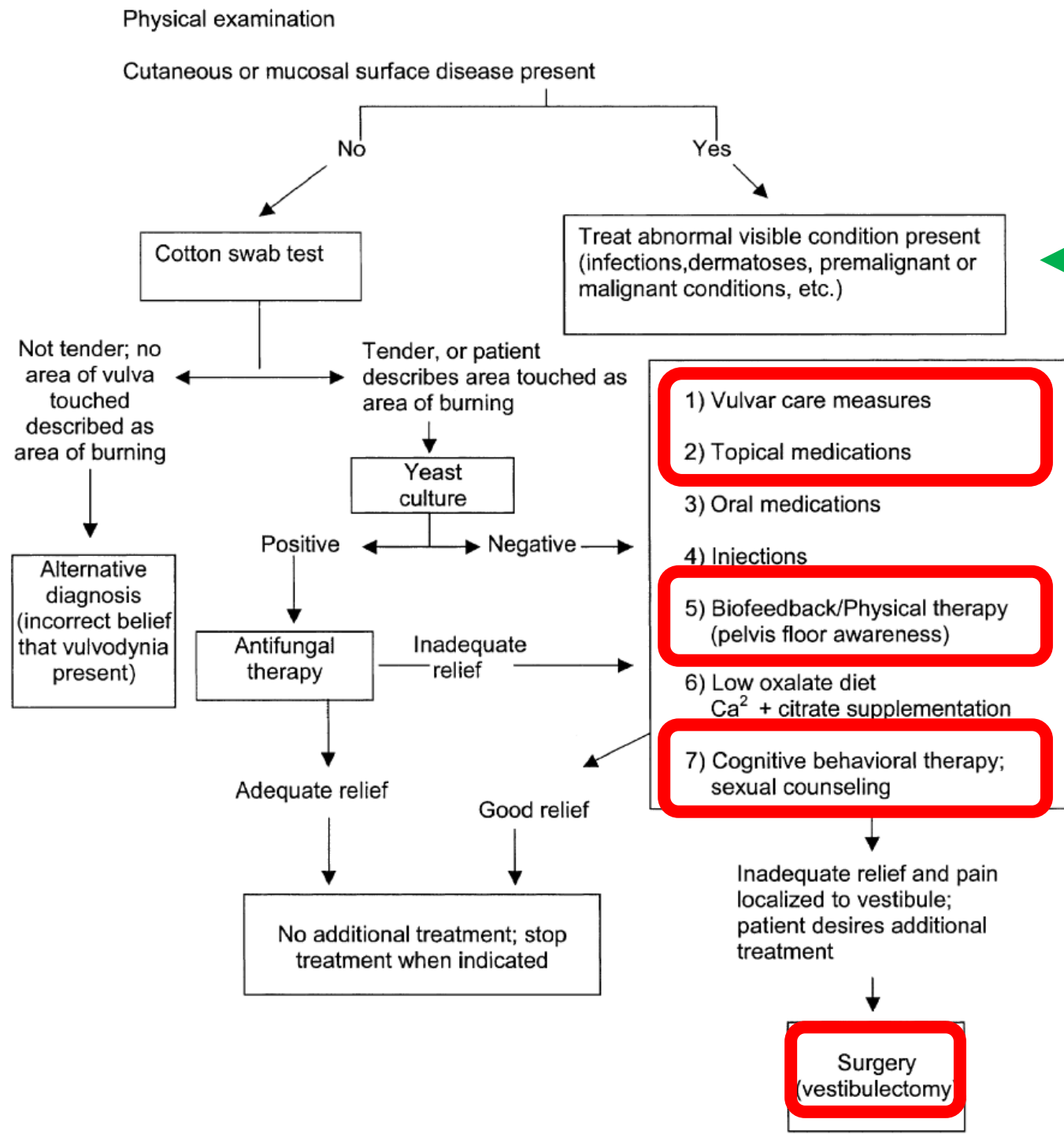
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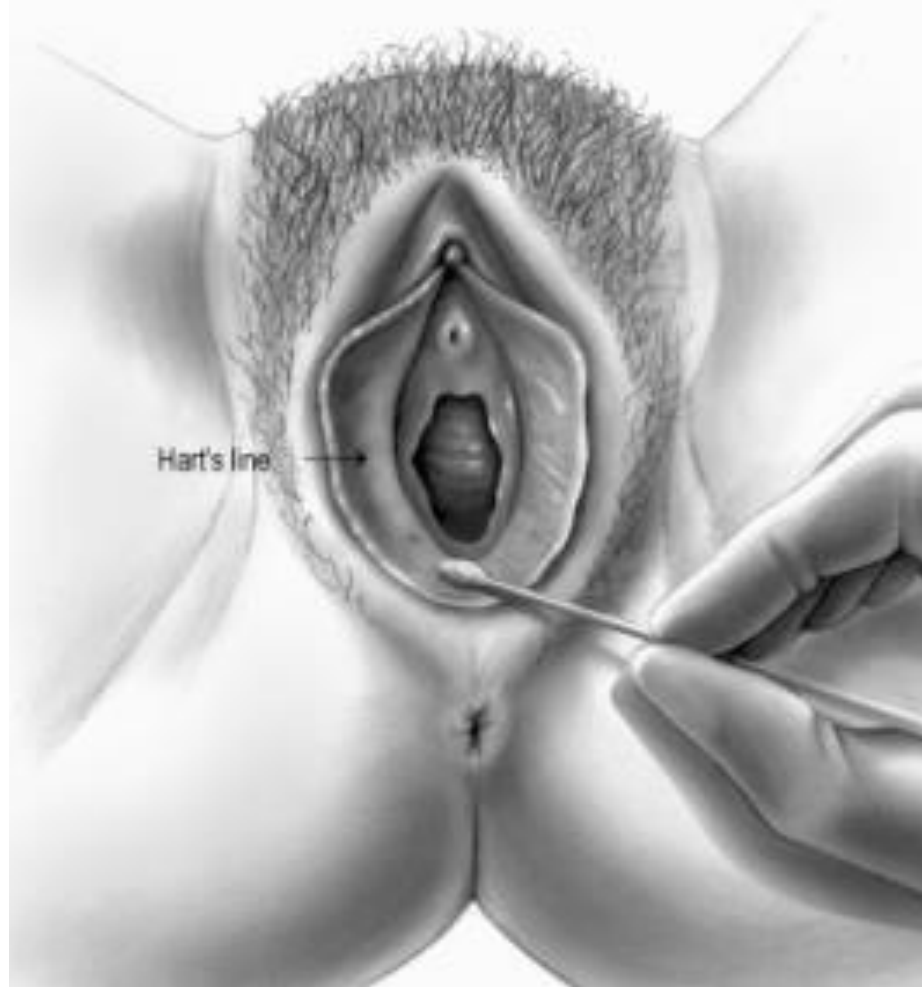
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Must do this first

