SPOTLIGHT ON

sexual dysfunction

‘ Sexual dysfunction could lead to overall relationship dissatisfaction ’

IT’S TIME TO UNDERSTAND WHAT’S HAPPENING UNDER THE COVERS. WE TALK TO GYNAECOLOGIST DR OSEKA ONUMA ABOUT WHAT TRIGGERS SEXUAL DYSFUNCTION.

WORDS BY ERIN DOCHERTY

While it’s been reported that nearly half of all women have some sort of problem with their sex lives, it’s a topic many people don’t know much about, or are embarrassed to discuss.

With the effects of pregnancy, childbirth and ageing, many women can suffer from issues with their sex lives that make them feel self-conscious and unhappy, often affecting relationships with sexual partners.

‘Female sexual dysfunction is complex and can be a result of hormonal, psychological, psychiatric, physical, neurological, environmental and social causes,’ says Adelaide gynaecologist and pelvic reconstructive surgeon Dr Oseka Onuma.

‘Most cases of sexual dysfunction are treatable. So it’s important to keep in mind that dysfunction does not always imply abnormality and affected women should seek help,’ says Dr Onuma.

SO, WHAT CAUSES SEXUAL DYSFUNCTION?

There are pivotal times in a woman’s life that influence sexual function and vaginal competency. Studies have shown the prevalence of sexual dysfunction is high during pregnancy and reaches higher levels in the third trimester. There is also a significant decrease in sexual function after childbirth and during menopause.

‘The effect of pregnancy on a woman’s life is variable: some women’s libido increases, some decreases, some remain unaltered,’ explains Dr Onuma. ‘As pregnancy proceeds, the physical challenge increases and the missionary position becomes less possible or tolerated. An increase in vaginal dryness often accompanies pregnancy and use of lubricants may be needed.

‘Further to this, fear of damaging the developing baby may prevent sexual activity (in most cases there is no evidence to support this). A history of early pregnancy failure may lead to advice to restrict sexual activity in the first and sometimes second trimester of pregnancy. A finding of a low lying placenta or bleeding during pregnancy may also be an indication to cease sexual intercourse during the pregnancy,’ he says.

‘Massive hormonal changes take place in the first trimester (30% increase in circulating blood volume, 40% increase in blood products). There is also an increase in hormones such as progesterone and relaxin which causes softening and relaxation of muscle and connective tissue. Some of these changes will not be reversed after pregnancy is complete,’ says Dr Onuma.

A 2015 study published in the Journal of Sexual Medicine, found more than 60% of women suffer from sexual dysfunction after childbirth. This includes the inability to orgasm, pain during sexual activity, or a general lack of interest.

The study found sexual dysfunction could lead to overall relationship dissatisfaction, as well as post-natal depression. The research also showed 88% of women did not consult healthcare professionals about the issue, due to shyness or embarrassment.

‘Childbirth is the major factor in causing damage to the female pelvic floor. Injury from forceps, ventouse, spontaneous vaginal delivery, or caesarean section, can all result in vaginal tears, tears to the introitus (entrance to vagina) and labial tears. The disruption of connective tissues (muscles/ligaments/fascia) results in reduced tissue elasticity and avulsion of tissues from their origins,’ explains Dr Onuma.

‘There is some significant restitution (healing with tissue going back towards normal) after childbirth. However some of the spontaneous healing involves formation of scar tissue, which is inherently weaker and less elastic than the original tissue. Symptoms can occur immediately after delivery but often present some years later. Further pregnancies and deliveries can result in marked worsening of symptoms.’

Damage to the pelvic floor can result in pain during intercourse, reduced sensation during intercourse, both pain and reduced sensation and reduced ability to achieve orgasm.

Dr Onuma says that often these causes co-exist – for example, painful intercourse may result in a fear of intercourse, resulting in psychological sequelae. Hormonal changes from menopause can result in loss of libido or physical alterations of the vaginal epithelium, which can result in difficult or painful intercourse.

WHAT ARE MY OPTIONS?

Vaginal rejuvenation – both surgical and non-surgical procedures – can help alleviate pain, improve form and function, and enhance quality of life for many women.

'Beyond pelvic floor retraining and physiotherapy, there is now a range of minimal-access surgical options available that can address and hopefully resolve these problems,' says Dr Onuma.

For example, both surgical and 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. Each treatment is completely tailored to meet the patient's specific needs and individual goals.

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 to improve sensation.

Dr Onuma says assessment of sexual function, mental health and quality of a relationship is crucial and should be considered a routine assessment. He stresses that women should be encouraged to talk openly about their sexual health, in order to gain realistic ideas of the changes in their body and their relationship.

'The majority of my patients seeking vaginal rejuvenation are not motivated by the aesthetic but, rather, a growing dislike of pain during intercourse or discomfort when participating in everyday activities,' says Dr Onuma. 'I believe in empowering women through knowledge, choice and access to the best treatments.

'These days women are less willing to accept changes in genital anatomy resulting from pregnancy, childbirth and ageing. They are less likely to have the attitude that sexual dysfunction is 'just part of being a woman',' concludes Dr Onuma. **CBM**