Learning Objectives

At the end of this lecture, the participant will:

• Understand the surgical techniques used to treat localized vulvodynia
• Recognize that this is generally the last resort (other treatments have failed)
Important Thoughts Prior to Surgery

• Rule out vaginismus
• Determine area to excise
• ? Remove or conserve hymen
• Methods for hemostasis
• Undermining posterior and lateral vaginal walls
• Bartholin's gland ?
Classic Closure Technique

Classic Closure Technique
Newer Thoughts?
V to Y Flaps
Role of Vestibulectomy

• Use only when all else has failed?
• Use in selected patients?
  • Differentiate primary vs secondary vestibulodynia
Role of Vestibulectomy

• Use only when all else has failed?
• Use in selected patients
  • Differentiate primary vs secondary vestibulodynia

Results of Vestibulectomy

• Bornstein et al, 1995
  • Vestibuloplasty (0/10) v perineoplasty (9/11)
• Schneider et al, 2001
  • 83% moderate to excellent improvement
• Goldstein et al, 2006
  • 134 pts – 104 = 97 (93% satisfied / very satisfied
• Traas et al, 2006
  • 275 pts – 155: 93% coitus – 62% no pain
• Goetsch et al, 2007 & 2008
  • 111 pts: muscle therapy: 64% dyspareunia resolved
  • 133 pts: 119: 68% cured, 24% lessened
• Eva et al, 2008
  • 110 pts: 83% would recommend procedure
• Bohm-Starke & Rylander, 2008
  • 67 pts: 56% complete or major improvement
  ...

More Recent Articles on Vestibulectomy


- Eighty percent had less pain during intercourse
- Longitudinal incision of the mucosa and underlying muscle over a length of 4 cm and depth of about 1.5 cm


- 202 patients received modified vestibulectomy for localized provoked vestibulodynia (Mayo Clinic in Rochester, Minnesota)
- 115 patients returned the questionnaire
  - 71 patients had pain with tampon insertion, 52 reported attempting to insert a tampon after surgery
    - 90.4% noticed moderate to substantial improvement
  - Pain with sexual intercourse in 97.3% patients before surgery
    - 84.1% noted moderate to substantial improvement in their pain
- Modified vestibulectomy is a successful treatment for localized provoked vestibulodynia

• 31 patients
• Vestibulectomy is an effective treatment for vulvodynia
• For those with intractable pain, vestibulectomy is an appropriate next step after unsuccessful medical treatment

**Surgical Complications**

• Vestibule too tight
• Hematoma
• Separation
• Bartholin’s cyst
• Granulation tissue
• Surgical failure / persisting symptoms
What About Surgery for Other Forms of Vulvodynia?

What about the nerves?
Surgery in nongynecologic areas?


Neuromodulation with Sacral Nerve Stimulator

Modulation of efferent signals to spinal cord

Refractory pain in distribution of specific nerve root (S3 or S4)

Pudendal Nerve

Pudendal Nerve Entrapment

Rectum: symptoms
Perineum: symptoms
Clitoris: symptoms
Dellon AL. Pain with sitting related to injury of the posterior femoral cutaneous nerve, Microsurgery April 2015;35(6).

Neuroma vs. Compression of Branches of the Pudendal Nerve

<table>
<thead>
<tr>
<th>FEMALE</th>
<th>NEUROMA</th>
<th>COMPRESSION</th>
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<tbody>
<tr>
<td>PUDENDAL NERVE BRANCH</td>
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<tr>
<td>DORSAL</td>
<td>INJURY</td>
<td>CYCLING, ?PGAD</td>
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<td>PERINEAL</td>
<td>EPISOTOMY, VESTIBULECTOMY</td>
<td>CYCLING, SURGERY</td>
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<tr>
<td>RECTAL</td>
<td>HEMORRHOID SURGERY</td>
<td>INJURY</td>
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</tbody>
</table>
COMPRESSION DORSAL BRANCH PUDENDAL NERVE IN FEMALE: FEMALE (PERSISTANT GENITAL AROUSAL DISORDER)

Learning Curve

Dellon, AL, Coady, D, Harris, D,
Pelvic pain of pudendal nerve origin: surgical outcomes and learning curve lessons.
J Reconstr Microsurg, 31:283-290, 2015