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CAN'T GET NO SATISFACTION? WE TALK ORGASMS AND SEXUAL HEALTH WITH GYNAECOLOGIST DR OSEKA ONUMA. WORDS BY ERIN DOCHERTY

Orgasms are as much a part of women's health as daily vitamins, and with nearly half the female population experiencing some sort of problem with their sex life, it's time to get to know what's happening under the covers.

It's widely accepted these days for a woman to have anti-wrinkle injections to erase wrinkles, or surgery to refine her nose or enlarge her breasts. Likewise, more women than ever are concerned with the appearance of their genitals or lack of sexual gratification.

Despite this, there continues to be a lot of negative talk in mainstream media about the rising popularity of the so-called 'designer vagina'. Indeed, the vast majority of vaginal rejuvenation patients are motivated by painful intercourse, discomfort doing everyday activities and sexual dysfunction.

"Whilst there are significant advances taking place in the understanding and treatment of female pelvic floor and sexual dysfunction, discrimination of women, by both men and women, lay people and medical, remains a significant issue," says Adelaide gynaecologist and pelvic reconstructive surgeon Dr Oseka Onuma. "This continues to surprise me every working day when I listen to patients and medical colleagues, but I cannot understand why changes in attitude are so slow."

Did you know?

Orgasms can relieve pain

Up to 30% of women have trouble reaching orgasm

Condom use doesn't affect orgasm quality

Orgasm gets better with age

A woman's sexual self-esteem can affect the quality of her orgasms

There is such thing as an orgasm "gap" – women orgasm less than men (sometimes it happens, sometimes it doesn't!)

In rare cases, orgasm can happen without genital stimulation

For most women, it takes at least 20 minutes of sexual activity to climax

AM I NORMAL?

If you've ever had trouble climaxing, you're not alone. It's been reported that a whopping 43% of women have some sort of problem with their sex lives. Female sexual dysfunction (anything that interferes with a woman's sexual satisfaction) is so common that the very idea that it is a medical disorder has come under attack.

Many women never have orgasms during intercourse and some also cannot have them through masturbation.

"Women, much more than men, are answerable to their hormonal, emotional and social circumstances in the achievement of orgasm. That means that for many women to achieve orgasm, their hormonal and emotional health must be optimal, their social circumstance allows them to be relaxed and there needs to be appropriate stimulation of the organ(s) that facilitate orgasm," says Dr Onuma.

"Women can enhance their orgasms by making sure that they are healthy, physically fit, emotionally well-balanced with a hormonal status that is in equilibrium. They also need the right social circumstances when attempting to achieve orgasm with or without a partner."

However, Dr Onuma says that some women will never be able to achieve orgasm even if all the parameters above appear to be 'normal' and optimised. There is no clear reason.

"Anorgasmia is the medical term used to describe this and it is defined as a psychiatric disorder. Unfortunately, there is no psychiatric treatment that appears to consistently benefit women in this group, although some women may respond to psychological counselling," says Dr Onuma.

"It may be that these women simply represent a group of 'normal' women. Within this group, there will be some who obtain no pleasure at all through sexual activity and those who do achieve great pleasure without achieving orgasm. Should these women really be considered to be 'abnormal'? I think not."

WHY CAN'T I ORGASM?

With the effects of childbirth and age, many women can suffer from problems with their genitalia that can make them feel very self-conscious and unhappy, often affecting relationships with sexual partners.

The kinds of problems are as varied as the women who suffer from them. "Female sexual dysfunction is complex and can be a result of hormonal, psychological, psychiatric, physical, neurological, environmental and social causes," says Dr Onuma.

"Often, some of these causes co-exist. One factor can result in another; for example, painful intercourse

The Australian Centre for Female Pelvic & Vaginal Rejuvenation



Empowering women through
knowledge, choice and access to
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(dyspareunia) may result in a fear of intercourse resulting in psychological sequelae. Hormonal changes of menopause can result in loss of libido or physical alterations that can result in difficult or painful intercourse," he says.

Other causes can relate to scar tissue or tears at the entrance of the vagina, prolapse of the walls of the vagina, prolapse of the uterus, endometriosis or elongated labia minora tissues (which can cause irritation and discomfort). In addition, loose or weak vaginal muscles, mainly caused through the muscles stretching during childbirth, can cause problems for some women and their sexual partners during intercourse.

Another problem may be female stress urinary incontinence, caused predominantly by an improperly functioning urethra.

But for many women with sexual dysfunction, the issue is psychological, not physical. Although we all know there is no 'perfect' way for a vagina to look, being shy or embarrassed by your genital appearance can often result in the avoidance of intimacy or lack of orgasm. "Most commonly this is the woman's own perception resulting from a perceived change or long-standing issue. Much less commonly, this results from adverse comments from an intimate partner," says Dr Onuma.

WHAT ARE THE OPTIONS?

Because female sexual dysfunction has many possible symptoms and causes, treatment varies. It's important for women to communicate their concerns and understand their body and its normal sexual response. Also, a woman's goals for her sex life are important in determining treatment and evaluating progress.

"Surgery for female sexual dysfunction should only be contemplated when a physical cause for that dysfunction has been clearly identified," stresses Dr Onuma.

There is a range of surgical and non-surgical options available that can address and hopefully resolve these problems. For example both surgical or laser reduction labioplasty can sculpt the elongated or unequal labial minora as desired. The vulvar structures (including the labia minora, labia majora, mons pubis, perineum, entrance to the vagina and hymen) can be surgically enhanced, both functionally and aesthetically.

Non-surgical laser vaginal rejuvenation can effectively enhance vaginal muscle tone, strength and control. For example a non-surgical treatment can be used to treat prolapse and/or relaxation of the vaginal walls, which results in dyspareunia or reduced sensation.

"Female sexual dysfunction is complex and does not always imply abnormality. Affected women should seek help – women should never accept that it's "just part of being a woman", Dr Onuma concludes. **CBM**