and others

Q-tip test



First, treat the atrophy

Then,

- Vulvar Care Measures
- Topical Treatments
- Physical Therapy
- Cognitive Behavioral Therapy
- Laser Treatment
- Transcutaneous Electrical Nerve Stimulation
- Acupuncture
- Surgery

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Topical estrogen

- restore normal pH
- increase secretions
- improve urinary tract symptoms

- Estrogen cream

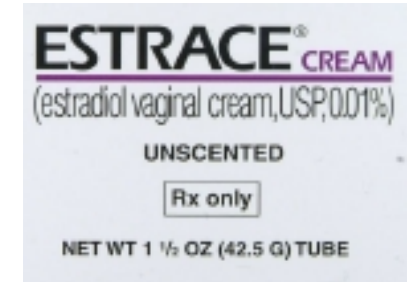
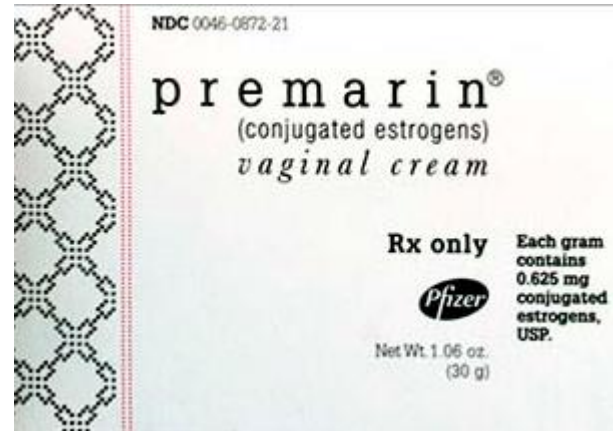
- Estrace
- Premarin
- Compounded

