



SEXUAL HEALTH

Vaginal Dilators: A guide for health care professionals

These therapeutic medical devices can be used by patients to effectively treat pelvic pain and anxiety related to intercourse.

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Vaginal dilators are an effective medical treatment for women experiencing pelvic pain and pain during intercourse and have demonstrated clinical success for over 75 years. These

devices (alternately known as vaginal trainers) are inserts of progressive diameter used to stretch the vagina, decrease pain, and reduce anxiety related to intercourse (Table 1). Dilators are prescribed by a diversity of medical health care professionals, including ob/gyns, pain specialists, pelvic floor physical therapists, nurse practitioners, counselors, and psychologists. Vaginal dilation also is standard of care for treatment of postoperative male-to-female transgender patients who wish to maintain the patency of the neovagina. Proper usage is thought to recondition and facilitate an adaptive body/brain connection to eliminate anticipatory anxiety and pelvic discomfort or pain that women often experience in anticipation of intercourse.

more than 2 years, and 52% had seen more than 3 clinicians before they began dilator therapy.¹ A major hindrance to timely care is patient apprehension about discussing intimate issues with anyone, including their medical professional. Health care professionals are often remiss in discussing sexual pain syndromes, and such problems often go unaddressed at the clinical visit. Additional barriers to effective assessment include poor communication skills, time constraints, and reimbursement considerations. Many women being treated with vaginal dilators have self-diagnosed their condition and sought over-the-counter treatments. Liu et al published a survey by one manufacturer showing that 70% of women who purchased their dilation device used it without direct guidance from a clinician.¹ Some information on self-directed treatment of pelvic pain conditions is available directly to consumers in online blogs, mes-



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Barriers to dilator use

According to a survey of 239 dilator users, 56.8% of women had suffered for

sage boards, and video-sharing sites. In addition, dilators may play a role in sexual pleasure, and some women report improved sensuality and sexuality after use. Minimal published scientific data are available concerning dilator use. Studies are lacking on evaluation of optimal treatment protocols, but a brief report about current dilator usage is appropriate for ob/gyns.

Summary of published data

Liu et al¹ summarized recently published dilator research in a review article, “*Vaginal Dilators: Issues and Answers*” in the scientific journal *Sexual Medicine Reviews* and noted that the most frequently published data describe treatment of postmenopausal women who also have a diagnosis of genitourinary syndrome of menopause and or dyspareunia. Several studies also show high rates of dyspareunia in breast, gynecological, and colorectal cancer survivors, especially among those who have received brachytherapy in the pelvic region. These studies show that many of these patients can benefit from dilator use in sexual rehabilitation. However, optimal protocols for dilator use frequency and duration of dilator sessions remain to be determined and confirmed in scientific literature.²

Dilator characteristics

Vaginal dilators have historically been cylindrical medical devices that sequentially increase in diameter and or length. They are placed within the vagina to help expand vaginal tissues that may be contracted due to vaginal atrophy, increased pelvic muscular spasm, or exogenous fibrotic damage due to chemotherapy or brachytherapy. By therapeutically stretching tight

Table 1

Some medical conditions treated adjunctively with vaginal dilators

- Sexual pain syndromes
- Post-chemotherapy conditions for cancer survivors (vaginal dryness/irritation)
- Post-radiation condition for cancer survivors (vaginal fibrosis)
- Pelvic floor hypertonus
- Genitourinary syndrome of menopause
- Vulvar vestibulitis
- Provoked vestibulodynia
- Genitopelvic pain-penetration disorder
- Medication-induced vestibular pain syndrome
- Dyspareunia
- Vaginal stenosis
- Vaginal agenesis
- Neovaginal reconstruction to maintain patency

fibrotic tissues, these devices facilitate relaxation of the vaginal lining.³ Ultimately, consistent use of dilators may help a patient reclaim pelvic floor relaxation and provide a method of behavioral modification.⁴ Often referred to as vaginal trainers, dilators remain an integral part of the overall medical treatment plan for a wide variety of genito-pelvic medical conditions. They may be made from materials including but not limited to medical grade plastic, latex, glass, and silicone. They may also have special additive features (Table 2). Head-to-head clinical studies comparing different types of dilators have not been completed. Factors that influence health care professional dilator choice include ease of patient use, affordability, material, and durability.

