Effect of Invasive Pelvic Floor Management in Vaginismus among Reproductive Aged Females-A Case Study

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Abstract. Vaginismus is defined as condition which leads to involuntary vaginal muscle spasm leading to painful sexual Intercourse. It is also classified as sexual pain disorder. It is one of the most common conditions prevalent among females who experience pain during vaginal intercourse leading to sexual pain disorder. The main objective of the study was to rule out the effectiveness of intra-vaginal management on patient with Vaginismus. Vaginismus is a sexual pain disorder in which female have difficulties in vaginal penetration during sexual Intercourse due to number of reasons such as fear, involuntary muscle contraction, sexual abuse and pelvic pain etc. As per studies, it had been showed that vaginismus is also one of the main reasons behind Infertility among many females. Most of the females in North India are not aware regarding the pelvic floor examination or to consult the pelvic floor practitioner for their problems related to Infertility. In many cases, as per studies we had founded that most of the females are being focused to go for number of testing procedures but they are not being guided to undergo pelvic floor examination.

Keywords: Vaginismus, Infertility, Pelvic floor muscles, Invasive manual therapy, Intra-vaginal, Intercourse.

1Introduction

Vaginismus is classified as sexual pain disorder. It is one of the most common conditions prevalent among females who experience pain during vaginal intercourse leading to sexual pain disorder. In medical terms it is defined as condition which leads to involuntary vaginal muscle spasm leading to painful sexual Intercourse. Due to the above mentioned chief complaints by patient it leads to easy diagnose as well as treatment. As per literature, there are very few studies which supports that this condition is easy to diagnose as well as treat, as many patients hesitate to explain clear cut chief complaints to doctors, which lead to delays in diagnosis of this condition.

As per research data, there is no epidemiological study giving true value of prevalence of vaginismus. As many authors have mentioned that, the invasive pelvic floor examination is a stressful examination procedure which most of the patients try to avoid. As per different researchers the prevalence rate is different among most (1)

According to Masters and Johnsons they concluded that vaginismus is an infrequent condition (2, 3)

While other authors claimed that this is one of the most frequently occurring female psychosexual dysfunction (4, 5, 6, 7)

As per studies 5-17% prevalence rate has been reported in clinical setting but overall population prevalence rate is not known (8).

In one of the study by British’s named Ogden and Ward they explained that most of the females who suffer from this condition mostly consult general practitioners for their problem but their followers reported the opposite result for the same (9).

So, as per literature most of the women generally avoid seeking help for the problem. So, as per one study one onethird females really contact consultants for the problem (10).

As per many patients, they feel hesitation, embarrassment and discomfort to discuss about their complaints with consultants which is one of the major reason for non-availability of help among patients.

There are many reasons behind this condition such as tight pelvic floor muscles, psychological problems, anxiety, sexual abuse etc. The diagnosis of this condition is quiet tough as it is very quiet challengeable to rule it out through various diagnostic techniques. So, that’s why most of the pelvic floor rehabilitation expert tries to go for manual examination to rule out the condition. For manual examination instead of oxford grading Het’s MMT grading is being used for pelvic floor muscles (As oxford grading gives the finding of only contraction stage but Het’s MMT grading gives us grading for contraction as well as relaxation stage. Het’s manual muscle testing grading 16 is being described as:

Grade 0 - baseline tone

Contraction Phase

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which observation as well as examination was done in a proper privacy examination room with curtains, no CCTV camera and exposing the perineal region. The pelvic floor practitioner stands next to the examination couch wearing surgical gloves by.

After this, pressure reading was 120/70 mm Hg. The Respiratory rate was 18 breathes/minute and temperature was 97.5 degree F. which we had checked BP, RR and temperature. All the vitals were normal during the time of assessment. The blood upper limb, lower limb and spine as per observation. Vitals of the patient were assessed before pelvic floor examination. In view and lateral view. Gait was also normal with normal stride length, step length and cadence. There was no deformity in.

On observation, patient was taking 120/70 mm Hg of blood pressure. The respiratory rate was 18 breathes per minute and temperature was 97.5 degrees Fahrenheit.


diagnosis. According to the patient she was married for the past five years with no history of fertility till date.

2. Case Description

35 year old Punjabi female weighing 75 kg with height 5, 3”, working as bank employer consulted female gynecologist.

On perineal observation, she stared of her friends had discussed with her regarding the experience of having first time vaginal intercourse. Most of them were not having any fear of vaginal intercourse as she was not mentally well prepared for the same. According to the patient before her marriage some of her friends had told that she was not able to bear the pain. Two to three times she was being advised abdominal hospitalization too.

