Vaginal dilators and sexuality after cancer treatment
Disclaimer
This is general information developed by The Ottawa Hospital. It is not intended to replace the advice of a qualified health-care provider. Please consult your own personal physician who will be able to determine the appropriateness of the information for your specific situation.

Thank you to many individuals who contributed to the development of this booklet.
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Introduction

Dear patient,

Cancer treatment can be difficult and sometimes overwhelming. This booklet is designed to help you 1) understand how to use a vaginal dilator and 2) understand the potential impact of cancer treatment on your sexuality. Many women report vaginal changes after cancer treatment. These changes can cause difficulty with pelvic exams and sexuality during and after treatments. We do believe that using a vaginal dilator is an important part of recovery for most women like you.

Although using a vaginal dilator may not seem important to you at first, this is an important part of your recovery. Women who are well informed, are more likely to use vaginal dilators as recommended. They are also better able to adjust to possible changes in their sexual lives. If you have a partner, he/she may find it helpful to learn about your treatment and its impact on sexuality.

We encourage you speak to your health care team about your concerns, so we can help you address them.

The female anatomy

The vulva is made up of the clitoris, labia majora and minora (inner and outer lips), and the entrance to the vagina.

The labia minora (inner lips) surround the entrance to the vagina and the opening of the urethra. The urethra carries urine from the bladder. This area has a lot of nerve endings and a rich blood supply that causes it to swell and darken in colour with sexual excitement.

The clitoris has the highest number of nerves in the human body. A small part of the clitoris is visible on the outside (the size of a pea). A small fold of skin (from the labia) covers the larger part of the clitoris. This fold of skin looks like a hood. The clitoris also swells with sexual excitement.
Most female sex organs are inside the body, like the vagina and the cervix.

The vagina is a tube about three to five inches long. The mucus membrane (skin inside the vagina) produces a fluid to keep the vagina moist. The vagina is not very sensitive because it does not contain many nerve endings. There are more nerves at the entrance of the vagina then deeper inside. The walls of the vagina touch each other in its normal resting state.

The cervix lies at the top of the vagina; it is the entrance to the uterus. The uterus is a muscular organ about the size of a pear. The cervix also makes a fluid that lubricates the vagina. The fallopian tubes extend from each side of the uterus toward the ovaries. The ovaries produce eggs and hormones. Eggs travel in the fallopian tubes from the ovaries to the uterus.
What are the effects of radiation therapy to the female anatomy?

Radiation is successful in treating cancer. However, all cancer treatments have side effects. Understanding them will help you deal with them. Radiation affects each individual differently. It depends on the dose and length of treatment. Radiation to the pelvis may cause early and late side effects.

Depending on the specific type of treatments you receive, you may be sexually active during radiation. However, vaginal penetration is to be avoided in certain cases. Your oncology team will advise you. Women should also avoid penetration if this is uncomfortable.

Pelvic radiation can cause:
• Damage to your ovaries and lead to hormonal changes.
• Scar tissue in the vagina with tightening and decreased elasticity.
• Skin changes to your vulva (swelling, redness, peeling, blistering, color changes, loss of pubic hair).
• Feelings of exposure and vulnerability during procedures/examinations.
• Feelings of fear and embarrassment about resuming sexual intimacy.

The most common side effects include:
• **Stenosis of the vagina:**
  Radiation treatment to the pelvis may cause the vagina to become dry. Scar tissue can form, and make the vagina narrower and shorter. This is called vaginal stenosis. This can lead to:
  - Difficult vaginal examination
  - Uncomfortable or painful vaginal penetration (this is called dyspareunia)
  - Spotting (small amounts of blood) following vaginal penetration

• **Loss of ovarian function:**
  The ovaries will no longer produce hormones or will produce less hormones. This can lead to:
  - Amenorrhea (no menstruation)
  - Premature (early) menopause
  - Vaginal dryness
  - Decreased libido (sexual desire)
• **Changes to who you are sexually (sexual identity),** which can lead to:
  - Change in how you see yourself (altered body image) and how you feel about yourself (self-esteem)
  - Feeling vulnerable
  - Changes in your intimate relationships

### Why do I need to use a vaginal dilator?

Using a vaginal dilator can prevent or treat the possible narrowing or shortening of the vagina (vaginal stenosis).

