



Session # D6

When the Heart Says 'YES' ... but the Vagina Says 'NO'

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CFHA 19th Annual Conference
October 18-21, 2018 • Rochester, NY U.S.A.





Faculty Disclosure

We **have not** had any relevant financial relationships during the past 12 months.

Conference Resources

Slides and handouts shared in advance by our Conference Presenters are available on the CFHA website at http://www.cfha.net/?page=Resources_2018



Slides and handouts are also available on the mobile app.



Learning Objectives

At the conclusion of this session, the participant will be able to:

Identify an effective care team to address high toned pelvic floor pain

Identify medical and psychosocial interventions for patients

Discuss successful ways to collaborate across disciplines for effective patient care



Bibliography / Reference

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2. Gupta, P; Gaines, N; Sirls, L; Peters, K. A Multidisciplinary approach to the evaluation and management of interstitial cystitis/bladder pain syndrome: an ideal model of care. *Translational Andrology and Urology* 2015 Dec: v.4(6): 611-619.
3. Peters KM, Killinger KA, Carrico DJ, et al. Sexual function and sexual distress in women with interstitial cystitis: a case-control study. *Urology* 2007;70:543-7.
4. Gardella B, Porru D, Nappi RE, et al. Interstitial cystitis is associated with vulvodynia and sexual dysfunction--a case-control study. *J Sex Med* 2011;8:1726-34.
5. Bogart LM, Suttorp MJ, Elliott MN, et al. Prevalence and correlates of sexual dysfunction among women with bladder pain syndrome/interstitial cystitis. *Urology* 2011;77:576-80.



Learning Assessment

1. Who is involved in an effective interdisciplinary team when patients dealing with hypertonic pelvic muscle complexity present for treatment and it is affecting their intimate lives with their partner?
2. What is one possible intervention each provider might employ?
3. What might be an issue where two providers might coordinate treatment?



He is the best physician who is the most ingenious inspirer of hope.
Samuel Taylor Coleridge

Our beliefs become our thoughts.

Our thoughts become our words.

Our words become our habits.

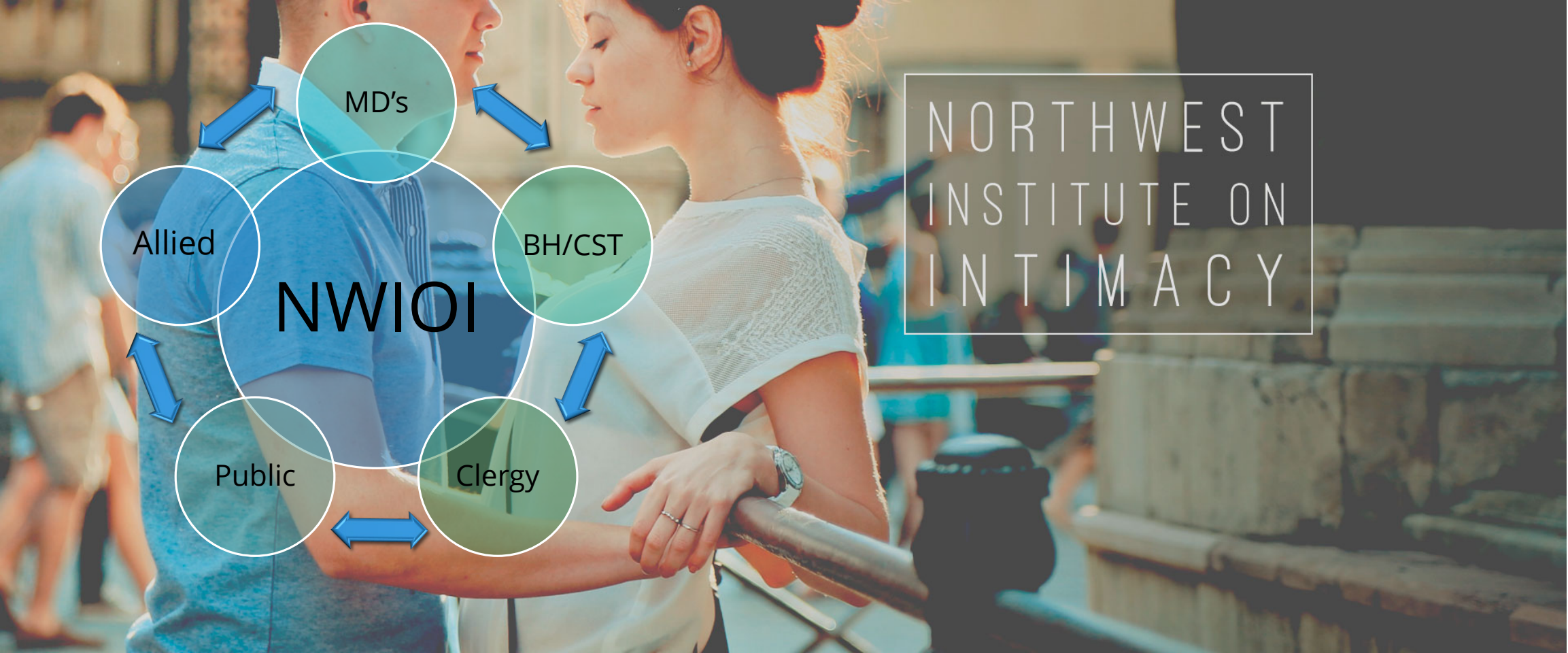
Our habits become our values.

