

Intractable Vaginismus - Management by Incision of Spasmodic Perivaginal Muscles and Resurfacing with Labia Minoraflaps - New Approach

Vishwa Prakash^{1*} and Neeta Garg²

¹Department of Plastic Surgery, Safdarjung Hospital, India

²Gynaecologist, Centre for Female Genital Reconstruction, Indrapuram, Ghaziabad, India

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*Corresponding author

Vishwa Prakash, Department of Plastic Surgery, Safdarjung Hospital, New Delhi, India, Tel: 09810115227; Email: vpagarwal@gmail.com

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Abstract

Introduction: Vaginismus is defined as recurrent or persistent involuntary spasm of the musculature of the lower third of the vagina, which interferes with coitus resulting in matrimonial disharmony. There are many methods described for the management of the condition. But most of times all methods fail to treat such patients. We have developed a newer approach for management of this condition in which spasmodic muscles are incised and resultant defect is resurfaced with Labia Minora Flaps.

Material and method: We have treated fourteen females who were married more than 5 years before and had undergone all types of treatment without success.

Results: All of the females could initiate sexual intercourse within 3 weeks of surgery

Conclusion: Incision of spasmodic muscles and resurfacing with labia minora flaps is one of good option if other treatment had failed, for management of vaginismus.

Introduction

Vaginismus is defined according to DSM IV-TR as recurrent or persistent involuntary spasm of the musculature of the lower third of the vagina, which interferes with sexual union and causes matrimonial problems [1]. Inclusion of spasm in the definition has been questioned as it has not been consistently documented [2]. It has been classified as primary when the woman has never experienced non-painful penetrative sexual intercourse and as secondary when she has experienced non-painful penetrative vaginal intercourse in the past [3]. Butrick has concluded that it is part of hypertonic pelvic floor disorder [4]. Classical psychoanalytic theory conceptualized vaginismus as a conversion disorder caused by unresolved psychosexual conflicts in early childhood. Vaginismus women have been characterized as fixated or regressed to the pre-oedipal or oedipal stages [5]. Vaginismus is believed to be a psycho-physiologic disorder due to fear from actual or imagined negative experiences with penetration. Women with vaginismus have also been noted to have lack of sex education [5]. The condition has been treated by sex education [2], graded insertion of fingers [6], Kegel's exercises [7], use of local anesthesia [8], pharmacotherapy and botox injections [6]. However many a times the condition is not improved. In such patients we have used the newer method of incision of spasmodic muscles with resurfacing with labia minora flaps successfully in fourteen patients.

Material and Method

We have treated fourteen patients of age varying 18 to 28 years who have consulted various gynaecologists and have tried various types of the treatments for vaginismus. All the patients never had sexual intercourse. We tried to examine the patients which was not possible in any of the patients and did the procedure as detailed below.

Technique

Patients were operated in general anaesthesia without muscle relaxation. The perivaginal examination was done when severe grip on the examining finger was felt. The mucosa was incised at rim at 8 and 4'O clock about 2 cm long extending from vaginal mucosa to vestibular mucosa exposing the perivaginal muscles which were incised till constriction ring disappeared [Figures 1-5]. The incision of muscles should not be more than 50% thickness. The resulting defect was resurfaced with labia minora flaps which have been detailed in literature [7]. After putting flaps the pervaginal examination was done again to ascertain that there was no grip on examining finger. The vagina was lightly packed.

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Figure 1: Showing vaginal opening. Circular ring is demonstrated at vagina orifice because of hypertonic perivaginal muscles.



Figure 2: Showing incision and exposure of muscles.

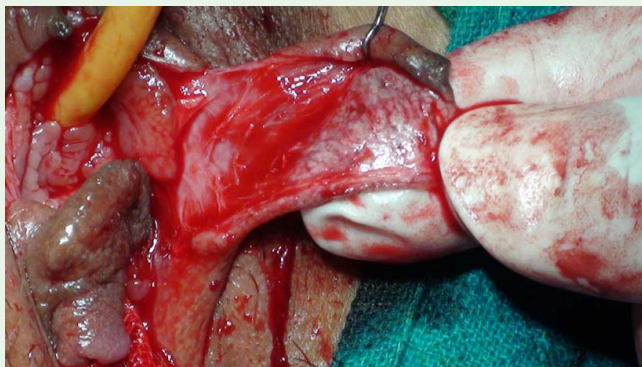


Figure 3: Showing raised labia minora muscles.