*Using a vaginal dilator will:*
  - Help prevent vaginal stenosis.
  - Help to keep the tissue in the vagina more elastic.
  - Help break down scar tissue in the vagina that may have formed.
  - Help make medical exams of your vagina more comfortable and easier. Exams are done to detect a recurrence of cancer.
  - Help prevent/decrease uncomfortable penetration during sex.

### What is a vaginal dilator?

A vaginal dilator is a tube-shaped device that allows you to slowly stretch the vagina. Vaginal dilators can be made of firm plastic or silicone (see image).
At the end of treatment you will be provided one or two dilators. Start with the size that feels comfortable and is not too loose. Use a larger size when you no longer feel stretching from the smaller size.

Alternatives to using vaginal dilators:
- Sexual intercourse (with vaginal penetration) is also a good way to prevent vaginal stenosis. You may want to use the dilator a few times before having intercourse.
- Some women prefer to use vaginal vibrators; they are sometimes softer and “less medical”. You can buy vibrators in sex shops or on the internet.

**When should I use the dilator?**

*When do I start?*
Start using a dilator or having sex (with vaginal penetration) two weeks after you have finished radiation therapy. If you have pain in and around your vagina, wait one week and try again. Scarring of the vagina occurs as the vagina is healing. Therefore, you should start using the dilator no more then four weeks after your treatment is finished. Speak to your oncologist or nurse if you have questions or concerns about using a vaginal dilator.

*When can I stop?*
We suggest you use a vaginal dilator until you are having regular intercourse (vaginal penetration weekly) without pain. Women who are not sexually active should use a vaginal dilator until pelvic exams are comfortable; or as specified by your doctor.

*How often should I use a dilator?*
We know that women who regularly use vaginal dilators have less vaginal stenosis. We suggest you use a vaginal dilator at least weekly. Using it more often (like 2 to 3 times a week) may be better.

**How do I use a vaginal dilator?**

*Follow these step-by-step instructions when using your dilator:*
1. Choose a quiet time of the day when you will not be disturbed.
2. Find a private and comfortable place where you can relax. Some women use their dilators in the shower or bath.
3. Wash the dilator with warm water and mild unscented soap. Rinse well before use.
4. Cover the rounded end of the dilator with a water soluble lubricant. You may also wish to apply lubricant around the opening of the vagina.
5. Lie down on your back with your knees slightly apart and bent, or stand with a leg raised on the side of the bed or bath to insert the dilator. **Try to keep your buttock (bum) and abdominal muscles relaxed and don’t hold your breath.**

6. Put the dilator in by pulling the lips of your vulva (labia) apart. Slide the round end of the dilator into your vagina.

7. Insert the dilator as deeply as is comfortable, without forcing the dilator. Try to reach the top of the vagina.

8. If you have pain, stop and try using a smaller size.

9. Once the dilator is inside your vagina, move the dilator to gently stretch it in all directions.

10. Use the dilator for five minutes each time. Practice doing pelvic floor exercises (Kegel) while the dilator is in your vagina. See page 9.

11. Remove the dilator by slowly.

12. Wash the dilator with warm water and mild unscented soap. Rinse well, dry and store in a clean, dry place. The dilator does not need to be sterile.

**Note:** You may require different sizes as you progress with vaginal dilation.

You can purchase a complete vaginal dilator set:
- Online: www.vaginismus.com/products/dilator_set or call toll free 1-888-426-9900
- Venus Envy (an education-oriented sex shop)
  - www.venusenvy.ca. 320 Lisgar Street, Ottawa 613-789-4646

Vaginal dilators are not covered by OHIP. Check with your insurance company to see if they provide coverage and if a prescription is needed.

