

Sexual Health Information for Women with Cancer



Symptom Management

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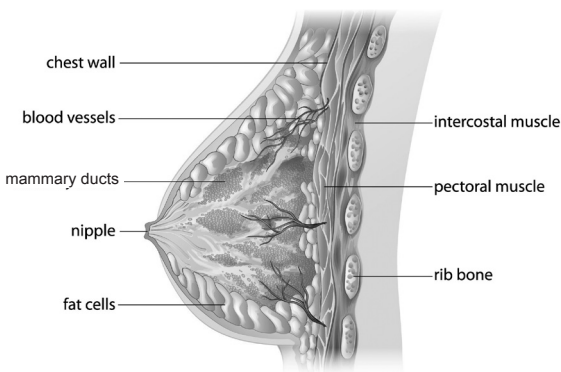
The Female Reproductive System

This information will help you understand the female reproductive system (before treatment) and some of the words your doctor or health care provider might use.

The reproductive system is made up of the breasts and the genitals (internal and external).

A

The Breasts



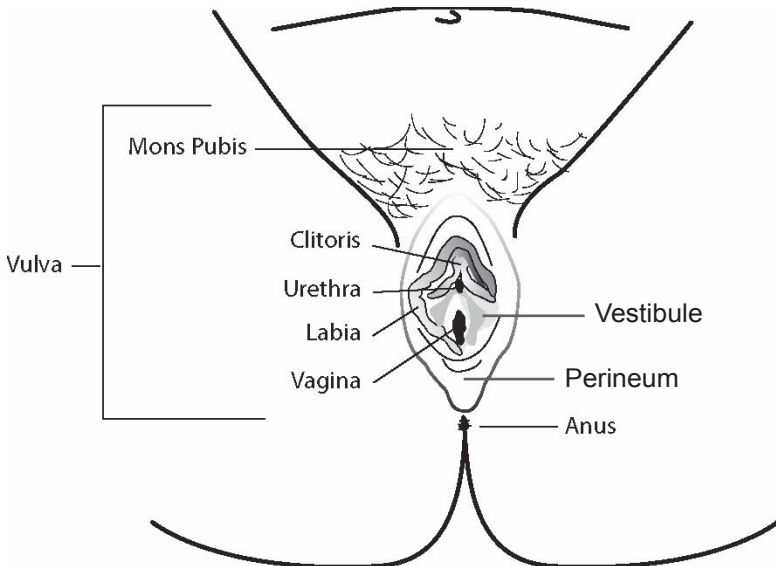
A breast is made up of several parts:

- Inside the breast are glands, ducts, and fatty tissue. When a woman is pregnant or has a baby, the glands contain milk to feed the baby.
- On the outside of the breast is the areola, which is a round, darker spot of skin. It can be dark brown, red, or pink. There are little bumps on the surface of the areola.

- The nipple sticks out from the center of the areola. It's made up of many tiny openings.
- The breasts are full of nerve endings—especially the nipple. When it's touched in a sexual way, it can feel good and make you feel turned on (sexually aroused).

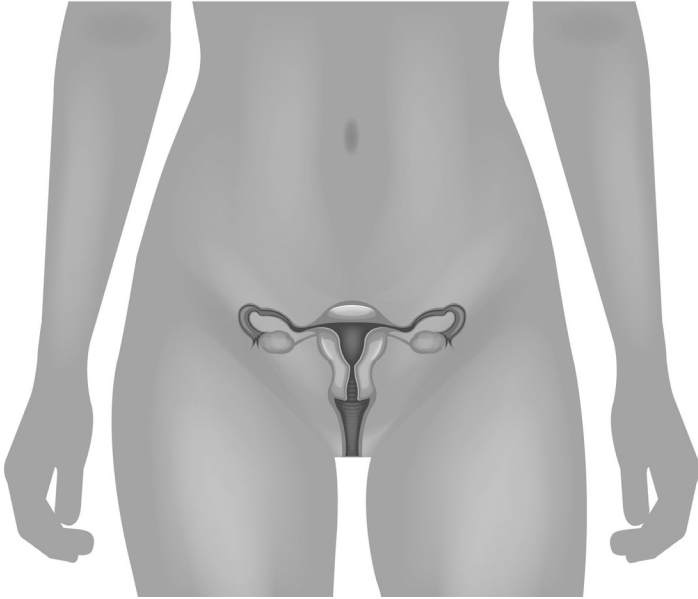
B Female Genitals on the Outside (External)