In context to personal history of patient, she is vegetarian and very conscious of her diet plan. She was not having an ultrasound in which no dysfunction or abnormality was seen as patient was doubtful of having ovarian cyst or nabothian cyst. In context to personal history of patient, she is vegetarian and very conscious of her diet plan. She was not having an ultrasound in which no dysfunction or abnormality was seen as patient was doubtful of having ovarian cyst or nabothian cyst.

As per patient she had never taken contraceptive pills to avoid pregnancy. She is a regular Yoga practitioner and regularly in habit of evening walk. She takes a lot of concern to take fiber intake and liquid intake. In regard to her sexual life, she stated that most of the time she is having painful vaginal intercourse. Due to which many times she starts.

Relaxation Phase

According to the patient, before her marriage she had never indulged in any type of commitment or sexual act. After marriage she started having the main concern was that she is not having pregnancy from last five years. As per patient she had never taken contraceptive pills to avoid pregnancy.

On observation of her, she used to have regular menstrual cycle of 3 days after exactly 28 days. She never had Amenorrhea problem. As per patient she had apparently well before her marriage with no gynecological problems. She had her menarche at age of 15 years and after that too, she was not having any medical and surgical history. But sometimes she suffered from dysmenorrhea problem for which sometimes she consult the gynecologist as she was not able to bear the pain. Two to three times she was being advised abdominal hospitalization too.

As per family history, she is not having any type of infertility. She is not having any history of any type of drug intake as well as any prior medical condition. But sometimes she suffers from dysmenorrhea problem for which sometimes she consult the gynecologist as she was not able to bear the pain. Two to three times she was being advised abdominal hospitalization too.

As per the patient stated that her husband too has undergone all tests for himself to rule out the infertility problem in his family. There is no history of any type of infertility in the family. As per reports, patient was not having any sign of Infertility among this husband as per reports. As per history of past illness patient was challengeable for her to answer and face her family members when they discuss with her regarding her pregnancy. Along with this she used to have low back pain too. All this makes her feel low, depressed, weak, stressful, anxious and very negative also. It is very difficult for her to answer and face her family members when they discuss with her regarding her pregnancy. Along with this she used to have low back pain too. All this makes her feel low, depressed, weak, stressful, anxious and very negative also.

According to the patient she was married from last five years. Patient stated that there is no history of alcoholism, smoking or any other addiction. She is totally vegetarian. Her dietary plan is very balanced and she puts a lot of concern to take fiber intake and liquid intake.

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On perineal observation, her gait was also normal with normal stride length, step length and cadence. There was no deformity in.

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The vagina of the female and gentle to and fro motions with that was performed with 15- Wow Vagina family members especially the male partner of female was being educated for the same. This she was being educated with the help of model of pelvic bone regarding the procedure of treatment. Along with this on patient education, so that patient can understand her problem and will fully cooperate in the invasive treatment. So, for undergo examination of pelvic floor musculature to rule out the changes. Before the start of Intervention the main focus was consists of next three weeks and Stage 3 consists of last two weeks. After all the three stages of treatment patient will sessions of treatment was given in three stages. Stage 1; Stage 2 and Stage 3. Stage 1 consist of first three weeks. Stage 2 specialist at her clinic five times a week. So, total of 20 sessions of treatment in a month was advised to the patient. Total 3 per patient requirement.

As presence of any nabothian cyst, PCOD or any other pathology. Based on history taking, observation, examination we

After this patient was advised to go for Trans- abdominal ultrasound. In which no underlying pathology was ruled out such

Then practitioner touches the perianal region and ask for the placement which was Intact. To assess temperature two test

As per examination all superficial sensations were Intact. Touch was assessed by instructing the patient to close their eyes.

After pain evaluation, sensory examination around perineal region was done with the help of cotton ball. In which we

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Intermediate Phase:

- In this phase vaginal dilator with minimum to moderate width was selected and inserted inside the vagina and gentle to and fro motions was performed with 15-20 repetitions.

Functional Phase:

- In this phase vaginal dilator with maximum width was lubricated and inserted inside the vagina. Along with this thrusting activities were being performed with the dilator with 15-20 repetitions.

