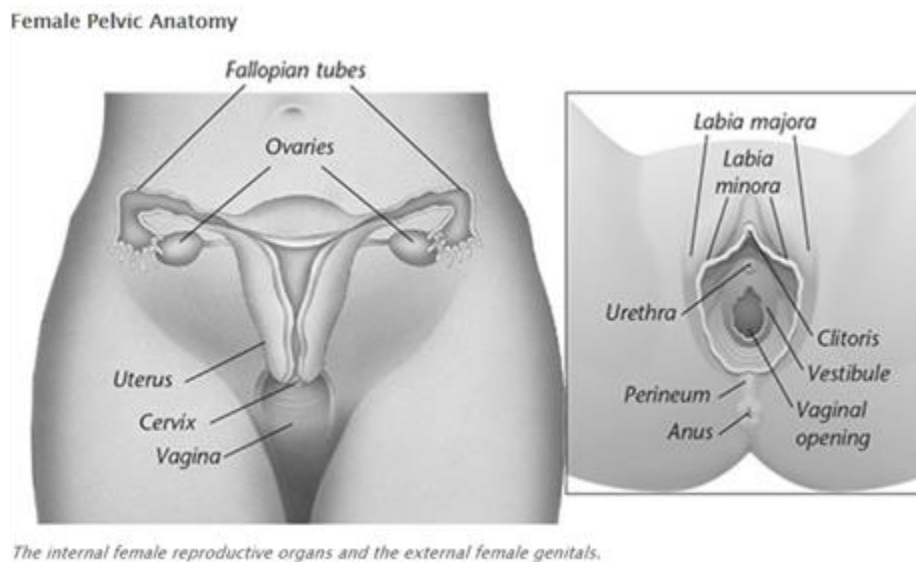


When Sex Is Painful

Pain during intercourse is fairly common—it can be a brief problem for some women or a long-term for others, but nearly three out of four women experience it at some point in their life. This type of pain can result from a gynecologic problem like endometriosis or ovarian cysts, or from a problem with sexual response, like lack of desire for sex or lack of arousal.

You should see a doctor if you feel regular or severe pain during sex. It's essential to rule out any gynecologic problems that could be causing your discomfort. A pelvic exam or an ultrasound exam can often reveal the source of some types of pain. Additional testing, which may include a surgery called a laparoscopy, may be required. Your doctor can also help you with sexual response problems.



- Where is pain during sex felt?

You may experience pain in your vulva, the vestibule (the area around the opening of your vagina), or within your vagina. During sex, the perineum is a common source of discomfort. You may also experience discomfort in your lower back, pelvis, uterus, or bladder.

- What causes sexual response problems?

The following reasons are among the most common:

- Your mental state—Stress and exhaustion might have an impact on your desire to have sex. Fear, guilt, humiliation, embarrassment, or awkwardness about having sex can make relaxing difficult. Arousal is difficult to achieve when you can't relax, and pain may happen.
 - Relationship issues—Your sexual reaction may be affected by issues with your spouse. A mismatch in partners' levels of desire for sex is a common relationship issue.
 - Medication—Many medications, including certain birth control techniques, might impair sexual desire. Many pain relievers can also lower sexual desire.
 - Medical and surgical conditions —Some medical conditions like arthritis, diabetes, cancer, and thyroid can influence sexual response in an indirect way. Some women who have undergone surgery report that it has a negative impact on their body image, which may lead to a reduction in their desire for sex.
 - Your partner—If your boyfriend is on an erectile dysfunction medication, he may experience delayed orgasm, which can result in a long and painful intercourse. If your partner is experiencing a sexual problem, it can make you feel anxious about having sex.
- What kinds of gynecologic conditions can cause pain during sex?

Many gynecologic disorders can be indicated by pain during sexual intercourse. If not treated, several of these disorders can lead to further issues:

- Skin disorders—Some skin disorders can lead ulcers or cracks in the vulva's skin. Contact dermatitis is an allergy reaction to something irritating (like scented soaps), and it's a common skin disorder that affects the vulva. Itching, burning, and soreness are all possible side effects. The type of skin condition determines how it is treated.
- Vulvodynia—Vulvodynia is a type of pain that affects the vulva. Vulvar vestibulitis syndrome (VVS) occurs when pain is limited to the vestibule (the area around the vaginal opening). Vulvodynia can be treated in a variety of ways. For more information about this condition, see [FAQ127 Vulvodynia](#).
- Hormonal changes—A decrease in estrogen levels during perimenopause and menopause can lead to vaginal dryness. It can be treated with hormone therapy and minimized using a lubricant or a vaginal moisturizer during sex.
- Vaginitis—A yeast or bacterial infection can cause this vaginal inflammation. The vaginal and vulval discharge, itching, and burning are

symptoms. Medication can be used to treat vaginitis (see FAQ028 [Vaginitis](#)).