**Is bleeding normal after I use a dilator or have sex?**

Small amounts of vaginal discharge and blood staining is not uncommon after using a dilator or having vaginal sex. This should decrease as the vagina begins to stretch. Spotting following sex or vaginal dilation may continue for months to years. Use sanitary pads, do not use tampons for the **first few weeks** after radiation. Tampons may increase irritation and the risk of infection in your vagina.
<table>
<thead>
<tr>
<th>What you may experience</th>
<th>What you should do</th>
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<tbody>
<tr>
<td>Moderate amount of bleeding.</td>
<td>Call your patient designated nurse (PDN) to make an appointment with an appropriate health-care provider.</td>
</tr>
<tr>
<td>Bleeding when you have <strong>NOT</strong> used the vaginal dilator</td>
<td>Call your patient designated nurse (PDN) to make an appointment with an appropriate health-care provider.</td>
</tr>
<tr>
<td>Heavy bleeding or bright red bleeding that is soaking one menstrual pad (not a panty liner) in an hour.</td>
<td>Go to your nearest emergency room.</td>
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<tr>
<td>A lot of pain or inability to insert the dilator or have sex.</td>
<td>Call your patient designated nurse (PDN).</td>
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<tr>
<td>Signs of an infection (vaginal itching, fever, vaginal discharge with a strong odor or abdominal pain).</td>
<td>See your family doctor or call your patient designated nurse (PDN).</td>
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</table>

**What do my pelvic floor muscles have to do with it? What do I need to know?**

Pelvic floor weakness can lead to one or more of the pelvic organs (bladder, uterus or rectum) to drop down. You can have weak pelvic muscle for many reasons, such as:

- vaginal child birth
- hysterectomy (removal of the uterus)
- radiation therapy
- getting older.

This can cause discomfort during sex. Women can also leak urine (incontinence) because of weak pelvic floor muscles. However it is important to know that women can also have pain during sex or leaking of urine if their pelvic floor muscles are too contracted. Kegel exercises can help improve bladder control (see page 9 for more information on how to do Kegel exercises).
Where are my pelvic floor muscles?
The pelvic floor is made of muscles and connective tissues. The pelvic floor attaches to the pubic bone in front and to the coccyx bone in the back. The pelvic muscles lift the pelvic organs and keep them in place. Pelvic floor muscles work to close the opening to your rectum (anal sphincter) and opening to your bladder (urethral sphincter).

Before trying Kegel exercises, first try to find your pelvic floor muscles. This is not required to perform Kegel exercises.

To find those muscles, insert a clean finger into your vagina and tighten the muscles around it. Take a deep breath. When exhaling, use your vaginal muscle to squeeze around your finger.

This will help you feel a lifting of the internal pelvic floor muscles. Then focus on relaxing the muscles fully.

What are Kegel exercises, and how do they work?
Kegel exercises consist of squeezing and relaxing your pelvic floor muscles. They may help:
• keep these muscles strong
• increase blood flow
• promote tissue healing and regeneration of the tissues
• decrease the risk of leaking of urine
• learn how to relax your pelvic floor muscle for exams and penetration.

**But only if you are able to relax your pelvic floor muscles completely.**

Many women start doing Kegel exercises without knowing where their pelvic floor muscles are. Women can end up squeezing the wrong muscles in the wrong way. Kegel exercises may help women who have true muscle weakness.

**How to do Kegel exercises?**

• Place your hands on your abdomen when doing Kegels to make sure you are tightening your pelvic floor muscles and not your abdominal muscles. You should not feel your abdominal muscles tightening.

• Start by squeezing and holding your pelvic floor muscles as hard as you can for a count of three to five seconds, then release and relax for five seconds.

• Start by doing five repetitions (squeeze/hold/release).

• Every few days increase both the length of time you hold the squeeze, and the number of exercises per repetition.

• Try to work up to a point where you can squeeze, hold for ten seconds, release, relax for ten seconds, and repeat ten times (10-10-10).

• It’s a good idea to squeeze your pelvic floor muscles during activities that normally cause them to be weakened like coughing, sneezing, heavy lifting or pushing.

• Try not to bear down or strain, especially during a bowel movement.

• Consciously try to relax your pelvic floor muscles when using your dilators and during sex to facilitate penetration.

*If you have difficulty finding your pelvic floor muscles or you are not sure you are squeezing the right way, you may need help from a pelvic physiotherapist.*
How else can cancer treatments affect my sexuality?