The external genitals include the mons pubis, labia majora, labia minora, the vestibule, clitoris, hymen, and perineum. Together, the external genitals are called the vulva. The size and shape of every woman's genitals is different. Some parts of the genitals have lots of nerve endings. When touched for pleasure, blood flow to the area increases, and this can lead to arousal.



The external genitals include:

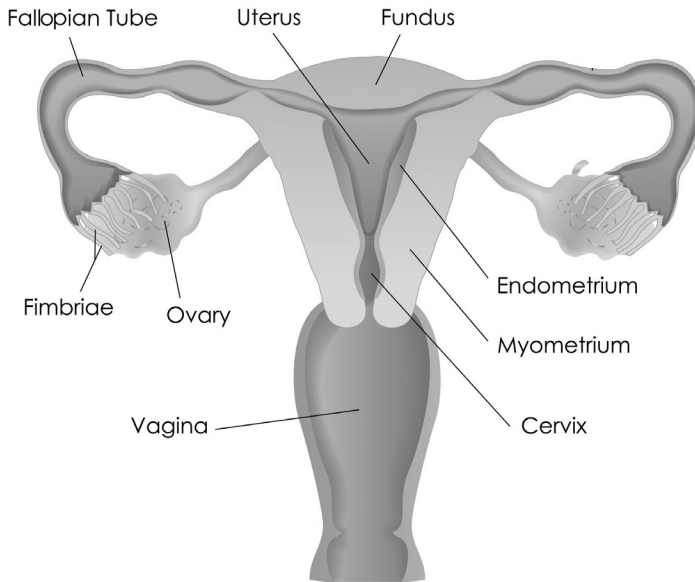
- The **mons pubis**: a rounded mass of tissue over the pubic bone. It's covered by skin and pubic hair.
- The **labia majora** (outer lips): the two large folds of skin that normally come together in the middle. This protects the openings to the vagina and the urethra (part of the urinary system). Hair grows on the outside of the labia majora, but the inner surfaces are smooth.
- The **labia minora** (inner lips): the two inner folds of skin. They have many nerves and blood vessels, which get bigger and spread apart when you're aroused.
- The **vestibule**: the area of the vulva where the openings to the vagina and urinary system are. The opening of the vagina may be partly covered by a thin membrane called the hymen. The hymen protects the vagina from infection before puberty.
- The **clitoris**: the most sensitive part of the genitals. It's at the top of the vulva, just under where the top of the inner lips meet. It looks like a tiny pea and may be covered by skin called the clitoral hood. The clitoris has lots of nerve endings and is made up of tissue that fills with blood when a woman becomes aroused. Many women need the clitoris stimulated to some degree in order to reach orgasm.
- The **perineum**: the skin between the bottom of the labia and the opening to the rectum (anus). The perineum and the anus have lots of nerve endings.



Vagina

- The vagina starts at the opening (called the vestibule) and goes to the bottom of the uterus. The opening of the uterus is called the cervix.
- When aroused, the vagina gets longer and wider. The vagina can change its size to fit closely around a tampon, a finger, a sexual toy, a penis during intercourse, or even a baby during childbirth. When not aroused, the walls of the vagina collapse.
- The pelvic floor muscles support (but aren't part of) the vagina. These muscles contract during arousal and orgasm.