- Estradiol tablet

- Vagifem
- Yuvaferm

- Estradiol vaginal ring

- Estring (NOT Femring)



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Vulvar Care

- No soap to the vulva (fragrance-free if must use soap)
- Avoid frequent washing
- No wipes unless Water Wipes
- No bubble baths
- No panty liners
- No feminine sprays (no Summer's Eve)
- No Vagisil or benzocaine-containing products
- Wear loose clothing
- White cotton underwear during day, no underwear at night
- Second cycle in water only for underwear, no dryer sheets



Additional Advice

- White flannel to clean perianal area
- Boxers instead of underwear
- Showerhead to clean
- 100% cotton pads or tampons. Even better, menstrual cup
- Change out of wet clothing right away
- Cool gel packs
- Keep moisturizers, coconut oil, or petrolatum jelly in refrigerator



First, treat the atrophy

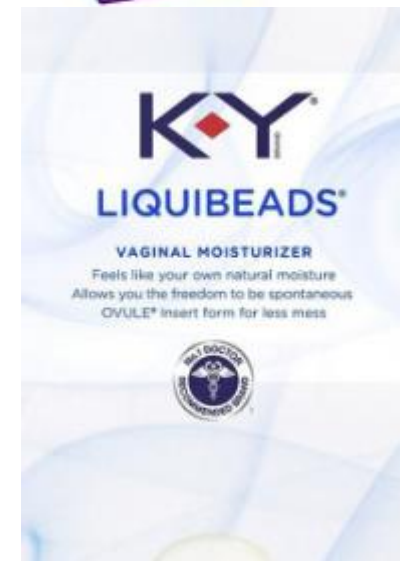
Then,

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- **Topical Treatments**
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- Laser Treatment
- Transcutaneous Electrical Nerve Stimulation
- Acupuncture
- Surgery

Vaginal moisturizers

- Bio-adhesive polymers attach to mucin and cells
- Carry 60x their weight in water
- Can be applied to vulva and inside the vagina
- Use 4-7x/week

Examples: Replens, Feminease, Luvena, Me Again, K-Y Liquibeads, K-Y Silk-E, Hyalo Gyn, Moist Again



Lubricants

	Water-based	Silicone-based
Pros	<ul style="list-style-type: none">- \$- Compatible with condoms- Safe with latex and silicone	<ul style="list-style-type: none">- Never dries out- Can be used in water- Better feel
Cons	<ul style="list-style-type: none">- Dries out quickly- Feels tacky- Some contain glycerin which may increase yeast	<ul style="list-style-type: none">- \$\$\$- Not compatible with silicone or rubber- Impairs sperm motility

Lubricants

	Water-based	Silicone-based
Examples	<ul style="list-style-type: none">- Astroglide (Liquid, Gel Liquid)- Good Clean Love- Jo H2O- Just Like Me- K-Y Jelly- Liquid Silk- Luvena- Pre-Seed- Slippery Stuff- Yes	<ul style="list-style-type: none">- Astroglide (Silicone, X)- Jo Premium- I D Millennium- K-Y Intrigue- ONE Move- Pink- Pjur Eros- Uberlube- Wet Platinum

Pharmacological (sorry, couldn't resist!) Topical Treatments

- Lidocaine 2-5%
- Gabapentin 6%
- Amitriptyline 2%
- Baclofen 2%
- Capsaicin (OTC may have alcohol, so avoid)

Can use patient-tailored combinations in various bases

Local compounding pharmacies:

- Healthway Compounding Pharmacy (mails Rx to patients)
- Clark Professional Pharmacy
- Pharmacy Solutions

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Dilation and Vibration

- Massage-like pressure to vulva and pelvic floor
- Decreases sensitivity of peripheral nociceptors
- Increases blood flow
- Can be used in the comfort of home
- Can be done alone or incorporated into sexual acts
- Inexpensive



Dilation and Vibration



NIH Public Access

Author Manuscript

Sex Relation Ther. Author manuscript; available in PMC 2011 May 3.