The hormones (estrogens, progesterone, and testosterone) produced by your ovaries are important for sexual function. Women have higher levels of estrogen and progesterone than men and lower levels of testosterone. Yes, women make testosterone!

Estrogen circulates in the blood stream and affects many tissues throughout the body including not only the vagina, cervix, uterus and breasts; but also the brain, bones, liver, heart and many other tissues. Estrogen is important for vaginal health due to its effect on the thickness and elasticity, lubrication and acidity of tissues.

Certain women may benefit from hormone therapy to help decrease symptoms (hot flushes, night sweats, sleep disturbance, mood changes) that impact their quality of life. Not all women can use hormone therapy. The decision to use hormone therapy is shared between the woman and her doctors. It will depend on her cancer, the severity of symptoms and the benefit and risks of hormone therapy. Symptoms can also be managed using non hormonal therapy.

The brain and thoughts

The brain is an important sex organ. This is where sexual thoughts, fantasies, and desire start. The interpretation of sensations (good or bad) happens in the brain. A woman has many reasons to initiate or agree to sex. Many women report that while pleasurable, orgasm is not necessary for them to feel sexually satisfied.

Cancer and its treatments affect how women see themselves (body image) and how they feel about themselves (self-esteem). This includes the women’s physical, emotional, spiritual, and sexual self.

Sexuality is not limited to sexual intercourse. Sexuality includes other ways of expressing yourself like touching and kissing. Sexuality or intimacy includes the physical and emotional closeness you share with another individual. How you feel about yourself and how you feel about your body are important parts of how you define your own sexuality. Most importantly, the impact of cancer and treatments should not take away from your sense of self.
**Other issues**

Many other issues related or not to your cancer or treatment can also have an impact on your sexuality. Your partner’s emotional and physical well-being can also have an impact on your relationship and your sexuality. Talking with your partner about all of these is important. Open communication can help in making sex more pleasurable.

If you have any concerns or would like to talk to someone about this, contact the Psychosocial Oncology Program or speak to your health-care provider about your concerns.

**Resources**

*Some women may require the assistance of other health care team members. This may be needed if you are having problems using the dilator, have pain, or you are having trouble with sex.*

**The Menopause clinic at the Shirley E. Greenberg Women's Health Centre (SEGWHC):** The clinic is located at the Riverside Campus of The Ottawa Hospital. It is a centre of excellence in women’s health. You can get more in depth information and advice about menopausal symptoms by attending one of the Menopause Information Sessions at the Women’s Health Centre (Riverside Campus). For dates and times, please visit: http://www.ottawahospital.on.ca/

**Psychosocial Oncology Program: 613-737-7700, ext. 70516 (General Campus) or ext. 25200 (IGFCC).** If you need help with dealing with some of your concerns or feelings regarding your sexual health and would like to talk to someone contact the Psychosocial Oncology Program.

**Advance Practice Nurse, Gynecological Cancers:** She is a resource to women with gynecological cancers in the post treatment period (survivorship). She conducts assessment and counseling to women about sexuality and other survivorship concerns. Ask your oncologist or nurse for a consultation.

