

# Intimate discussions

WITH WOMEN'S RIGHTS ISSUES MAKING HEADLINES ON A DAILY BASIS, THERE'S NO BETTER TIME TO TALK ABOUT FEMALE FUNCTIONAL HEALTH. WORDS BY MARIA LEAHY.

**G**enitourinary Syndrome of Menopause (GSM) affects more than 50 per cent of women during their post-menopausal years, but as with many intimate health issues it often goes undiscussed and undiagnosed.

The veil of silence that remains around the condition means many women are dealing with distressing symptoms like vaginal dryness, urinary incontinence and painful intercourse alone.

Thankfully, help is now available in the form of hormonal, Platelet Rich Plasma (PRP) and laser based treatments.



## What is GSM?

Caused by the hormonal changes associated with menopause, cancer, breastfeeding and the surgical removal of the ovaries, GSM is the term now used to represent the conditions previously known as vaginal atrophy and atrophic vaginitis.

As Adelaide gynaecologist and pelvic reconstructive surgeon Dr Oseka Onuma explains, 'GSM more accurately defines that the symptoms are related to a loss of oestrogen support, but also highlights that these symptoms include vaginal dryness; irritation; burning or itching of the vulva or vagina; decreased lubrication during sexual activity; pain or discomfort during sexual activity; bleeding after sexual intercourse; decreased arousal, orgasm or desire; and urinary problems including painful urination, going to the toilet too often and urgency.'

'Because GSM is caused by a relative lack of oestrogen, these symptoms are most commonly seen in post-menopausal women. Despite increasing awareness of the condition and the different ways it can present, it is still thought to be under diagnosed. Conservative estimates suggest 50 per cent of post-menopausal women are affected, but the real figure is likely much higher.'

Conservative estimates suggest 50 per cent of post-menopausal women are affected by GSM, but the real figure is likely much higher.

Apart from the natural menopause that will occur in women living in the Western world between the ages of 48 and 55, some women will suffer a premature menopause where menopause occurs under the age of 40 years. Causes of premature menopause include iatrogenic (cause unknown), surgery and medical treatments such as radiotherapy and chemotherapy.

'It is my belief that although the "typical" menopausal woman is likely to attend her doctor complaining of hot

flushes and night sweats, many will have suffered from symptoms of GSM for some time before that. In my practice, it is not unusual for me to see much younger women in their late 30s and early 40s complaining of symptoms of GSM.'

Typically, we see a doctor when some element of our health changes quickly or dramatically. As Dr Onuma points out, the issue with treating GSM is that the onset happens slowly over time.

'If something comes on suddenly, we are much more likely to be concerned by it and seek medical attention,' he says. 'When something progresses slowly, the body and mind adapt and before long the sufferer is no longer certain of what was normal before and thus might feel reluctant to seek help in case they are told that it is their imagination.'

'My advice for any woman suffering with any of the symptoms of menopause or of pelvic floor dysfunction in general is to have a voice, speak out, seek help from their doctor and keep seeking help even if it means going for a second or third opinion. The benefits of good pelvic floor health should not be underestimated.'

## Treatment Options

While GSM has traditionally been treated by hormonal means, there are now a number of different options available.

'The most common established treatment available for vaginal dryness and irritation related to a lack of oestrogen is oestrogen replacement,' explains Dr Onuma. 'The oestrogen replacement is not typically done through oral administration or by the application of patches, rather as a local application using either a cream or pessary inserted into the vagina.'

'The advantage of local administration is that it mostly avoids the systemic effects of oestrogen and in women who still have a uterus these products can be used without the requirement of protecting the uterine lining with additional use of a progestogen,' he continues. 'When women are commenced on local oestrogen, they are often advised to use it consecutively for seven to 14 nights before commencing a maintenance regimen of one to three times per week.'

Where a patient is oestrogen sensitive or has a history of oestrogen dependent breast cancer, laser or PRP therapies can be used. These treatments focus on increasing connective tissue content, collagen in particular, within

the vaginal epithelium. PRP also enhances the growth of new vessels and nerves.

'The two most common types of laser used in non-surgical laser vaginal treatment are the CO2 and Erbium-YAG lasers,' explains Dr Onuma. 'Both work by producing thermal injuries beneath the surface of the vaginal epithelium and "kickstarting" the formation of new collagen as a response to that thermal injury.'

'PRP is obtained by taking blood from the patient, putting it in a specialised tube, spinning down the whole blood so that it separates into red blood at the bottom and plasma at the top separated by a gel buffer,' he says. 'Platelets are key factors in hard and soft tissue repair mechanisms and provide essential growth factors and cytokines.'

The main potential side effect of treating GSM with laser relates to a thermal injury, something Dr Onuma describes as 'very uncommon'. There are few significant drawbacks to using PRP for GSM, but contraindications include certain blood and bleeding disorders, some skin diseases and metastatic disease.

Oil or water based lubricants can also be used to reduce feelings of dryness and discomfort during intercourse. However, these products do not address the underlying problem of oestrogen deficiency.

## You're Not Alone

Let's face it, broaching subjects like vaginal dryness and painful urination can be uncomfortable at best. But since you're really only one awkward discussion away from starting your journey to greater health, improved comfort and more enjoyable sex, surely one honest discussion with a healthcare professional is worth it.

'The possession of genitals is a normal and expected feature of human beings, yet the word "vagina" remains taboo,' says Dr Onuma. 'The impact of this on promoting female genital health cannot be underestimated and was at least part of the reason why the term vaginal atrophy has been largely replaced by GSM.'

'Every woman has different symptoms, different degrees of bother and different priorities,' he continues. 'While comparing yourself with other women is natural, getting information from even your best friends can be filled with inconsistencies. Think about the quality of life you wish to achieve, assess what and how your symptoms bother you, and seek help from a qualified professional.' **CBM**



Empowering women through knowledge, choice and access to world class care



**Dr Oseka Onuma**

Gynaecologist & Pelvic Reconstructive Surgeon  
BSc. (Hons), MJur., CCST, MBBS, FRANZCOG, FRCOG

ADELAIDE • SYDNEY • DARWIN

**DR OSEKA ONUMA**

4 Robe Terrace, Medindie SA 5081

**08 8344 6085**

Facsimile 08 8344 6087

Email reception@dronuma.com.au

[www.dronuma.com.au](http://www.dronuma.com.au)