Our values become our destiny.

--Gandhi



Our Setting



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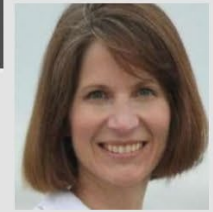


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Typical Treatment when the Vagina says “NO” (HTPFD)

Patient seeks knowledge online only

MD sees no etiology and says – “Just relax”, “looks normal”, “do Kegels”

GYN – dilators, lidocaine offered only

PT – only treatment employed

MD specialist – only treatment employed

Psychotherapy – only (w/o sexual training), (no medical knowledge or collaboration)

Clergy – looks at past “sexual transgression” and thus increases sense of sexual shame



What do we treat when the Vagina says “NO” (HTPFD)

Frequency: <40% of women

Terms: Vaginismus

Provoked vulvadynia

Pelvic floor hypertonicity – spasms

Overactive pelvic floor

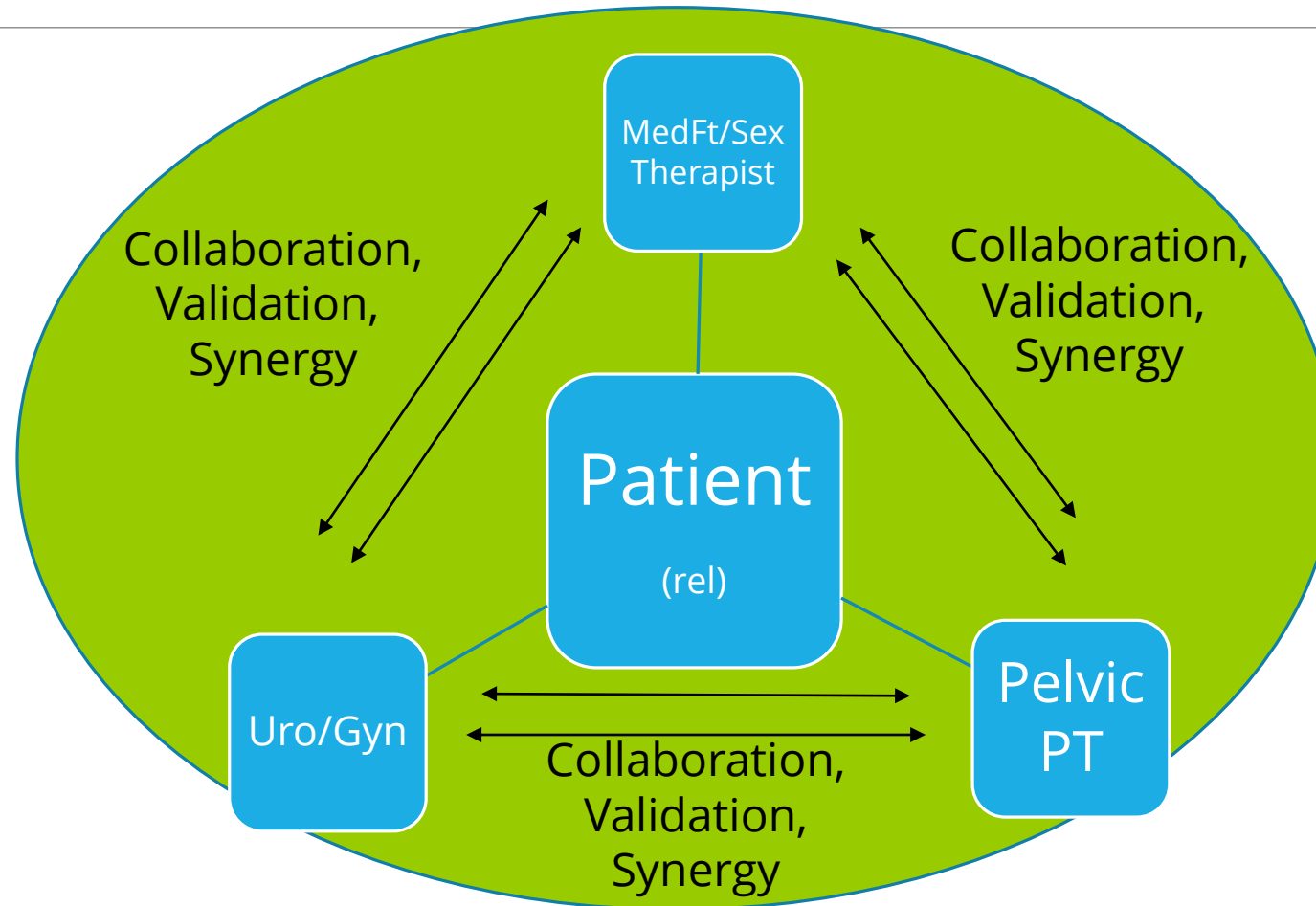
Causes – often idiopathic

Orthopedic, obstetric, sexual shame, sports, trauma ...



Treatment Team

Treatment Model





Treatment of provider and how they intersect

When does collaboration happen?

- When something happens in tx that could assist the other in their next appt.
- When you need information from the other provider.
- When you need insight or feel stuck in your treatment.
- When you need a shoulder to cry on.
- When you want to share a success!

**The sum is so much greater than any part acting alone.
There is accumulative relational trust between all
providers and w the patient.**



The Case of HOPE

- **Trauma**

- She had no trust in doctors because of her father
- Extreme negative societal beliefs regarding womanhood – babies; sex; virginity; hymens
- She believed her MD took her virginity when she incised her hymen
- Primary in office/exam room presentation from all 3 providers:

- **MD intervention/outcome - Mia**

Hymenectomy

Botox - 2x

- **PT intervention/outcome – Rebekah**

Internal vaginal healing PT to lower pain response, lower anxiety and profuse sweating

- **MedFt intervention/outcome – Kimberly**

Moved out of an abusive job, obtained a more satisfying job

Significant healing in childhood trauma which facilitated work with Mia and Rebekah

She expanded the definition of 'sex' to be connection and pleasure

She was able to have orgasms regularly

She was able to achieve satisfying sex



A Comment on our Journey w HOPE

What is obtained in this kind of treatment that is otherwise lost?

1. What we learned from Hope about collaboration?
2. What we learned about ourselves – as clinicians, as humans?
3. Is all this hassle worth it?

Q & A

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Session Evaluation

Please complete and return the evaluation form to the classroom monitor before leaving this session.

Thank you!