

Female sexual dysfunction: Physiotherapy

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Pelvic floor dysfunction: who is at risk?

- Pregnant women
- Postnatal women
 - Instrumental delivery
 - 3rd or 4th degree perineal tear
 - Wound breakdown
- Peri- and post-menopausal women
- High body mass index
- Millennials / Generation Z

Pelvic floor dysfunction: weak vs overactive

WEAK

- Large hiatus
- Pelvic organ prolapse
- Stress / Urgency / Mixed urinary incontinence
- Faecal urgency +/- incontinence
- Flatal incontinence

OTHER

- Skin problems

OVERACTIVE

- Small hiatus
- Urinary urgency & frequency
- Voiding dysfunction
- Bladder pain syndrome
- Evacuation disorders
- Sexual dysfunction
- Pain with tampons / smear tests?
- Endometriosis?
- IBS?

6 week postnatal check: opportunity for education

- Pain?
- Stitches?
- Bladder function?
- Bowel function?
- Return to sex?

Case 2: Ms EM age 35

- Referral from Dr Mears
- Clinical impression – vaginismus
- Examination
 - fear and anxiety
 - tenderness on palpation of her pelvic floor muscles

Physiotherapy: Subjective Assessment

- Similar to MSK physiotherapy
- Pain – where, when, aggs, eases....
- Bladder & bowel function
- Gynaecological history
- Obstetric history
- PMH
- Medications
- Social history

Pelvic floor assessment:

LISTEN

LOOK

FEEL

Pelvic floor assessment: findings

- Tender 4-7 o'clock in vestibule
- Overactive deep pelvic floor muscles
- Needs verbal cues to relax fully

Clinical impression

- Vaginismus
- Pelvic floor muscle dysfunction – overactivity
- +/- central sensitisation
- Anxiety

Patient's Goal

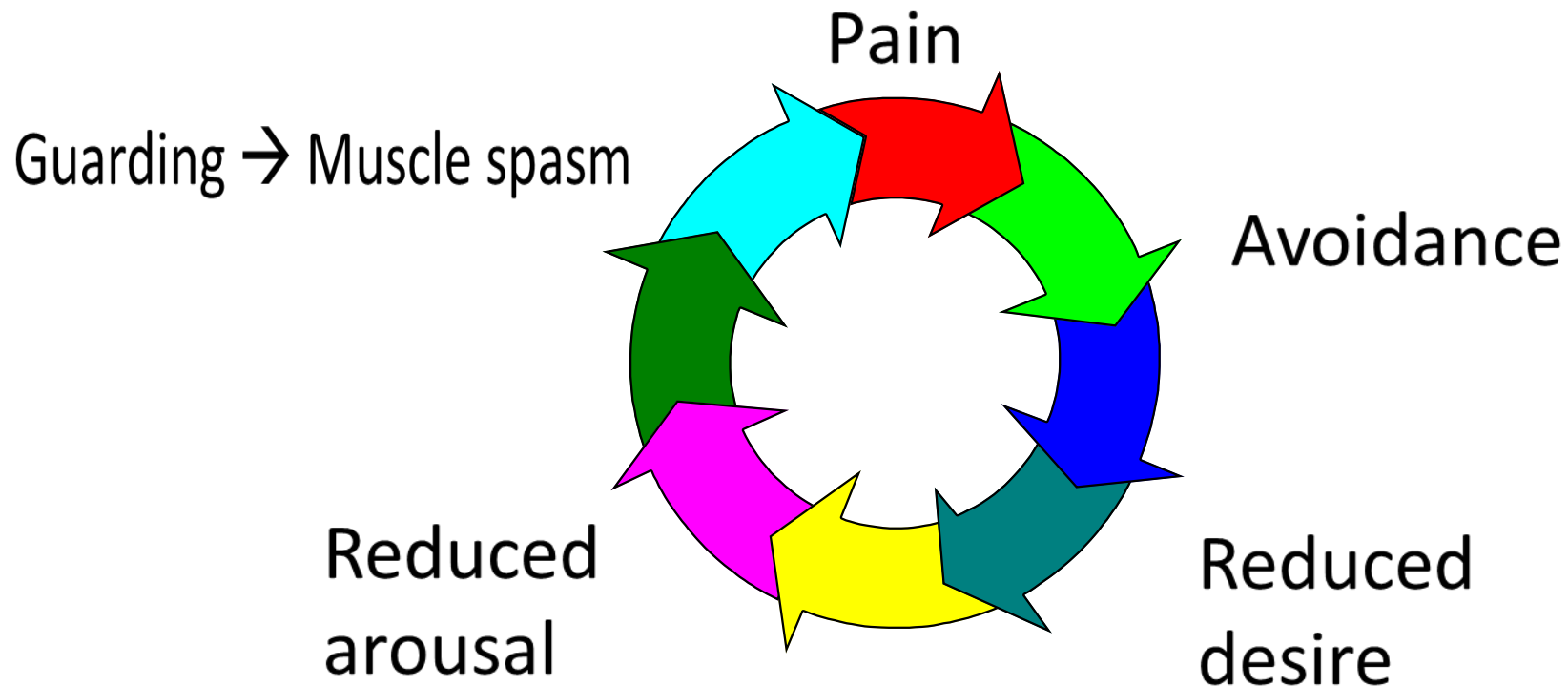
“To have sex with no pain”

Make it SMART

(SPECIFIC, MEASUREABLE,
ACHIEVEABLE, REALISTIC,
TIMED)

Physiotherapy Treatment

Where to start? - physical vs psychological?



Physiotherapy Treatment

- Educate & empower – pain, ‘normal’ sex, pleasure, self exploration
- General relaxation, e.g. mindfulness, hobbies, lifestyle
- Pelvic floor muscle relaxation
 - stretches – local / global
 - biofeedback

Physiotherapy Treatment

- Breathing techniques
- Self massage (using hands, ball, partner) / desensitisation
 - External
 - Internal
- Vaginal trainers / sex toys
- Lubricant advice
- Acupuncture?

Physiotherapy Treatment

- Musculoskeletal involvement?
Lumbar spine? Hips? Pelvis?
- manual therapy
- exercises - stretching /
strengthening

Physiotherapy: is it effective?

- Research limited
- Clinical data collection (August 2016 – May 2018)
 - 153 patients
 - 82 completed treatment
 - Subjective rate of improvement (%):
 - Average = 66%
 - Mode = 80%
 - Min = 0%
 - Max = 100%



Physiotherapy: is it effective?

- Outcome measures (28 patients):
 - VAS – 64% improved
 - Vulvodynia Pain Score – 85% improved
- Number of appointments = average 4
- Duration of physiotherapy = average 28 weeks



Thank you for listening

Any questions?