Incorporating dilators into the treatment paradigm

Compliance with dilator use remains

low, and some studies report adherence rates below 25%.³ Poorly defined intervals, limited dilator sizes, and difficulty with progressing from one size to another remain challenging obstacles.⁵ Oelschlager et al⁶ discussed vaginal dilator therapy in patients with vaginal agenesis and reported a comprehensive treatment paradigm. Patient readiness for dilation and high patient motivation for dilation are predictive of compliance and success. In addition, the authors outlined a comprehensive plan for patient education and instruction concerning dilators: Patients should be advised to void before dilating, lay in a semi-recumbent position and use the devices with lubricant and/or topical lidocaine ointment if they experience pain. Health care professionals should confirm that patients have an awareness and understanding of their own pelvic and vaginal anatomy. More frequent dilation (2 to 4 times per day) was reported as a variable linked to a higher rate of anatomic success compared to dilation only once daily. Henceforth, the authors encourage patients to dilate as frequently as possible. Alternately, in the launch data from the Milli™ dilator survey, patients who dilated between 15 to 20 minutes reported the greatest reductions in anxiety and pain. It appeared that 15 to 20 minutes was the optimal dilation duration for success. In addition, activities that seemed to distract the patient, including television watching, deep breathing, or relaxation techniques, were associated with large reductions in pain and anxiety.¹ Patients who were encouraged to use their dilators before coitus had reduction in pain and anxiety. Although there is no current consensus in the field, many sexual medicine experts

recommend that their patients dilate at minimum 3 times a week for no longer than 10 to 15 minutes per session to prevent patient/dilator burnout. Best practices include provision of detailed dilator instructions regarding position, interval, and duration of use, followed by close surveillance and fre-

quent follow-up visits with the health care professional. A multidisciplinary approach to the management of these complex gynecological problems is often best served with a multimodal treatment paradigm, including cognitive behavioral therapy, mindfulness, biofeedback, rhythmic breathing, vag-

inal and systemic medications, and training to decrease anticipatory anxiety. Genito-pelvic floor physical therapists are an important and integral component of the treatment schema and should be actively involved in the treatment plan.⁷

Name	Material	Sizes	Special Features
Soul Source www.soulsource.com	Silicone	12.7 – 41 mm - 8 different sizes, comes in set of 4	<ul style="list-style-type: none"> One specific for genital reassignment surgery (GRS) Rigid polyurethane Stable -49°F to 158°F. Can be chilled or used at room temperature
VuVatech www.vuvatech.com	Silicone	12.7 – 38 mm - set of 5	<ul style="list-style-type: none"> Graduated dilators with and without magnetics. Each vaginal dilator set contains over 60 Neodymium magnets.
Intimate Rose www.intimaterose.com	Silicone	11.5 – 38 mm – Set of 8	
She-ology www.cmtmedical.com	Silicone	12.5 – 30 mm - set of 5	Wearable - small handle Allow for gentle dilation of tight and painful pelvic floor muscles.
Inspire www.easycomforts.com	Silicone	12.5 - 32.5 mm - set of 5	
vaginismus.com	Hard plastic <ul style="list-style-type: none"> medical-grade plastic BPA, Latex, Phthalate free 	15 – 38 mm - set of 6	Ergonomic solid-lock handle
Berman drlauraberman.com	Hard plastic	19 – 38 mm – set of 4	Has ribbed attachment and optional vibration
Syracuse www.cmtmedical.com	Hard plastic	13 – 35 mm - set of 7	
Ameille amielle.com	Hard plastic	15 – 35 mm set of 5	
Cool Water Cones www.coolwatercones.com	Hydrocoloids	3 different cone sizes	Cone-shaped, can be frozen, no lubricant needed
Milli https://milliforher.com/	Silicone Cover	15 – 40 mm expandable every mm	User can expand 1 mm at a time, optional vibration

Adapted from "Vaginal Dilators: Issues and Answers."¹

Conclusion

Dilators are an important, adjunctive mode of treatment for women with pelvic or sexual pain syndromes. They continue to be underutilized and under-prescribed. Future research should focus on optimal frequency and duration of dilation sessions needed to achieve the desired clinical outcome, while minimizing patient noncompliance. Comparative studies with validated outcome measures comparing dilators of varying materials should be conducted. Such research will help physicians guide their patients toward effective, evidence-based dilator therapy to help mitigate anticipatory anxiety with painful intercourse and accelerate return to coitus. ■

FOR REFERENCES VISIT
contemporaryobgyn.net/dilators



VAGINAL DILATOR THERAPY

Michael L. Krychman, MD, shared his sexual health expertise and discussed vaginal dilator therapy as an underutilized and under-prescribed method of treatment for pelvic and sexual pain syndromes.

Watch the interview online at:
contemporaryobgyn.net/VaginalDilators

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