- The inside of the vagina is like the inside of the mouth. The glands inside the vagina make drops of fluid to keep it moist. More of this fluid is produced during arousal.
- The bottom part of the vagina has more nerves and is very sensitive. The top of the vagina has only a few nerves and isn't as sensitive.
- Some researchers say there is an area that is very sensitive on the front lower part of the vagina called the G-spot. During intercourse or penetration (with a finger, penis, sexual toy or object), this bottom part of the vagina is very sensitive to pressure and touch.



D**Uterus**

The uterus is at the top of the vagina, above the cervix. When not pregnant, a woman's uterus is about the same size as a closed fist. The uterus has these 3 layers:

- outer layer, which is elastic and stretches during pregnancy
- middle layer, which is muscle—this layer makes contractions during childbirth and contracts during an orgasm for some women
- inner layer, which builds up each month with blood and tissue—this tissue sheds each month during a woman's period

E**Fallopian Tubes, Ovaries, and Hormones**

- The top of the uterus opens into 2 fallopian tubes. At the other end of each tube is an ovary.
- The ovary produces and stores eggs. When a female reaches puberty, usually one egg is released during each menstrual cycle. It travels down the fallopian tube, and may be fertilized as it travels to the uterus. A fertilized egg will attach to the inner layer of the uterus. Unfertilized eggs break down and are shed away with the lining of the uterus each month during your period. The ovaries make 2 hormones (estrogen and progesterone).
- Estrogen helps keep the vagina moist and stretchy. Most experts agree that the hormone estrogen is not responsible for desire or interest in sex. If the ovaries are removed, it is not likely the estrogen changes will affect sex drive or the ability to have an orgasm.

- The hormone that affects sex drive in men and women is called testosterone. In men, most testosterone is made by the testicles. In women, half is made by the ovaries and the other half is made by the adrenal glands, which are above the kidneys.
- When a woman goes through menopause, estrogen decreases, which may make the vagina and vulva less healthy and less moist. Many women get vaginal dryness or discomfort. This can be managed with estrogen cream (topical local estrogen), or with non-hormonal vaginal moisturizers. Lubricants can be used to increase vaginal moisture during sexual intercourse.

Vaginal Health and Cancer Treatment

There are many changes that happen because of cancer treatment that can impact the health of the vagina. Some women experience pain with sexual penetration or sexual touching that gets in the way of sexual activity. Other women experience vaginal dryness or discomfort that impacts their daily activities. The following information is about strategies for managing vaginal dryness and discomfort.

Pain with Sexual Activity

Is it normal to have pain with sex?

It's common for women to have pain with sex if they've been through menopause or had chemotherapy, radiation therapy, or pelvic surgery. This happens partly because of a change in hormones.

After menopause, the ovaries stop making an estrogen hormone (estradiol). Without this hormone, the lining of the vagina gets thinner and the walls of the vagina don't stretch as well. When a woman becomes aroused or "turned on", the vagina deepens and its lining makes drops of clear, slippery fluid. These changes make intercourse more comfortable. But after menopause, the vagina may be drier and/or tighter, even when a woman feels aroused.

What if I have pain with sex?

If intercourse is painful, it's best to stop doing things that hurt. Don't try to push through the pain. If you do, you may start to expect pain with sex, and develop a fear of pain with sex. A fear of pain can affect your desire for and interest in sex.

Remember, there are many ways to be sexual other than intercourse. If intercourse hurts, try genital caressing. Being aroused is a natural way your body gets ready for sex. If your body has enough time to get aroused, the tissues in the vagina will expand. When this happens, there is more room in the vagina for a penis, finger, or sex toy. This can take up to 20 minutes for most women, and can take even longer if they are post-menopausal.



You may need to ease yourself back into sexual activity after your cancer treatment. You don't have to start with intercourse. Do things that you enjoy, feel good, and will arouse you.



Is there anything I can do to help with the pain?