- Vaginismus—Vaginismus is a reflex muscle contraction (tightening) at the vaginal entrance that might cause pain while trying sexual intercourse. There are a variety of methods to treat vaginismus.
 - Childbirth—Women who have suffered an episiotomy or perineum tears after childbirth may experience pain during sex for several months. Physical therapy, medicines, and surgery are all options for treatment.
 - Other causes include pelvic inflammatory illness, endometriosis, and adhesions, which are all linked to sex-related pain.
- Are there things a woman can do on her own to help with pain during sex?

Consult an ob-gyn or other health care specialist if you have pain during sex. You might also explore several self-help methods to relieve pain during sex:

- Apply lubricant. If you have vaginal irritation or sensitivity, water-soluble lubricants are a suitable alternative. Silicone-based lubricants are more slippery than water-soluble lubricants and last longer. Condoms should not be used with petroleum jelly, baby oil, or mineral oil. They can disintegrate latex and cause the condom to break.
- Schedule time for sex. Make a moment when neither you nor your spouse are anxious or tired.
- Have a conversation with your partner. Tell your partner when and where you experience pain, as well as what activities you enjoy.
- Experiment with non-painful sexual activities. If intercourse is painful, for example, you and your partner might choose to concentrate on oral sex or mutual masturbation.
- Engage in nonsexual but sensual activities such as massage.
- Take pain-relieving measures before sex, such as emptying your bladder, taking a warm bath, or using an over-the-counter pain medicine.
- Apply ice or a cold gel pack wrapped in a tiny towel to the vulva to ease burning after intercourse.

SOURCE: [When Sex Is Painful](#) | ACOG

Chlamydia, Gonorrhea, and Syphilis

A sexually transmitted infection (STI) is an infection that is passed from person to person through sexual contact. This section is dedicated to chlamydia, gonorrhea, and syphilis only. These STIs can lead to long-term health issues as well as complications during pregnancy. If you are exposed to HIV while suffering from a STI, you are more likely to contract the infection.

- What is chlamydia?

In the United States, chlamydia is the most commonly reported STI. It is caused by bacteria that can be transmitted from one person to another during vaginal, oral, or anal sex. The cervix is the most prevalent place of infection in women, but it can occur in the mouth, reproductive organs, urethra, and rectum as well.

A chlamydia test can be performed on a urine sample or on a swab collected from the vaginal area, mouth, throat, rectum, or the area around the cervix in women. For women under the age of 25, as well as those 25 and older with chlamydia risk factors, a yearly screening test is recommended.

These factors can increase the risk of getting chlamydia:

- Having a new sex partner
 - Having more than one sex partner
 - Having a sex partner who has more than one sex partner
 - Having sex with someone who has an STI
 - Having an STI now or in the past
 - Not using condoms consistently when not in a mutually monogamous relationship
 - Exchanging sex for money or drugs
- What are the symptoms of chlamydia?

Often, chlamydia has no symptoms. When they do appear, it can happen anywhere from a few days to several weeks following the infection. They are often misdiagnosed as a urinary tract or vaginal infection since they are so mild. Women's most common symptoms include:

- yellow discharge from the vagina or urethra
 - painful or frequent urination
 - vaginal bleeding between periods
 - rectal bleeding, discharge, or pain
- Treatment for chlamydia

Chlamydia is treated with an antibiotic. Anyone you have had sex with in the past 60 days or your last sex partner will also need to get tested and treated if necessary. Be sure to take your medicine as prescribed and get retested after 3 months of the end of your treatment. Stay away from sexual interaction until you have finished your treatment to avoid spreading the bacteria.

Pelvic inflammatory disease (PID) or other complications can result from an untreated chlamydia. PID can lead to long-term health problems and affect your ability to get pregnant.

- What is gonorrhea?

In the United States, gonorrhea is the second most commonly reported STI. Chlamydia and gonorrhea are frequently found together and have similar risk factors. Gonorrhea can be transmitted to a partner through vaginal, anal, or oral sex.