Published in final edited form as:

Sex Relation Ther. 2008 November 1; 23(4): 345–353. doi:10.1080/14681990802411685.

Patient perceptions of vulvar vibration therapy for refractory vulvar pain

Denniz Zolnoun^{a,*}, Georgine Lamvu^{a,b}, and John Steege^a

^aUniversity of North Carolina School of Medicine, Obstetrics & Gynecology, Chapel Hill, United States

^bFlorida Hospital, Obstetrics & Gynecology, Orlando, United States

- **72% response rate**
- **76% reported comfortable, but 50% reported painful**
- **45% reported treatment was embarrassing**
- **90% felt comfortable using it at home AND partner was supportive**
- **80% would have liked device from doctor**

- Over 80% felt vibration acceptable treatment
- Over 70% reported less painful and more enjoyable sex
- Over 80% overall satisfaction with plan to continue



Resources for Products

- Amazon
- Groupon
- A Woman's Touch
- Pure Romance
- Good Vibrations

www.sexualityresources.com

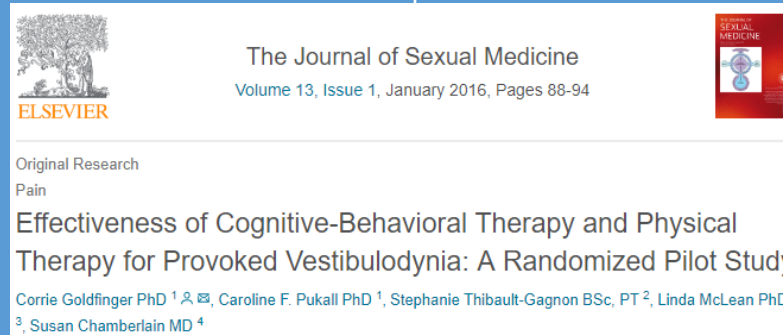
www.pureromance.com

www.goodvibes.com



Physical Therapy

Cognitive Behavioral Therapy



- Internal and external myofascial trigger point release
- Improve circulation
- Biofeedback
- Electrical stimulation
- Treat co-existing myofascial pain of hips, backs, gluteus, abdomen
- Home program plus meditation, guided imagery for neural down-regulation

- Validated and noninvasive
- Includes patient AND partner
- Education on how to cope with pain
- Pain diary helps develop coping strategies
- Partner behavior modification
- Addresses past trauma
- Sex therapy – emotional regulation, better communication, assertiveness, nonsexual intimacy, expand “sex”

Find a pelvic physical therapist

- Google “Michigan bowel physical therapist”
 - Physician Resources
 - Find a physical therapist

PHYSICAL THERAPY CONTACT LIST

Women's Health = Urinary Incontinence and Pelvic Pain

ALLENDALE

Spectrum Health Rehab & Sports Medicine

4868 Lake Michigan Drive

Allendale, MI 49401

616-391-7849 (Office)

616-391-7896 (Fax)

Stephanie Smit, MSPT

stephanie.smit@spectrumhealth.org

<http://www.spectrum-health.org/rehab>

Women's Health

Constipation

Accidental Bowel Leakage

ALMA

MidMichigan Medical Center - Gratiot

300 E. Warwick Dr.

Alma, MI 48801

989-466-3275 (Office)

989-466-7234 (Fax)

Women's Health

Constipation

Accidental Bowel Leakage

First, treat the atrophy

Then,

- Vulvar Care Measures
- Topical Treatments
- Physical Therapy
- Cognitive Behavioral Therapy
- **Laser Treatment**
- Transcutaneous Electrical Nerve Stimulation
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- Surgery

Laser Treatment Controversial

THE JOURNAL OF
SEXUAL MEDICINE
An Official Journal of The International Society for Sexual Medicine



Fractional CO₂ Laser Treatment of the Vestibule for Patients with Vestibulodynia and Genitourinary Syndrome of Menopause: A Pilot Study