For women with vaginal dryness or very sensitive skin on the vulva, using a lubricant for sexual activity often helps to decrease pain. There are other treatments you can use daily, not just when you're being sexual. These treatments work well to help keep the vagina healthy after menopause and stay comfortable when something is put in the vagina (intercourse). These treatments include:

- A. vitamin E (page 12)
- B. vaginal moisturizers (page 13)
- C. lubricants for sex (page 15)
- D. estrogen cream (topical local estrogen) (page 18)
- E. relaxing tight vaginal muscles (page 19)

You may want to consider using these products, strategies or both even if you aren't having sex. They can help make pelvic exams easier and can protect future sexual function.

Managing Vaginal Dryness

A Vitamin E

After chemotherapy or menopause, it's common to have dry skin all over your body. To help with this, you can take 100 to 600 IU of vitamin E by mouth and/or break a capsule and rub the oil into the vulva (outer genitals) and the vagina. Do this on a daily basis.

If you are prone to vaginal infections, you may do better using an over-the-counter moisturizer rather than Vitamin E. If you are getting pelvic radiation therapy, avoid Vitamin E until after your treatments are completed.

Natural Products

Many women also use natural products like olive oil, coconut oil or almond oil. Do not use oils with condoms or sex toys, as they will break down the products. Do not use petroleum-based products such as Vaseline®, body lotion or massage oils in your vagina.



B Vaginal Moisturizers

Examples of vaginal moisturizers include products such as Replens®, Gynatrof®, Zestica®, and Premeno®.

If you have severe vaginal dryness you might be uncomfortable with certain kinds of physical activity, or with sexual activity. If you don't want to use replacement estrogen, a vaginal moisturizer is a good option. This is like using a moisturizing cream for dry skin on the face.

Moisturizers help keep the lining of the vagina moist and healthy, and they also help adjust the pH of the vagina. Vaginal moisturizers come in gel or cream form and are put in the vagina with a tampon-shaped applicator. Others come in a solid capsule that is put into the vagina with a finger.

A study was done of women in menopause that used Replens®. After 12 weeks of regular use, their vaginas were like those of women who were taking estrogen. Replens® made their vaginas more moist, less acidic and the vagina had more stretch. There are many brands other than Replens®.



Tips for Using Vaginal Moisturizers

- Use a vaginal moisturizer at least 3 times a week, or every other day. Put it in before bed, as creams may leak if you're standing, sitting, or walking. Make sure to also rub some of the cream into the external genitals, such as the labia.
- Some women don't like vaginal moisturizers because at first they can increase vaginal discharge. The amount of discharge often decreases after the first 2 weeks, so it's important to give them a chance to start working. This means the vagina wall is shedding old tissue and it's being replaced with healthier tissue. If you get a burning feeling from one product, try a different brand.
- It's a good idea to try a vaginal moisturizer for at least 3 weeks before you decide to stop. You have to use it every day or every other day for it to work. Just using it once in a while won't work. It may even take up to 3 months to get the full effect of the product.
- You can buy vaginal moisturizers over-the-counter without a prescription. They cost about \$20 to \$30 a month.
- Women who have severe vaginal dryness and discomfort may want to use a vaginal moisturizer regularly and a water-based lubricant for sex.

C**Lubricants for Sex**

Your partner can use a gel lubricant when caressing your genitals. Keep the lubricant next to you when you have sex, so you don't have to stop to go and get it. If you want, you can warm it up ahead of time by putting it in the microwave for 5 to 10 seconds. Use lubricants as part of your lovemaking routine.

Ask your partner to spread it around the clitoris and the opening to the vagina during foreplay. Before intercourse, spread some lubricant over the head of the penis when you're caressing your partner. If using fingers, or a sexual toy, make sure they are well lubricated as well.