Tests for gonorrhea in women can be performed on urine samples or swabs collected from the vagina, mouth, throat, rectum, or the area around the cervix. For women under the age of 25, as well as those 25 and older with gonorrhea risk factors, a yearly screening test is recommended.

- What are the symptoms of gonorrhea?

Gonorrhea often has no or just very light symptoms. Women with gonorrhea may think they have a minor urinary tract or vaginal infection. Symptoms include

- yellow vaginal discharge
- painful or frequent urination
- vaginal bleeding between periods
- rectal bleeding, discharge, or pain

- Treatment for gonorrhea

Two types of antibiotics are used to treat gonorrhea. A single antibiotic injection followed by a single antibiotic pill is the suggested treatment. If you don't have access to an injection, you can take two types of antibiotic pills. Your sex partners should also be tested and treated for gonorrhea.

When not treated, gonorrhea can lead to the same long-term health complications as chlamydia, including PID, as well as disseminated gonococcal infection.

- What is syphilis?

Syphilis is an infection caused by bacteria that enter the body through a cut in the skin or by encountering a partner's syphilis sore (chancre). Syphilis is most usually disseminated by sexual contact since it occurs on the vulva, vagina, anus, or penis. It causes genital sores, making it easier to become infected with and transferring HIV. Syphilis can also be disseminated by contact with the rash that emerges later in the disease's progression.

Syphilis is commonly diagnosed with two blood tests. Pregnant women should be tested during their first prenatal appointment and those who are at high risk of contracting syphilis should get retested after giving birth. Women who are not pregnant should not be screened for syphilis on a regular basis. Furthermore, several jurisdictions mandate prenatal testing even for women who are not at high risk of infection.

- What are the symptoms of syphilis?

Symptoms of syphilis differ by stage:

- **Primary stage**—Syphilis first appears as a painless chancre. This sore goes away without treatment in 3 to 6 weeks.
- **Secondary stage**—If syphilis is not treated, the next stage begins as the chancre is healing or several weeks after the chancre has disappeared, when a rash may appear. The rash usually appears on the soles of the feet and palms of the hands. Flat warts may be seen on the vulva. There may be flu-like symptoms.
- **Latent infection**—In some people, the rash and other symptoms may go away in a few weeks or months, but that does not mean the infection is gone. It still is in the body. This is called latent infection.

- Treatment for syphilis

Antibiotics are used to treat syphilis. Long-term complications can be avoided if it is recognized and treated early. The length of treatment is determined on the duration of the infection. Periodic blood tests may be required to determine whether the medication is effective. During treatment, sexual interaction should be avoided. If you have syphilis, you should get tested for HIV as well. Syphilis should be treated in your sex partners.

Syphilis can return in its most severe form years later if left untreated. Syphilis in its late stages is a dangerous infection that can cause heart and neurological problems, and tumors leading to brain damage, blindness, paralysis, and even

death. Syphilis can harm the brain at any time, causing meningitis, hearing and vision problems, and other neurological symptoms.

- Do I need to tell my sex partners if I have an STI?

Partner notification is the process of informing sex partners that you have a STI and are being treated for it. It's a crucial stage in the healing process. When your partners are treated, you have a lower chance of being infected again.

You can either tell your partners yourself or have your state's health department do it for you. If you want to have the health department inform your partners, your name will not be included in the notification.

- What can I do to prevent getting chlamydia, gonorrhea, and syphilis?

There are many actions you may take to avoid contracting chlamydia, gonorrhea, or syphilis. Other STIs, such as HIV, are likewise protected by these safeguards:

- o When having vaginal, oral, or anal intercourse, use a latex or polyurethane condom.
- o Know your sex partners. The more partners you or your partners have, the higher your risks of contracting an STI.
- o Talk about your partner's sexual past and STI history.
- o Stay away from any genital sores.
- o If it is suggested for your age group, get tested for chlamydia and gonorrhea every year. If your ob-gyn does not provide this screening, request it.

SOURCE: [Chlamydia, Gonorrhea, and Syphilis | ACOG](#)

Genital Herpes

- What is genital herpes?

Genital herpes is a sexually transmitted infection (STI). Herpes simplex virus (HSV) is the virus that causes it. At least one in six adults in the United States are infected with this virus and it's more common in women. HSV infection can result in painful blisters and sores around the lips, genitals, or anus. It does not always result in sores. It is possible to have HSV and be completely unaware of it. Although there is no cure, the infection can be controlled.

