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 new method for management of the 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.
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.

**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

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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.

**Figure 4:** Resurfacing the defect by labia minora muscles.

**Figure 5:** Incision at 4’O clock.
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

Interuption 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.

References