Lubricants are also important for anal sex. If women have severe vaginal pain, or had all (or part) of the vagina removed during surgery, they may want to try anal sex. Some women have orgasms during anal sex because there are sensitive nerve endings in the nearby vagina that may be stimulated. Use a condom and lots of water-based lubricant for anal sex, and tell your partner to move slowly. Make sure you are as relaxed as possible before you begin. Talk to your partner about what feels good and what doesn't.

Most large drugstores have a wide variety of lubricants, or you can get them:

- on the Internet: alittlemoreinteresting.com, pinkcherry.ca, or amazon.ca
- at sex positive or adult stores

There are many types of lubricants. You may want to try a few different types to find one you're happy with.

What kind of lubricant should I use?

Lubricants that come in pump containers are a good idea because they're easy to reapply during sex, and you can use them with one hand.

Types of lubricants

Water-based products:

- Come in gel or liquid form. Some examples are:

Astroglide®	Liquid Silk®
Slippery Stuff®	K-Y® Liquid
- Gel lubricants work best when they're thin because they're more like the body's natural lubrication. Gels like K-Y® Jelly or Surgilube® (used by doctors for pelvic and rectal exams) are often too thick and dry out quickly.
- Work well for penetrative intercourse, sexual touching, or masturbation, and they're safe to use with sex toys. However, they can get sticky and need to be reapplied often. Adding a bit of water or saliva can help reactivate them.
- The best choice if you have sensitive skin. Before you buy or use them, check the ingredients. Propylene glycol and chlorhexidine can be irritating.
- Easy to clean up with water or a warm cloth.

Warming or cooling sensation products

- Can be fun, but only use small amounts. Try a dime-sized amount of the product with a water-based lubricant if you need more lubrication. Some products are very intense, so try it first on an area like the back of your hand or the inside of your forearm.

Silicone-based products

- Often last longer and feel more natural because they don't absorb easily into the skin. Some examples are:

Gun Oil®

Sliquid®

Pink®

Pjur®

- Work well in the shower or tub because they don't break down in water. You may need soap for cleanup, but some products may be difficult to wash off bedding.
- Do not use with sex toys unless the toys are made of medical grade silicone, otherwise, it will start to break down the products. If you're using latex condoms, read the product label to see if it's approved to use with condoms.
- Many are hypo-allergenic. This is a good option for women who have sensitive skin or are prone to yeast or bladder infections.
- Silicone lubricants tend to cost more than water-based lubricants, but you often need to use less.
- Some silicone lubricants can stain bed sheets.

Flavored products

- Can be exciting for oral sex, especially for a partner who may be a bit reserved. You may want to taste the product first, because some don't taste very good.
- Many products contain sugar, so stay away from these if you have a health problem such as diabetes, chronic yeast infections, or bladder infections.
- Scents and flavors can irritate the genitals, so don't use them if you have sensitive skin.

D Estrogen Cream (topical local estrogen)

If using vaginal moisturizers and lubricants for sex doesn't make you more comfortable, think about using estrogen. Some women with hormone-sensitive cancers such as breast cancer, shouldn't take estrogen. Estrogen may be okay for women who have other types of cancer that aren't hormone-sensitive.

The Estring® or estradiol ring

- Estring® is estrogen replacement for the vagina. It's put in the vagina, so it helps the vaginal tissue directly. Less estrogen is absorbed into the blood than with estrogen pills, such as systemic estrogen replacement. So, Estring® doesn't affect the body as much and it has a much lower dose of estrogen.
- Estring® is a vaginal ring (like the rim of a diaphragm) with a slow-release form of estrogen. You or your healthcare provider can put the ring in the upper part of the vagina. You wear it for 3 months and then it needs to be replaced. You wear it all the time (even for sex and activities).

Creams and Tablets:

There are 3 common types of topical estrogen (applied right to the vagina and genitals), available in Canada. These contain slightly different forms of estrogen hormones:

- Vagifem® (contains estradiol)
- Estragyn® (contains estrone)
- Premarin® (contains conjugated estrogens)

These typically come in the form of a vaginal tablet (Vagifem®) or cream (Premarin®/Estragyn®).

