

Women's Experiences of Using Vaginal Trainers (Dilators) to Treat Vaginal Penetration Difficulties Diagnosed as Vaginismus: A Qualitative Interview Study.
Macey et al. BMC 2015: 15:49.

Pelvic Physiotherapy Distance Journal Club Outline

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Subjects:

- 13 women who had used vaginal trainers (VTs) for penetration difficulties diagnosed as vaginismus were recruited through a specialist clinic, university campuses and online forums
- There was no assignment of patients- no randomization
- Participants were similar at the start of the trial: Caucasian, English-speaking women over 18 y/o diagnosed with vaginismus who had been offered or used VTs to treat this condition over the past 10 years

Study Design/Method:

- Participants were recruited, interviewed through audio-recorded semi-structured interviews (choice of face-to-face, telephone or Skype formats) at the participant's preferred location (home, university or clinic) and the information was transcribed and analyzed using Thematic Analysis
- Level 2b: qualitative interview study
- No formal outcome measures were used, as this was a qualitative interview study. Patients were asked to report their symptoms in terms of pain and penetration difficulties
- Blinding:
 - Subjects: No
 - Treating therapists: No
 - Assessors: No

Assessing the Outcome:

- Unclear if dropout rate of 9 was acceptable as this was a convenience sample of self-selecting participants
- This is not an intervention study, therefore intention to treat and treatment effect is N/A
 - However, the researches stated that a previous study investigating saturation of data proposed that 12 interviews were adequate for most purposes

Results:

- 4 themes were established after interviewing women in order to establish 'better treatment' guidelines. These were:
 - 1. Lack of knowledge
 - 2. Invalidation of suffering by professionals

- 3. Difficult journey (investigated in this paper)
 - Into treatment:
 - Asking for help: *"It didn't resolve-clearly- because these things don't necessarily, and so later I went to my GP and that would have been probably 3 or 4 years later."*
 - Physical investigations
 - Navigating the system
 - Being in treatment:
 - Practical demands of therapy
 - Emotional demands of therapy: *"So I thought oh wow! I am going to go and see a therapist who knows exactly what they are talking about, and she is going to be able to cure us in 2 weeks. But obviously it wasn't like that. "*
- 4. Making the journey easier (investigated in this paper)
 - Partner support:
 - Importance of partner support
 - Limits to partner support: *"I was trying to cope with the pain to be fair to my husband and I couldn't, I couldn't fulfill what I felt...not just that I felt I should, I mean we'd had a really good sex life until then, and I missed it."*
 - Professional support:
 - Importance of practitioners' personal qualities and the therapeutic relationship
 - Value of specialist skills and knowledge: *"They have dealt with this before, they've dealt with plenty of people with the same problem, and they have techniques which they have...which have proven to work in the past."*
 - Facilitating couple communication about vaginismus
 - Peer support/helping each other:
 - Networks: *"Just people that understand exactly what you are going through that don't judge you for what you are saying, and don't think you are a freak because they understand."*
 - Sharing tips

Conclusion:

- Choosing the best treatment for patients with vaginal penetration difficulties including vaginismus is difficult, and sometimes the prescription of VTs in isolation is inappropriate given the lack of rigorous research for their use
- Various professionals underestimate the practical and emotional demands of using VTs which can lead to poor support and usage guidelines
- Patients listed the importance of core-communication skills such as non-judgmental listening to help them cope during treatment

Discussion Questions:

- What kind of VTs do you recommend to your patients? Have you noticed any differences in outcomes/perceived benefit based on which kind you use? How do you guide patients to select the correct sizes/kits? What are your criteria for stopping or continuing dilator use?
- On the whole, do your patients' partners seem supportive? Do you ever hold couples education sessions in therapy and is it helpful for the patient? If partners are not supportive, how do you overcome obstacles in educating the patient about the detrimental effects of tolerating painful sex? (the underlying belief that their partner "deserves sex" and the woman should just "deal with it.")
- When do you decide to refer your patients to professionals such as: sexual counselors, psychologists or psychiatrists? Do you have access to chronic pain specialists in your area?