Filippo Murina, Mickey Karram, Stefano Salvatore, Raffaele Felice

Volume 13, Issue 12, December 2016, Pages 1915-1917

- 70 patients: 37 vestibular pain, 33 atrophy
- 3 CO₂ laser treatments in 1 month
- VAS and Marinoff scale to evaluate
- 1/3 very improved, 1/3 improved, 1/3 no change
- More research needed



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

versus

Fractional Laser Treatment of Vulvovaginal Atrophy and U.S. Food and Drug Administration Clearance


Position Statement

Several media outlets have described fractional carbon dioxide (CO₂) laser as “approved” or “cleared” by the U.S. Food and Drug Administration (FDA) for the treatment of vulvovaginal atrophy (<http://www.medicaldaily.com/fda-approves-mona-lisa-touch-laser-vaginal-dryness-caused-vaginal-atrophy-313184>, <http://www.realself.com/question/seattle-wa-the-monalisa-touch- and-work>, and <http://blogs.webmd.com/womens-health/2015/07/how-to-treat-vaginal-dryness-in-menopause.html>). The purpose of this Position Statement is to advise obstetrician–gynecologists and patients that this technology is, in fact, neither approved nor cleared by the FDA for the specific indication of treating vulvovaginal atrophy.

At this time, ACOG and ISSVD advise AGAINST laser treatment

Transcutaneous electrical nerve stimulation

Transcutaneous Electrical Nerve Stimulation as an Additional Treatment for Women Suffering from Therapy-Resistant Provoked Vestibulodynia: A Feasibility Study

Marleen S. Vallinga, MD , Symen K. Spoelstra, MD, Inge L.M. Hemel, PT, Harry B.M. van de Wiel, PhD, Willibrord C.M. Weijmar Schultz, MD, PhD

Abstract

Introduction

The current approach to women with provoked vestibulodynia (PVD) comprises a multidimensional, multidisciplinary therapeutic protocol. As PVD is considered to be a chronic pain disorder, transcutaneous electrical nerve stimulation (TENS) can be used as an additional therapy for women with otherwise therapy-resistant PVD.

January 2015 Volume 12, Issue 1, Pages 228–237



Table 3. Status quo post-TENS based on the general questionnaire and a medical file survey (n = 31)

	Study population	%
Pain during sexual activity	23/30	77
Resumption of intercourse after TENS	19/31	61
Intercourse completely pain-free	2/19	11
Able to enjoy intercourse	15/19	79
Subject would recommend TENS to other women with PVD	27/31	87



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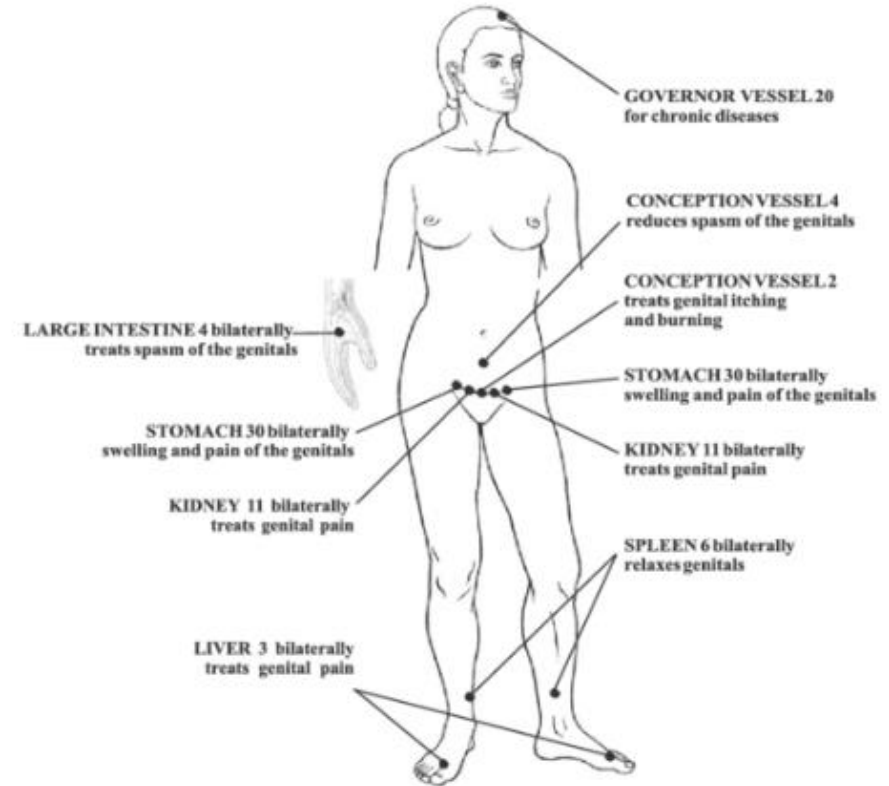
Original Research—Pain

