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Clinical pearls in sexual medicine

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Case 1

A 43-year-old married woman presents to you quite upset after undergoing a hysterectomy three months ago for the treatment of endometriosis. She explains to you that she has lost her ability to reach orgasm with vaginal penetration since hysterectomy. She states, “My surgeon told me that my sexual function would get better after surgery, but this is so much worse. If I would have known this surgery would have taken away my orgasm, I wouldn’t have done it.”

What is the most likely cause of her anorgasmia?

A. The cause is most likely psychological.
B. The cause is most likely due to discord in the relationship with her partner.
C. Her anorgasmia is temporary and will likely improve.
D. The hysterectomy is the direct cause.
E. The cause is most likely due to a decline in hormone levels.

Discussion

For women who reach orgasm with clitoral stimulation (over 80% of women), hysterectomy does not negatively impact orgasm. However, there is data to support that hysterectomy negatively impacts sexual function and genital sensation for the minority of women (18%) who require vaginal or cervical stimulation to reach orgasm. These are women who report that they can reach orgasm exclusively from vaginal penetration. If ability to experience orgasm with vaginal or cervical stimulation is compromised post-hysterectomy, this does not mean the patient is unable to orgasm. As mentioned above, orgasm via clitoral stimulation should not be compromised with hysterectomy. Additionally, there are many pathways to orgasm beyond clitoral, vaginal and cervical stimulation. MRI studies have demonstrated that some women have the ability to reach orgasm from utilizing only “sensoral imagery” (imagining what it feels like to reach orgasm), without any physical stimulation.

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Clinical pearl

Hysterectomy may be the direct cause of loss of orgasm that was experienced by vaginal or cervical stimulation. However, orgasm by clitoral stimulation should not be compromised with hysterectomy.

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Case 2

A 28-year-old woman presents to you with a chief complaint of urge incontinence. She is gravida 1, para 1, having delivered her now one-year-old child vaginally. She reports no complications with delivery of a healthy 8 lb, 2oz baby. She states that she has a very healthy diet, and denies eating foods or drinking beverages that are known to cause bladder irritation. She states, "I drink my 8 glasses of water per day." She is physically fit, having been a competitive gymnast in high school and college, and is now a Pilates instructor. Finally, she adds that she is having some degree of sexual pain, both with vaginal insertion and deeper vaginal penetration.

Following examination, which of the following would most likely benefit her?

A. She needs a full work up to assess for infection, injury, and inflammation.
B. She needs to strengthen her pelvic floor and would benefit from kegel exercises.
C. She needs to learn to relax her pelvic floor.
D. Encourage her to reduce her liquid intake.
E. An empiric trial of oxybutynin.

Discussion

Pelvic floor muscles are involved in bowel, bladder, and sexual function. Although urge incontinence is usually a clue that the pelvic floor is weak and needs strengthening, incontinence can actually be secondary to very tight pelvic floor muscles. Clues in this case suggesting tight, versus weak, pelvic floor muscles are the patient's report of being a competitive gymnast and a Pilates instructor and her complaint of sexual pain. Effective strategies to relax the pelvic floor muscles include learning and practicing diaphragmatic breathing and restorative yoga. Recommending that she engage in kegel exercises may only exacerbate her symptoms, as she does not need to learn to strengthen her already tight pelvic floor muscles, but instead learn to relax them. Additionally, 50% of patients who are simply recommended to do kegel exercises without proper training do them incorrectly, and 25% do them in a way that actually promotes incontinence.

Clinical pearl

Incontinence may be the result of a weak or tight pelvic floor. The appropriate treatment for a tight pelvic floor is pelvic muscle relaxation. Avoid simply suggesting tightening exercises (e.g., kegels) for pelvic floor dysfunction, as this could exacerbate incontinence.

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