There are two types of HSV that can cause genital herpes: 1) HSV-1 and 2) HSV-2. The most common cause of genital herpes is HSV-2. HSV-1 usually causes cold sores that appear on the mouth, lips, and eyes, but it is also a prevalent cause of genital herpes, particularly in young women.

- How does infection with the herpes virus occur?

Direct contact with herpes sores, generally during vaginal, oral, or anal intercourse, is how HSV is transferred. Even if there are no sores, HSV can be found on the skin. A person can become infected by coming into contact with the virus on an infected person's skin.

HSV remains in the body after a person is first infected. It travels to nerve cells near the spine and remains inactive until it is triggered to become active again. When this happens, the virus spreads along the nerves and causes a new outbreak of sores and blisters where it first entered the body. This is referred to as a recurrence. During a recurrence, the infection might be passed on to others.

- Genital herpes symptoms.

Many people who are infected with HSV show no signs or symptoms. When symptoms do appear, they differ from person to person. Some experience painful outbreaks with many lesions. Others may experience just minor symptoms that go unreported.

When a person is first infected with HSV, symptoms appear about 2–10 days after the virus enters the body. You might experience flu-like symptoms at first (fever, chills, muscle aches, fatigue, and nausea). Sores on the genitals, buttocks, and other places may look as tiny, fluid-filled blisters. Clusters of sores are common, and the area where the sores occur is generally inflamed and sensitive. A stinging or burning sensation while peeing is frequent if there are sores on the genitals.

The first genital herpes outbreak might last anywhere from 2 to 4 weeks. The sores break open and discharge fluid during this period. The lesions get sealed over a few days and eventually heal without leaving scars.

There may be burning, stinging, or tingling near the site area where the virus originally entered the body when an outbreak is going to occur again. Lower back, buttocks, thighs, and knees pain are common. This is referred to as a prodrome. Sores may emerge a few hours later. There is usually no fever or edema in the vaginal area in repeated outbreaks. Sores heal more quicker, usually within 3–7 days. Recurrent outbreaks are also frequently less painful. The

first year after infection is when outbreaks are most common. The number of outbreaks diminishes over time for many persons.

- How is genital herpes diagnosed?

The diagnosis of genital herpes requires the use of laboratory tests. If there are any sores, a sample of fluid is obtained from one of them. The sample is examined to determine whether it contains the virus and, if yes, which type of HSV it is.

HSV can also be diagnosed with a blood test. The test searches for antibodies produced by the body to combat the infection. The blood test can reveal the type of HSV infection, but it can't tell you how you acquired it or how long you've had it.

- How is genital herpes managed?

Taking antiviral medications during an outbreak can help to reduce its length and severity. Suppressive therapy is consisted of taking antiviral medications daily to help limit the number of outbreaks. In some patients, suppressive therapy can keep outbreaks away for an extended period. It also lowers the chance of spreading herpes to others.

- How can I avoid passing the herpes virus to my sexual partners?

If you have genital herpes, you must take the following precautions to prevent HSV transmission to your sexual partners:

- Inform your present partners that you have genital herpes. Your partners may wish to be checked even if they don't have sores. When there are no sores, a blood test for herpes can be performed. Before having sexual contact with future partners, you should also inform them.
- You can spread HSV to someone else even if you don't have any sores. The virus can be found on seemingly healthy skin, both before and after an outbreak. Male latex condoms (or polyurethane condoms for people allergic to latex) can help minimize the chance of passing or contracting HSV, but they don't offer complete protection. Infected areas of skin that aren't covered by the condom can spread the infection. Suppressive medication can lower the chances of illness spreading to a partner.
- Be aware of the prodromal symptoms that indicate the start of an outbreak. From the time you notice these symptoms developing until the scabs have faded, avoid sexual contact. After any probable contact with sores, wash your hands with soap and water. This will prevent you from reinfecting yourself or infecting someone else with the virus.

People with HSV-2 infection have a higher risk of getting human

immunodeficiency virus (HIV) if they have sex with an HIV-infected partner. Taking suppressive therapy does not lower this risk.

- Herpes virus and pregnancy

If a mother is infected with HSV while pregnant, the virus can be transferred to the fetus during birth as the fetus passes through the contaminated birth canal. This is more likely to happen if a woman contracts HSV for the first time while pregnant or if her first outbreak occurs late in the pregnancy. It can also happen during a repeat epidemic in a woman who was infected before becoming pregnant, though the chances are substantially smaller.