Postoperatively the pack was removed next day which could be done easily, which was a sign that there was improvement as initially they were not allowing even examination. Further mould was given to be worn for five minutes daily in morning and evening for six months even if she was having regular intercourse.

Results

The results were good. All the girls could start sexual intercourse after three weeks. Three of the patient had sexual intercourse and became pregnant within six months.

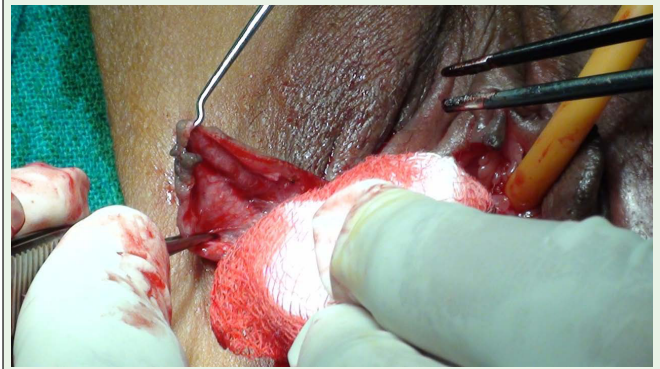


Figure 4: Resurfacing the defect by labia minora muscles.

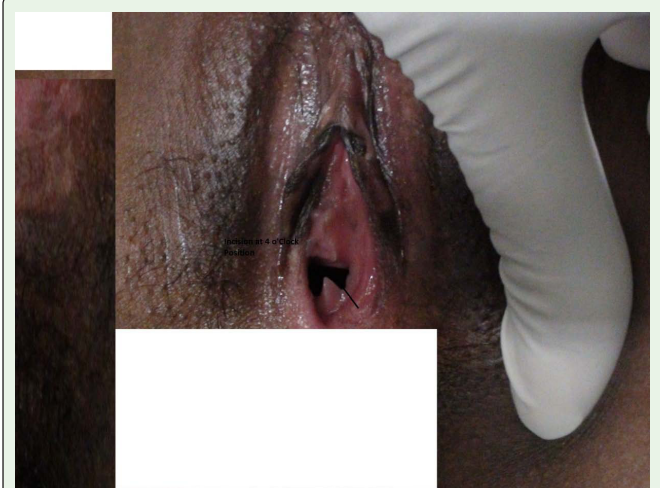


Figure 5: Incision at 4'O clock.

Discussion

Vaginismus thought to be one of the most common female psychosexual dysfunction but the exact prevalence rate among general population is not known. Pacick PT in his paper stated that approximately 1-7% of females worldwide suffer with this disease [8].

In sexual dysfunction clinics, the rate of disease varies from 5 to 17% [3]. Undoubtedly this condition can result in significant interpersonal problems and marital discord.

Aetiology is thought to be unknown. Numerous papers note a history of religious or strict sexual upbringing or aversion to penetration because of perceived pain and bleeding with first time intercourse. Sexual molestation may be more prevalent in this group of patients.

It is hyper tonic disorder and is akin to hypertonic disorder of limb. In most of the hypertonic limb disorder, the only treatment which helps is surgery. Though we don't have actual data but we believe that there is focus of hyperactivity in vaginal muscles and this should be interrupted in which healing should be primary as secondary healing in the area may itself result in dyspareunia and precipitation of the condition. By incising few fibres of circum vaginal

muscle the hyperonicity of the muscles is taken care of. Incision of muscle fibres result in defect which is resurfaced with labia minora flaps providing primary healing.

Conclusion

Interruption of circumvaginal spasmodic musculature followed by resurfacing the defect with labia minora flaps is one of the good alternatives to other methods for management of vaginismus patients who are not responding to usually described methods of vaginismus.

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