Acupuncture for the Treatment of Vulvodynia: A Randomized Wait-List Controlled Pilot Study

Judith M. Schlaeger PhD, CNM, LAc *  , Nenggui Xu PhD †, Cheryl L. Mejta PhD ‡, Chang G. Park PhD §, Diana J. Wilkie PhD, RN, FAAN *

36 total women, 18 acupuncture, 18 usual treatment without sham

Reports of vulvar pain and *dyspareunia* were significantly reduced, whereas changes in the aggregate *FSFI* scores suggest significant improvement in *sexual functioning* in those receiving acupuncture vs. those who did not. Acupuncture did not significantly increase sexual desire, sexual arousal, lubrication, ability to *orgasm* or *sexual satisfaction* in women with vulvodynia.



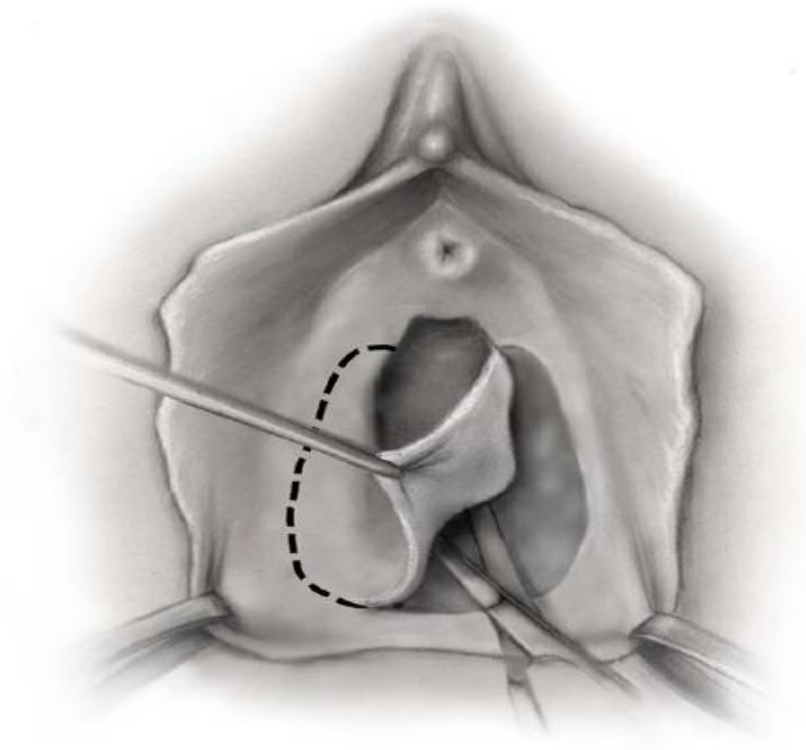
Standardized acupuncture protocol for the treatment of vulvodynia [13]; figure reprinted with permission from The Journal of Chinese Medicine

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- **Surgery**

Surgical Treatment



Surgery

- Only for patients who fail several other treatments
- For localized pain only
- Studies report 60-90% improvement
- In addition to surgical risks, can have worsening pain

Summary

- Vulvar pain is multi-factorial and treatment is difficult
- Must rule out other causes such as infection, dermatoses, cancer
- Utilize combination of pharmacological and non-pharmacological treatments
- In postmenopausal women, key is to treat the atrophy first
- There are many treatments to try prior to referring
- Remember, the goal is patient satisfaction and quality of life

The University of Michigan Center for Vulvar Diseases

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<https://medicine.umich.edu/dept/obgyn/patient-care-services/womens-health-library/center-vulvar-diseases/resources-providers>

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