You may need a cesarean birth if you have sores or warning indications of an outbreak at the time of delivery to limit the risk of infection. The decision is based on a number of criteria, including the location of the sores on your body and whether or not the fetus will be exposed to it during delivery.

- Herpes virus and breastfeeding

Breast milk cannot transmit the herpes virus to a baby. However, if the infant comes into contact with a sore on your body, it may become infected. When you hold your baby or breastfeed, make sure any sores the baby might come into touch with are covered. Before and after feeding your baby, wash your hands with soap and water. You should not breastfeed your infant if you have sores on one of your breasts.

SOURCE: [Genital Herpes](#) | [ACOG](#)

Endometriosis

Endometriosis is a condition in which the tissue that makes up the uterine lining (the endometrium) grows outside of the uterus. It affects roughly 1 out of 10 women of reproductive age, mostly diagnosed between their 30s and 40s.

It most often happens in the following places:

- Peritoneum
- Ovaries
- Fallopian tubes
- Outer surfaces of the uterus, bladder, ureters, intestines, and rectum

- Cul-de-sac (the space behind the uterus)
- How can endometriosis be an issue?

Endometriosis tissue responds to estrogen levels in the body. During the menstrual cycle, the tissue may develop and bleed similarly to the uterine lining. Irritated, inflamed, and swollen tissue might develop around the wound. Scar tissue (adhesion) might occur as a result of the disintegration and bleeding of this tissue each month. Organs can become stuck together as a result of adhesions. Pain can be caused by bleeding, inflammation, and scarring, especially before and during menstruation.

- What is the link between infertility and endometriosis?

Endometriosis inflammation can harm sperm or eggs by interfering with their passage through the fallopian tubes and uterus. Adhesions or scar tissue can block the fallopian tubes in severe cases of endometriosis. It affects nearly four out of every ten infertile women.

- Symptoms of endometriosis

Chronic (long-term) pelvic discomfort, especially right before and during the menstrual period, is the most common symptom of endometriosis. Pain might also occur during sexual activity. Endometriosis may cause pain during bowel motions if it damages the bowel. There may be pain when urinating if it affects the bladder. Another symptom of endometriosis is heavy menstrual bleeding.

Endometriosis affects many women without causing any symptoms. Endometriosis is frequently discovered in women who are unable to conceive or who are undergoing surgery for another reason.

- Endometriosis diagnosis

An obstetrician–gynecologist (ob-gyn) may conduct a physical examination, which may include a pelvic exam. However, only a surgical procedure known as laparoscopy can determine whether or not you have endometriosis. During the process, a little piece of tissue is sometimes taken and examined in a lab (biopsy).

- Endometriosis treatment

Endometriosis treatment is determined by the severity of the condition, your symptoms, and whether or not you wish to have children. Medication, surgery, or a combination of the two may be used to treat endometriosis. Medication is usually attempted initially when pain is the predominant issue. Endometriosis

tissue can be removed by surgery. This tissue can be removed to ease pain and improve fertility.

Pain relievers, such as nonsteroidal anti-inflammatory medicines (NSAIDs), and hormonal therapies, such as birth control pills, progestin-only medications, and gonadotropin-releasing hormone (GnRH) agonists, are used to treat endometriosis. Gonadotropin-releasing hormone (GnRH) antagonists are a new method of treatment where a pill dials down estrogen. Lower estrogen levels can help manage endometriosis pain. Hormonal medicines can help reduce endometrial tissue growth and prevent new adhesions from forming. Endometriosis tissue that is already present is usually not removed by these medications.

- Can surgery cure endometriosis?

The majority of women have pain relief following surgery. However, there is a potential that the pain will return. Within two years of surgery, up to 8 out of 10 women have pain again. This could be the result of endometriosis that wasn't evident or couldn't be removed after surgery. The more serious the disease is, the more prone it is to come back. After surgery, taking birth control pills or other medications may assist to extend the pain-free period.

- What if I still have severe pain that does not go away even after I have had treatment?

A hysterectomy may be a "last resort" option if pain is severe and does not respond to treatment. If your ovaries are removed during a hysterectomy, endometriosis is less likely to cause pain in the future. In either case, the goal of surgical treatment is to remove as much endometriosis from outside the uterus as feasible.

SOURCE: [Endometriosis](#) | ACOG



[ORLISSA® \(elagolix\) to Manage Moderate to Severe Endometriosis Pain](#)