**Pelvic physiotherapist:** Physical therapists with experience in pelvic floor problems. They can identify issues like abnormally high muscle tone or spasm, poor contraction-relaxation cycles, and instability within the pelvic floor muscles. Pelvic physical therapy is not covered by OHIP. Be sure to call your insurance company to find out if this can be reimbursed and if it requires a medical prescription.
| Booklets | Sexuality and Cancer: a guide for people with cancer  
A 44-page booklet providing information about sexuality after cancer.  
Produced by the Canadian Cancer Society, 2006.  
Canadian Cancer Society Publications |
| --- | --- |
| Books and Other Resources – Ninon Bourque Patient Resource Library | Cancer in two voices.  
Sandra Butler. 1996.  
Intimacy after cancer: a woman’s guide.  
Sally Kidd. 2006.  
Sexuality and fertility after cancer.  
Women cancer sex.  
Anne Katz. 2009.  
Gynaecological cancer guide: sex, sanity and survival.  
Quinn, Michael. 2006.  
A Woman’s Guide to Sexual Health.  
Mary Jane Minkin. 2005.  
Dr. Elizabeth G. Stewart & Paula Spencer. 2002. |
<table>
<thead>
<tr>
<th>Web Sites</th>
<th>The Society of Obstetricians and Gynecologists of Canada (SOGC)</th>
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<tbody>
<tr>
<td></td>
<td>Web site provides up to date information on women’s health and pamphlets for specific issues.</td>
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<tr>
<td></td>
<td>• For general information on sexual health: <a href="http://www.sexualityandu.ca">www.sexualityandu.ca</a></td>
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<td></td>
<td>• For more facts and tips about orgasms: <a href="http://www.sogc.org/publications/female-orgasms-myths-and-facts/">http://www.sogc.org/publications/female-orgasms-myths-and-facts/</a></td>
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<td>The North American Menopause Society (NAMS)</td>
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<td></td>
<td>Web site is dedicated to providing menopause help and menopause information for women. <a href="http://www.menopause.org/">www.menopause.org/</a></td>
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<td>The Women's Cancer Network of the Gynecologic Cancer</td>
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<td>Foundation is an American web site that provides women around the world with information about gynecological cancers and their treatments. <a href="http://www.wcn.org/">http://www.wcn.org/</a></td>
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<td></td>
<td>National Cancer Institute (USA): <a href="http://www.cancer.gov">http://www.cancer.gov</a></td>
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# Vaginal Dilator Booklet Evaluation

After you have read this booklet and used the vaginal dilator, we would appreciate your comments. Your feedback will help improve this booklet or develop other similar booklets.

**Please indicate your level of agreement by placing a check mark in the appropriate box.**

<table>
<thead>
<tr>
<th>Statement</th>
<th>Evaluation</th>
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<tbody>
<tr>
<td>The purpose of the booklet is clear.</td>
<td></td>
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<tr>
<td>The learning objectives are easy to identify.</td>
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<td>The information provided is easy to understand.</td>
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<td>Medical terminology is clearly explained.</td>
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<tr>
<td>Information regarding the side effects of radiation on sexuality is clear and useful.</td>
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<tr>
<td>I think I will be able to use the vaginal dilator after reading this booklet.</td>
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<td>The information regarding pelvic exercises is clear.</td>
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<td>I think I will be able to do pelvic exercises after reading this booklet.</td>
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<td>The additional resources included are appropriate and helpful.</td>
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<td>The length of the booklet is adequate.</td>
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<td>The illustration are helpful for understanding the information provided.</td>
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<td>The booklet is well organized and the different sections are well identified.</td>
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<td>This booklet will help women who received pelvic radiation.</td>
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<td>After reading this booklet, I am motivated to use a dilator.</td>
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<tr>
<td>If I need help using the vaginal dilator, I feel comfortable speaking with my doctor or nurse.</td>
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</table>
1. Based on your experience, what information is missing from this booklet?

2. When did you receive this booklet?
   - [ ] Before my treatment started
   - [ ] During my radiation therapy
   - [ ] On my last treatment visit
   - [ ] During my follow-up visit ___ months after my treatment was finished
   - [ ] When I had said I was having symptoms such as:
   - [ ] Other:

3. Did you receive this information at the right time?  [ ] Yes  [ ] No
   I would have preferred to receive this booklet at:

4. Did a health-care provider (doctor, nurse, radiation therapist) review this booklet with you?  [ ] Yes  [ ] No

5. Did you receive a vaginal dilator?  [ ] Yes  [ ] No

6. Do you have other recommendations? ________________________________

7. Please tell us a bit about yourself:
   What type of cancer did you have:
   What types of treatment did you receive (mark all that apply)
   - [ ] Surgery
   - [ ] External pelvic radiation
   - [ ] Other:
   - [ ] Internal radiation or brachytherapy
   - [ ] Chemotherapy

   Thank you!

You can call Lynne Jolicoeur, Advance Practice Nurse Gyne-Onc if you would like to further discuss the use of vaginal dilators or this booklet 613-737-8899 ext. 72616.

Return this evaluation:  ➢ By fax at 613-737-8828
                        ➢ Mail: The Ottawa Hospital
                               C/O Lynne Jolicoeur APN G/O Box 805
                               501 Smyth Road, Ottawa, ON, K1H 8L6