How to Use Creams and Tablets

- Insert creams using the applicator into the vagina or rub into the external genitals, such as the labia.
- Tablets inserted into the vagina with an applicator tend to break down with body heat and moisture. They also often stay in the upper part of the vagina, so if you have deep vaginal pain, this may be okay. If you have pain at the opening of the vagina, you may find a cream works better.
- These treatments are typically used everyday for the first 2 weeks and then reduced to 2 times a week. Your health care provider will tell you how to use them based on your symptoms.
- It often takes 3 weeks before you start to notice improvements. For the full effect, it may take 3-6 months, or sometimes up to a year.

Things to keep in mind:

- Some vaginal discharge is common in women using creams, and this may help improve lubrication for sexual activity.
- Symptoms often return when the treatment is stopped. It is possible to switch over from local estrogen to non-hormonal, such as vaginal moisturizers (page 13). Some women with severe dryness may find the non-hormonal treatments aren't working and may need to boost their treatment with a short dose of topical estrogen (1-3 months).
- There is some risk of thickened uterine lining, which is not a concern if you have had your uterus removed. Report any abnormal vaginal bleeding to your health care provider. You will need a prescription for these treatments and you should discuss the risks and benefits with your doctor.

- Creams can damage condoms and diaphragms – so tablets are better, or talk to your health care provider about using another form of birth control. The Calgary Sexual Health Centre calgarysexualhealth.ca/ is a good resource for more information about birth control options.

The amount of estrogen in these low-dose "treatments" is enough to make the vagina more moist and stretchy, but not enough to affect other parts of the body like your breast tissue. Estrin® and Vagifem® also come in higher doses for other problems related to loss of estrogen like hot flashes or loss of bone density. However, when these are used, the body is exposed to more estrogen.

If you have hormonally sensitive cancer, talk about the risks of topical/local estrogen with your doctor, as this is less risky than systemic estrogen replacement.

Managing Vaginal Tightness

E Relaxing Tight Vaginal Muscles

Tight muscles around the opening of the vagina are a common cause of pain during sex. Sometimes vaginal dryness during menopause can make intercourse painful.

If a woman starts expecting pain with intercourse, the muscles in the body may tighten, including the ones at the opening of the vagina. This is called vaginismus and women don't have a lot of control over it. It often starts either from pain caused by sex after being abstinent, or having a medical problem that caused pain during

intercourse. Sometimes, even after the body has healed from treatment, the muscle spasms stay.

If you have a lot of tightness, you might consider using a vaginal dilator. (see page 25)

Pelvic Floor Exercises (also called Kegel Exercises)

Women can learn pelvic floor exercises to control the muscles to relax the pelvic floor during vaginal penetration. The pelvic floor muscles are in the pelvis and they support the internal organs. These muscles control the opening of the vagina, the anus, and when you pass urine.

These exercises are recommended for women who have problems with leaking urine, have tight pelvic floor muscles, or after childbirth.



Once you know how to tighten these muscles, you can feel the difference between tensing the muscles and relaxing them. Then you can practice relaxing the muscles. Notice the squeezing motion you can use to stop the flow of urine. Try to do this same squeeze when you aren't passing urine like when you're sitting or lying comfortably. Can you feel a tensing at the opening of your vagina? Even after the uterus is removed (hysterectomy) or other pelvic surgery, most women can still control the pelvic floor muscles.

Sometimes the pelvic floor may be too tight, which may cause pain during sex. Sometimes the pelvic floor isn't tight enough, which can cause leaking urine (incontinence). If you're already tight, don't practice tightening, work on relaxing these muscles. If you aren't sure how to do these exercises, see a pelvic floor physical therapist (you do not need a referral)

How do I do pelvic floor exercises?

