Surgery for Vestibulodynia

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December 4, 2015

Conflicts of Interest

• Hope Haefner, MD has no conflicts of interest related to this topic
Learning Objectives

Role and evidence for surgical management
- Understand the surgical techniques used to treat localized vulvodynia (vestibulodynia)
- Recognize that this is the last resort (other treatments have failed)

Written Information Available:

University of Michigan Center for Vulvar Diseases (Google)
Then, click on Information on Vulvar Diseases
http://obgyn.med.umich.edu/patient-care/womens-health-library/vulvar-diseases
University of Michigan Center for Vulvar Diseases

There are many reasons for seeing a vulvar disease specialist at the University of Michigan Center for Vulvar Diseases, treating it is only part of the solution. Our medical primary approach is to all clients to receive the best care, from cutting-edge treatment options to education and counseling to meet every individual's needs.

The Center for Vulvar Diseases was created in 1993 to better serve and treat women with diseases of the external genitalia. Our center is one of only a handful of clinics that specialize in treating these conditions.

Our focus on the medical primary approach to help patients improve their health. We focus on the medical primary approach to help patients improve their health. This team approach allows us to provide a higher intensity of care to women who have already demonstrated a resilient and chronic illness in an unusual value condition.

Many women experience different forms of vulvar pain, including vulvodynia. Vulvodynia is pain on the lips of the vulva or upon intercourse with a normal appearing vulva. It is a burning, stinging, or tingling sensation. Some patients are unable to accept sexual penetration due to muscle spasms and tenderness. Other conditions associated with vulvar pain include:

- Lichen sclerosis or lichen planus—chronic inflammatory skin disorders
- Vulvar lichen planus—a chronic condition, often associated with a virus, the human papilloma virus (HPV)
- Hidradenitis suppurativa—a disease of the apocrine and sebaceous glands
- Bartholin's cysts—fluid-filled cysts at the base of the paraovary

Sociedad Latinoamericana de Patología Vulvar, April, 2015

The Lichens in Vulvovaginal Disease

The Lichens in Vulvovaginal Disease Handout

Hidradenitis Suppurativa Acne Inversa

Hidradenitis Suppurativa Handout

ACOG, May, 2015

Vulvar Diseases: What Do You Know?

Your Diagnosis Is

ISSVD Postgraduate Course, July, 2015

Your Diagnosis Is

Your Diagnosis Is Handout

ACOG District II New York October, 2015

Vulvar Disorders

SOGBA CONGRESS 2015 & ACOG 2015 Dec 4, 2015

Aspectos Clínicos del HPV

Manejo Quirúrgico de la Vestibulodinia

Vulvodinia
Psychological Concerns:

- Body Image / sexual self image
- Anger at one’s body- denial of pleasure
- Trauma of diagnosis
- Grief and loss
- Depression
- Lack of information
Prior to Surgery, Explore Relationship Issues

- No partner, new partner, abusive partner
- Lack of communication about sexuality
- Fear of partner reactions- disappointment, rejection, aversion
- Partner sexual dysfunction
- Partner avoidance fear of hurting patient

When to Perform Vestibulectomy

- Failed traditional treatments
- Specific dermal diseases ruled out
- Use in selected patients
  - Localized, provoked vestibulodynia
  - Differentiate primary vs. secondary vestibulodynia
  - Search for other pain syndromes
Surgical Objectives

- Undermining vaginal walls
- Methods for hemostasis
- Remove or conserve hymen?
- Dissection by knife, LASER or diathermy
How to Perform a Vestibulectomy
Previous Closure Technique

Previous Closure Techniques
Previous Closure Techniques

New Thoughts?
Results of Numerous Studies on Vestibulectomies

- 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

Results of Vestibulectomies (cont.)

- Goetsch et al., 2007 & 8
  - 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 and Rylander, 2008
  - 67 pts: 56% complete or major improvement
- Ingram 2015 ISSVD Biennial Meeting
  - 210 pts: 95% pain free, 10 failures (190 followed for at least three years)
Surgical Complications

• Bleeding (hematoma)
• Scarring
• Separation
• Bartholin’s gland/duct cyst
• Granulation tissue formation
• Chronic bladder pain
• Surgical failure/persisting symptoms
• Neuroma

Follow-up

• Eight week follow-up
• Coitus resumed minimum 8 weeks after surgery
Dilators May be Required
vaginismus.com

Lubricants

Lubricants can be essential

• Water based lubricants
• Silicone based lubricants
  *Avoid using perfumed or warming lubricants because of risk of irritation*
• Vitamin E
Theories Behind the Vestibulectomy Procedure

- Trying to find evidence for HPV in 1990s
Theories Behind the Vestibulectomy Procedure

- Inflammatory cells/Mast cells
- Nerve fiber proliferation
Nerve Fiber Proliferation in Vestibulodynia

- 8 controlled studies with significant increase of nerve fibers in the vestibular mucosa in women with LPV.
- Increased nerve fiber proliferation is found in both the epithelium and the stroma of the mucosa.
- ? Cause

Other Surgeries
Low-Level-Laser Therapy for the Treatment of Provoked Vestibulodynia:

A Randomized, Placebo-Controlled Pilot Trial

Ahinoam Lev-Sagie, Asia Kopitman and Amnon Brzezinski

Hadassah Hebrew University Medical Center, Jerusalem, Israel

LLLT
Results - Long term follow-up

- 8/14 (57%) patients in the LLLT group reported a consistent improvement one year after completion of the study:
  - 2 patients with “complete improvement” - maintained at the one year follow-up
  - 4 patients with “significant improvement” remained satisfied
  - 6 reported recurrence and requested additional treatment
  - 2 with “moderate improvement” eventually underwent a vestibulectomy.

- None of the patients reported side effects during the study.

Neuromodulation with Sacral Nerve Stimulator

- Modulation of efferent signals to spinal cord
- Refractory pain in distribution of specific nerve root (S3 or S4)
Peripheral Subcutaneous Vulvar Stimulation in the Management of Severe and Refractory Vulvodynia

- Provided relief in a patient who failed multiple treatments
- Suprapubic incision


Pudendal Nerve Decompression (Release)

Summary