

Department of Genitourinary Medicine

Patient Information

The Information Standard 

Information

If you need this information in large print, easy read, on audiotape or in another language please call 0800 7838058 or e-mail pals@dchft.nhs.uk

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Publication Date: 07/16
Review Date: 07/19

Does sex cause you pain?

In women, feeling pain during sex is called dyspareunia. It is extremely common; most sexually active women experience it at some time in their life. This leaflet explains the causes of dyspareunia and what can be done to help.

What is dyspareunia?

- Dyspareunia means “pain during sex”. This can be
- Superficial dyspareunia - where the pain is felt at the entrance to or inside the vagina
- Deep dyspareunia - where the pain is felt inside the belly with thrusting of the penis.

What causes dyspareunia?

Superficial dyspareunia can be caused by:

- vaginal infections such as candidiasis (thrush)
- skin conditions involving the vulva or entrance to the vagina
- dryness of the vagina due to lack of oestrogen - this often occurs during breast-feeding or around and after the menopause
- dryness of the vagina during sex - this may be due to insufficient arousal.
- involuntary spasm or tightness of the muscles of the vagina during sex
- irritation or hypersensitivity of the nerve fibres in the vulval skin, which then translate normal sensations as pain (called vulvodynia)
- a past history of sexual abuse or trauma

Deep dyspareunia can be caused by problems affecting any of the organs within the pelvis (i.e. the womb, tubes, ovaries, bladder, and bowel). Common causes are:

- pelvic inflammatory disease (PID)
- pelvic adhesions or scar tissue, usually following infection or surgery
- endometriosis
- irritable bowel syndrome or other bowel problems
- irritation or hypersensitivity of the nerve fibres in the pelvis, which translate normal sensations as pain
- spasm of the pelvic floor muscles
- pain related to sexual position
- a past history of sexual abuse or trauma

Whatever the cause of dyspareunia, both physical and psychological factors play a part.

- If you experience pain just once during sex it is hard not to expect pain the next time you attempt to have sex.
- This anticipation of pain can make you tense and dry, both of which may cause sex to be painful.
- This can result in a vicious circle, putting you off having sex, even if the problem which initially caused the pain has resolved.

How is dyspareunia treated?

Treat the underlying physical causes

- Some conditions can be cured, often with cream or tablets; others are more difficult to treat.

Talk about it

- Talking to your partner about the problem, and reading self-help books together, can be helpful.
- If you have a past history of sexual abuse or trauma, psychosexual counselling may help. You can be referred for counselling by your GP or sexual health clinic.

Try a different sexual position

- Sometimes deep thrusting can cause pressure on the ovary, which can cause pain that is similar to hitting a man's testicles. This is particularly common at the time of ovulation.
- Try different positions—it may be more comfortable sideways or with you on top.

Increase lubrication

- Increasing clitoral stimulation before penetration may help.
- Use a lubricant before starting to have sex. KY jelly is absorbed very quickly; we recommend trying lubricants such as TLC (Pasante), Sensilube (Durex) and Sylk, which are water-based and non-irritant, but last longer than KY.
- Don't use flavoured condoms or perfumed lubricants, as these can irritate. Oil-based lubricants such as Vaseline can damage latex condoms.
- Dryness of the vagina associated with the menopause is best treated with replacement oestrogen. This can be given as HRT, or locally as vaginal pessaries or cream.
- Replens is a vaginal lubricant that provides moisture for the vagina for up to 3 days.
- A topical anaesthetic such as Instillagel may help. Apply this a little while before sex, to allow it to be absorbed so that it numbs you but not your partner, and use additional lubrication as well.

Break the vicious cycle

- This is best done by you and your partner temporarily stopping the situation which causes pain - i.e. penetration of the penis.
- Avoiding penetrative sex for a few weeks will take the pressure off you, so that you do not expect pain (whether consciously or unconsciously) every time you have sexual contact.
- During this time it is important that you do not avoid all sexual contact; you and your partner must keep cuddling and caressing each other, and make each other come by touching or kissing the genitals.

Take control

- When you do start to have penetrative sex again, it is important that you are in control of it, so that you can immediately stop anything that causes you pain.
- Use extra lubricant (see previous)
- Don't allow penetration unless and until you are ready (anyway sex is often more fun if penetration is delayed!)
- Hold the penis to guide it inside you
- Try different positions (see previous)

Where can I get more information?

- For confidential, expert advice and treatment, contact the Department of Genitourinary Medicine.
[Tel \(01305\) 762 682 for an appointment](tel:01305762682)
- The Vulval Pain Society provides information on vulval conditions, advice and self-help for sufferers, and links to other websites and support groups.
www.vulvalpainsociety.org
- The College of Sexual and Relationships Therapists (cosrt) provides information on sexual difficulties, advice and links to self-help books and other websites.
www.cosrt.org.uk
- The Institute of Psychosexual Medicine provides similar information and links.
www.ipm.org.uk
- The Sexual Advice Association has a wide range of excellent factsheets on sexual difficulties, and also has a helpline.
www.sexualadviceassociation.co.uk
- Endometriosis UK lists local support groups.
www.endometriosis-uk.org

Other leaflets in this series

The following information leaflets can be obtained from the Department of Genitourinary Medicine:

Vulval skin care
Recurrent vulvovaginal candidiasis
Pelvic inflammatory disease