The muscles for this exercise only surround the outer 1 or 2 inches of the vagina. You can't control the deeper part of the vagina. To check if you're tensing the right muscle, follow these instructions:

1. Get some lubricant. Lie on your back or sit against pillows with your knees bent and open.
2. Put some lubricant on your fingertip (or you can use a tampon). Put it at the opening of the vagina. Use a mirror to see if you're in the right place.
3. Use your hands to gently spread the inner lips (labia) apart. Try to squeeze the vagina and then relax. When the muscles are relaxed, slip the lubricated fingertip or tampon in the vagina. Hold it there and try to squeeze again. You should feel your vagina move a little when you gently squeeze the finger or tampon. Squeeze for 3 seconds and then relax as loosely as you can. You may even feel a gentle push as you fully relax the muscles. If you have vaginal pain or tightness, the important part of this exercise is to relax the muscles.
4. Do 10 in a row every time. It only takes a few minutes and practicing can help you learn to feel the difference between tensing and relaxing.

Once you've found these muscles and can hold and relax them, practice the exercises every day. Really focus on relaxing the muscles. Once you feel comfortable doing the exercise, you don't need to keep inserting your finger or the applicator. You can do the exercises in the shower, while you watch TV, or during lunch. Do them 2 times a day and make them part of your daily routine.

These exercises make the pelvic floor muscles stronger. Some clinicians and researchers believe stronger muscles may help a woman reach an orgasm more easily. They make sex better by making you more aware of good feelings in your vagina. This may also be a helpful practice for women with low sexual desire, to become more aware of the feelings in the pelvic floor and genital area. If you are able to have full penetration without tightness or pain, you might want to try tightening and relaxing these muscles during intercourse.

Managing Incontinence and Leaking of Urine

What is urinary incontinence?

- Urinary incontinence is the accidental release of urine.
- It's common for people to lose some bladder control after treatments for cancer of the pelvis such as radiation or surgery. This can be embarrassing and disrupt daily activities. Even if you have good bladder control during the day, you might still have incontinence when you sneeze, cough, or laugh (stress incontinence).

How is incontinence treated?

There are treatments for incontinence and ways to help you manage it at home.

What is pelvic floor physiotherapy?

- Pelvic floor muscle strength is an important part of bladder control. Strong pelvic muscles can help you decrease incontinence and help the bladder hold urine when you feel the urge.

- If you do pelvic floor exercises regularly, incontinence may get better after a couple of months. If symptoms don't get better, see your doctor.
- To find a physiotherapist that treats incontinence, go to **physiotherapy.ca** and do a search for urinary incontinence (women).

How do I manage incontinence and sex?

Some couples struggle with urine leaking during sex. These ideas might help:

- Lay a towel out on the bed before sex—if urine leaks, the towel will absorb it.
- Keep a warm, wet cloth near you for easy clean up if needed.
- Remember that urine doesn't have any germs in it, so it isn't harmful if it leaks while having sex.
- Try having sex in the shower or bath.

What if my incontinence isn't getting better?

Some women with very bad stress incontinence might need surgery. Your doctor might want you to wait until after your cancer treatments to have surgery. Many doctors recommend waiting at least 1 year before having surgery for incontinence.

Your doctor will tell you what surgery is best for you. The different types of surgery for incontinence include:

- tension-free vaginal tape
- urethral bulking
- electrical stimulation
- retropubic suspension
- urethral sling

How to Use a Vaginal Dilator

If you're a woman who is having radiation therapy (RT) to the pelvis, you may need to use vaginal dilators. Using the dilators is like a stretching exercise for the vagina. Even if you are not planning on being sexual, you may still need to use the dilators to help with pelvic examinations from your health care provider.

What are vaginal dilators?