Stage 1:

- For first three weeks of Intervention cryotherapy, vulvular ultrasound and wow vaginal dilate treatment phase A was implemented for treatment.
- Position of patient was crook lying position. We started the treatment with cryotherapy in which frozen peas were filled in the condom and then ultrasonic gel was applied over the same. After that it was inserted into the vagina of the female to provide coolant effect in the vagina to decrease the effect of spasm of pelvic floor muscles. Cryotherapy was being advised for at least 10 to 15 minutes to patient. Then after fifteen minutes it was being removed and disposed.
- After cryotherapy, we gave vulvar ultrasound on the perineal region. The method of application for vulvular ultrasound was a glove filled with normal water was kept over the vulvular region of female and then ultrasound was applied over the same in continuous mode with 1.5 w/cm² for three minutes. After cryotherapy and vulvular ultrasound, wow vagina dilate treatment was implemented on the patient with phase A. This Intervention continues for three weeks.
- Along with the above mentioned treatment, we suggested some stretching exercises of lower limb such as Integrated Stretching Exercise - Hamstring, Integrated stretching exercise - tensor fasciae latae, Integrated stretching of Hip adductors, Happy Baby pose, Integrated deep frog stretch, Integrated half pigeon stretch, Integrated reclined bound stretch, Deep side lunge stretch etc. All these exercises two times a day with 5-7 repetitions.
- After three weeks of Intervention, patient will go for pelvic floor examination.

Table 1:

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<thead>
<tr>
<th>S. No.</th>
<th>Stage</th>
<th>Before Intervention (Contraction)</th>
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The manual examination of PFM, after stage 1 Intervention reveals that contraction grade was 2 as per Het’s grading and grade 2 for relaxation.

Stage 2:

- For next three weeks patient was given the same treatment as given in stage 1. Only with a difference that in stage 2, we set Phase B for wow vaginal dilator treatment instead of Phase A. Again after three weeks of treatment in stage 2, patient will undergo pelvic floor examination.

Table 2:

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Stage</th>
<th>Before Intervention (Contraction)</th>
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The manual examination of PFM, after stage 2 Intervention reveals that contraction grade was 2 as per Het’s grading and grade 2 for relaxation.

Stage 3:

- For next two weeks patient will be given the same treatment as given in stage 2. Only with a difference that in stage 3, we will set Phase C for wow vaginal dilator treatment instead of Phase B. After this patient will go again for pelvic floor examination to rule out the changes after treatment.

Table 3:

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<tr>
<th>S. No.</th>
<th>Stage</th>
<th>Before Intervention (Contraction)</th>
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The manual examination of PFM, after stage 3 Intervention reveals that contraction grade was 3 as per Het’s grading and grade 3 for relaxation.

Result

The result of the Intervention was being evaluated after all the three stages of Intervention individually i.e. after Stage 1, stage 2 and stage 3 with manual Het’s MMT grading system with both contraction phase as well as relaxation phase.

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Stages of Intervention</th>
<th>Before Intervention (Contraction)</th>
<th>Before Intervention (Relaxation)</th>
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As per findings, before stage 1 Intervention patient was being assessed with relaxation grade 2 and contraction grade 1 as per Manual het’s MMT grading system and after treatment with grade 2 for contraction and grade 2 for relaxation.

Similarly, before stage 2 Intervention patients was being assessed with relaxation grade 2 and contraction grade 2 as per Manual het’s MMT grading system and after treatment with grade 2 for contraction and grade 2 for relaxation.

Lastly, before stage 3 Intervention patients were being assessed with relaxation grade 2 and contraction grade 2 as per Manual het’s MMT grading system and after treatment with grade 3 for contraction and grade 3 for relaxation.

As per our findings, the result of the treatment was significant for the patient in improving her problem for vaginismus.

Discussion:

Through this case study we had made an attempt to make females understand the importance of pelvic floor examination. Those females who have penetration problem, pain after or during sexual intercourse or problem of Infertility, by properly educating them regarding this condition. It is one attempt to make subject understand her problem and properly manage the problem of female suffering from vaginismus. We as clinicians & Pelvic floor rehab specialist, first of all must put some importance in understanding the main reason behind this condition i.e. whether this is due to fear, some sexual abuse, sexual harassment or due to some trauma. Identifying the reason behind the problem that whether patient is exactly suffering through this problem or some other underlying cause is there, will help the practitioner to provide assessment and examine the patient for her problem. It is necessary to educate the subject regarding her problem and examination procedure so that subject can fully cooperate the examiner. Along with this it is very important to explain the complete Invasive treatment procedure to subject before the start of the Intervention to seek her fully cooperation and support. Treatment will be based on electrotherapy which includes vulvular ultrasound, Invasive pelvic floor treatment via means of vaginal dilators, cryotherapy, counseling and educating the subject for the same.

Limitation of the study

The follow up of patient was not taken for her pregnancy. Only treatment for vaginismus was being provided to the patient.

Future scope of study

In future, more studies could be done while taking follow up of patient for her pregnancy while treating vaginismus conditions.

Conflict Of Interest

Author has no conflict of Interest

ACKNOWLEDGEMENTS

I am very grateful and would like to acknowledge the subject for supporting me throughout the assessment procedure and treatment procedure.
References:


