This handout is most useful for women who are dealing with conditions such as:

- pelvic pain,
- vaginismus,
- pudendal neuralgia,
- vulvodynia/vesibulodynia
- history of sexual trauma.

(additional handouts will cover – agenesis, atrophy, stenosis, post-gyn cancer radiation, surgical adhesions)

Purpose:
This particular handout provides a process for using dilators when dealing with anxiety, fear, and/or pain associated with any type of touch at the opening or insertion (or thoughts of these) inside the vagina. This can involve: gynecology exam with or without a speculum, tampon use, any type of sexual activity – finger touch, insertion, or movement and/or full sexual intercourse.

Brain/Pain/Fear Connection:
If you are experiencing fear and anxiety about the possibility of pain or if you currently have pain with attempts at touch or penetration, you are not alone. This can happen for many reasons. This approach to using dilators is successful based on the principles of understanding how the brain also works.

- When you have fear of pain or experience pain, your brain tries to protect you by sending “danger signals”
- You may actually feel symptoms of what is called a “fight or flight” response. With attempts at touch or insertion at the vagina, your heart may race, you may get even more
anxious; and if you have pain, then that reinforces that negative affect both at a local level and your brain's “danger response”.

• The directions in this handout are based on principles to help with both brain “danger” signals (you may not even realize you have) and the local sensitivity at the vagina. It's a combination of graded exposure and desensitization.

• The success rate is much higher with this approach, then simply putting dilators in without a plan or framework. (Many patients have found that this helped them after failed attempts in the past). So, even if you have tried dilators in the past without success, this may work for you!

Tips for Success:

• This is a great step! The use of dilators provides the opportunity to transition away from fear and pain and toward your goals. This is for YOU.

• Be good to yourself through this process. It is a journey. I tell my patients that the journey may have times of frustration and peaks and valleys, but there’s a lot of hope! Remember that you are not “broken” or “less feminine”. Love yourself where you are.

• Dilators are primarily used in the privacy of your home, however, you can receive help from a qualified pelvic physical therapist trained in teaching you how to use them AND how to progress them.

• I usually suggest that you use the dilators by yourself and not with a partner initially. The goal is to make sure that YOU feel comfortable and can guide them without any outside pressure. Even a loving partner may mean well, but this may increase your fear or anxiety without you even realizing it.

• Prior to using dilators, it can be helpful to set the right environment – examples: taking a nice bath before; playing calm, soothing music; meditating or doing breathing exercises; playing guided imagery CDs.

• Graded Imagery (different than guided imagery): Imagine yourself using the dilator. Picture how you feel and pay attention to thoughts and how you can direct them in a positive way. Imagine yourself without stress, anxiety or pain with the dilator you plan to use

• You can even use a dilator on the outside of the vulva just to have some touch there and “connection” with the dilator prior to inserting – 1 min to 10 min.
Guide to Using Vaginal Dilators, Part 1
by Tracy Sher, MPT, CSCS

- Dilator use is most successful once all medical diagnoses are ruled out or addressed. Some patients may initially require local vaginal creams or topical ointments to assist with the process. Also do not use dilators if you have or suspect you have an active vaginal infection or have unusual symptoms; or if you have pain that does not subside after using them.
  (* if you have been prescribed muscle relaxers, discuss this with your physician – some suggesting using the medicine 30 min to 1 hour prior to dilator use).

Dilator Selection:
Not all dilators are created equal. There isn’t a “best” one to use. It depends on various factors. There are a variety of sets to choose from – There are a variety of sizes – some sets start smaller than others. The most comfortable material is usually silicone, but they can be expensive. Some find that the plastic or glass sets work well for them too. Talk to your healthcare professional about the best set for you. Here are some samples of types of dilators:

Amiele Plastic set  Berman Dilators with vibration

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Soul Source Silicone

Glass

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Dilator Use: Ideal to use dilators every day (or night), but this can vary.
• Position yourself reclined/lying on your back on your bed with your knees bent
• Place a liberal amount of lubricant (water soluble) all over the dilator starting with the smallest size (your pelvic physical therapist can also help you decide about the starting size). The recommended lubricant is one that is free of glycol (recommend Slippery Stuff or Sliquid Organics)
• Slowly slide the tip of the smaller size dilator in – pay attention to how that feels. If you experience NO GREATER than 3/10 discomfort (not necessarily pain), continue to slowly insert the dilator. You can pause at any time and either hold the dilator at that position or try to slide in further when you feel ready.
• Allow the dilator to stay in place in a position that does not increase discomfort greater than 3-4/10 (0 is no discomfort or pain and 10 is severe) for 10 minutes. When you keep the discomfort level relatively low, this reinforces to you brain that the danger/threat level is low and fear/anxiety/pain levels may decrease as a result. This has a reinforcing affect that becomes cumulative during the time you use dilators.
• You can repeat the above step for several days and then, you can move on to the next size (or warm up for a few minutes with the smaller size and then insert the next size) Repeat the process of slowly inserting the dilator, but the key is to make sure the discomfort does not stay increased greater than 3-4/10 (however for ex: a transient 6 that drops quickly to a 2/10 is okay)
• You can then progress to the following:
  o Use the second dilator you progressed to for 5-7 minutes and then insert the smaller dilator and do gentle movements in/out direction (with discomfort no greater than 3-4/10).
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- Or use the smaller dilator first and do in/out movement for a few minutes, then progress to the next dilator size and hold static for 5-7 minutes for a total of 10 min.

- The ultimate goal is to progress dilator size at a comfortable pace (this could be weeks or months) so that you are using the largest dilator you choose without discomfort greater than 3-4/10 with movement (for your intended goal – gyn exam, tampon use, sexual activity, etc.)

Additional Options:
- Some individuals may progress better after doing a gentle pelvic floor contraction or “Kegel” and then relaxing the muscles while inserting the dilator. This does not work for everyone, however.
- If you have tight pelvic floor muscles or want more stretching at the walls of the vagina, your pelvic physical therapist can teach you ways to angle the smaller dilators to them for pressure or stretching.
- You can experiment with different leg or trunk positions as well as angles of insertion for comfort.
- As you progress and feel comfortable, you can have a partner assist in using the dilators and/or use them as part of foreplay and transition to sexual intercourse if this is a goal.

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