- A vaginal dilator (also called an insert) is a plastic rod or cylinder with a rounded end. It's put in the vagina to open (dilate) or stretch the tissues. This will keep the vaginal tissue healthy, after having radiation treatments, so that it's comfortable to have a pelvic exam or engage in sexual activity. You need to use the dilator at least 3 times a week for 12 months.
- Your radiation therapist or nurse will tell you about dilators when you have your teaching about internal RT. You'll likely get 1 to 2 dilators. You can also buy vaginal dilators online that come in different colors, and are made of different materials. If you don't want to buy a dilator, you can also use a thin tapered candlestick. If you have questions, talk to your healthcare provider.



Why do I have to use vaginal dilators?

- You need to use dilators after RT because the tissues of the vagina are often damaged by the radiation. It's kind of like having a sunburn to the vagina. The tissue will be tender and irritated while you get radiation and may last for up to 2 or 3 weeks after treatment is complete.
- Because the walls of the vagina are wrinkled, scarring and healing can make it smaller and tighter than it was before. If you use a dilator regularly, scar tissue will break down while it's still thin and filmy. This will let the vagina slowly heal and keep its normal size and elasticity.
- Using a dilator will also help you stay confident about having an object put in the vagina. Some women who have pain in the vagina may develop a fear of penetration or intercourse. Practicing with a dilator will help you feel confident that you can still have intercourse or pelvic exams, without pain.
- Using dilators is a way to prevent tissue damage. However, it will only work if you use the dilators regularly and for the time that is recommended.
- RT affects the vagina for years after treatment is finished, so it's a good idea to use the dilators for 12 months. After this time, you can use them anytime you have tightness or pain.
- Some women with breast cancer who have symptoms of menopause and difficulty with vaginal tightness, might also want to try using a dilator.

How do I use a vaginal dilator?

1. Find a quiet, private place where you won't be disturbed for about 15 minutes. You may want to bring a book or your phone with you if you think you might get bored.
2. Lie back and relax. Practice a few pelvic floor exercises.
3. You may want to put your clean finger in your vagina first, as it's a dilator too.
4. Put enough water-based lubricant, such as Astroglide®, K-Y® Jelly, or Liquid Silk®, to cover the outside of the dilator. If you do this in a warm bath or the shower, water can work like a lubricant, though it may also wash away any natural lubricant.
5. Put the dilator at the opening of the vagina. First, tense your pelvic muscles and as you relax, gently put the dilator in the vagina until you feel resistance or any discomfort.
6. When you have relaxed the pelvic floor muscles, try to push the dilator in farther until you feel resistance or discomfort. When you're not turned on (aroused), the vagina is quite short. This changes when you're aroused and planning to have intercourse. The dilator will likely only go in a few inches—this is normal. If you can only put the dilator in 1 inch (or less), do that and relax for a minute. Then, try to gently push it in a little bit further. Keep going. It will likely be uncomfortable, but if it's painful, don't push any farther. Avoid making contractions of the pelvic floor muscles, while using the dilator. If there is too much pain to continue, talk to your health care provider.

7. Gently press the dilator against each side of the vagina, for the best stretching. Also press at the top end of the vagina. Most scarring happens in this area.
8. If any part of the vagina wall feels tender or tight, very gently press the dilator into that area and hold it for a few seconds so that the tissue can stretch. After you do this, leave the dilator in and try to stay relaxed for 10 minutes. You have to hold the dilator in or it will slowly slip out—this is normal. To get the most benefit, keep the dilator in for 10 minutes. Do this at least 3 times a week. If you're having intercourse, you still need to do this regularly.
9. Take out the dilator. It's normal to have a bit of bleeding or to see blood on the dilator. If there is more than a tablespoon of blood, call your healthcare provider.

What if the dilator is too big?

If you find the dilator is too big, start with a smaller one, or just use your fingers. If you don't have a dilator that's small enough, talk to your doctor or health care provider about other options. Start with whatever is comfortable for you and work up to a dilator that is the same size as an erect penis, or the sexual toy or object that you typically use.

