

Resources

Canadian Physiotherapy Association

Referrals to physiotherapists who specialize in pelvic and sexual pain. <http://thesehands.ca/>

National Vulvodynia Association

Association for research, support and advocacy
<http://www.nva.org>

The Pain Resource Centre

Links to physiotherapists specializing in pelvic pain.
<http://link.comeasyouare.com/PelvicPain>

Queen's University's Sexual Health Research Laboratory

Information and resources about vulvodynia.
<http://link.comeasyouare.com/vulvodynia>

Vulvar Disorders Group

A discussion group for general vulvar problems
<http://groups.yahoo.com/group/VulvarDisorders/>

Groupe Elva

l'Association officielle pour les femmes atteintes de maladies vulvo-vaginales. <http://www.groupeelva.org/>

The College of Psychologists of Ontario

<http://www.cpo.on.ca/>

The Board of Examiners in Sex Therapy and Counselling

A referral service for registered sex therapists in Ontario.
<http://www.bestco.info>

Sherbourne Health Centre

Toronto clinic offering services including support groups, counseling, hormone therapy, workshops and access to other trans specific resources and information.
<http://www.sherbourne.on.ca/>

Silicone Dilators



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Introduction

Come As You Are's silicone dilators are a series of high-quality silicone exercisers designed specifically to aid people experiencing vaginal pain, and for post-surgery therapy. Together with a local gynecologist and an independent Canadian silicone manufacturer, Come As You Are created these dilators made from high-grade, hypoallergenic silicone.

If you or someone you know is suffering from vaginal pain, these dilation exercises may be useful to you. These exercises should be done in consultation with your health care provider. If you are looking for more resources on connecting with a health professional or dealing with vaginal pain, please see the resources section. We have created this guide to dilation exercises with much help from Stéphanie Thibault-Gagnon PT, BSc (PT) and Evelyne Gentilcore-Saulnier PT, BSc (PT), MSc.

What are dilation exercises?

Dilation exercise is the insertion of dilators of progressively larger sizes into your vagina while your pelvic floor muscles are relaxed. Vaginal dilation exercises may be helpful - or even required - for people experiencing genital pain, people who have received radiation treatment for gynecological cancer, and people who have had vaginal construction surgery.

The primary goal of vaginal dilation exercises is to increase comfort with vaginal penetration by reducing the pain associated with penetrative activities, and increasing or maintaining the elasticity (i.e. stretch) of the vaginal opening. Dilation exercises may help reduce pain by helping you overcome the anxiety associated with painful penetration, and by relaxing the pelvic floor muscles and gradually stretching the vaginal opening. Dilation exercises are performed in combination with pelvic floor muscle contractions and relaxations. This means that you will perform these contractions and relaxations of your pelvic floor before and during the dilator insertions to help you gain control of your muscles to further reduce the pain associated with penetration.

tions. When beginning exercises with a new dilator you may want to start with 2 or 3 insertions, depending on your level of comfort. When repeating insertions you may only wish to hold the dilator in place for approximately 1 minute, rather than the 2-3 minutes suggested for the first insertion.

As you become more comfortable you can slowly increase the number of insertions. When you are able to perform 10 insertions comfortably you are probably ready to move up to the next dilator size! If you have too much pain or discomfort, it is better to avoid aggravating your symptoms, and to try again later.

How do I clean the dilators?

The dilators can be cleaned with mild soap and tap water, or boiled for at least 5 minutes to ensure they are fully sanitized. If you are washing them with soap keep in mind that soaps may irritate the area at the entrance of the vagina (the vulvar vestibule), so rinse thoroughly, and let them air dry. Roll the dilators in a dry towel to store them, and rinse them again before using them at the next exercise session.

Relaxation

You may find using a dilator is more comfortable after a hot bath, which relaxes you, and makes your skin softer and more pliable. The easiest way to insert a dilator into the vagina is to lie down on a bed in a relaxed position, with your knees bent. Some people prefer to insert them whilst standing with one leg on a chair. Please note that you should not develop buttock, thighs, back or abdominal pain while or after having performed the pelvic floor muscles contractions. If this occurs, you are probably performing the contractions too strenuously.

Lubrication

It is important to use a water based lubricant alongside the dilators. Some people find that they react to ingredients in some lubricants such as glycerin and propylene glycol. If you are concerned about possible reactions, organic and more naturally based lubricants with fewer ingredients are often good bets.

when you feel ready and repeat the same exercises, and so on.

We do not recommend skipping steps even if you feel you might be able to. You will progress better if you do all the steps in the recommended order. You may not need to spend the same amount of time with each dilator. For example it may take you only three sessions with dilator #1 to feel comfortable moving up to #2, but eight sessions with dilator #3 before moving up to #4. Everyone progresses differently and at their own rate. Taking time, doing all the steps, and paying attention to your body, when you're feeling pain and when you aren't, is far more important than the speed at which you progress.

Doing Exercises with a Partner

If you have a partner you can do your exercises with your partner once you have become comfortable performing insertions by yourself. Simply instruct them on how to perform the insertions, and let them know when, how fast, and how far to insert the dilator. The best way to do this is for you to get into a gynecological examination position with your knees bent and your back supported by pillows. Position yourself so that you are at the edge of a table or bed, so that your partner can comfortably maneuver the dilator.

Remember to communicate with your partner throughout the exercises to let them know when to stop and re-start inserting the dilator. Doing the dilator exercises together can help your partner gain a better understanding of your condition and may be nice opportunity for intimacy.

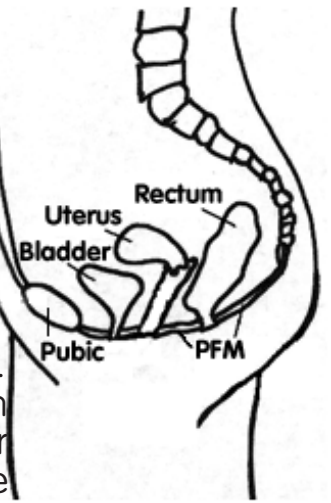
How many times and for how long should I do these exercises?

Dilation exercises should be performed approx. 3-4 times a week. You can alternate between doing your exercises one day and not the next, and then again the following day. However, this sequence is not necessary and if you feel comfortable you may perform the insertions on consecutive days.

Each time you do the exercises, aim to perform multiple inser-

What are pelvic floor muscles (PFMs)?

The pelvic floor muscles (PFMs) are situated in your pelvic area, between your hips, and they represent the floor of your abdominal cavity. The PFMs play an important role in bladder and bowel control and sexual function; they are responsible for the closure of the urethral, vaginal, and anal openings. Basically, your pelvic floor muscles can be compared to a bowl supporting your internal organs (see illustration for a side view).



How do I perform a PFM contraction?

To perform dilation exercises efficiently, you must first learn to contract and relax your PFMs. You can do PFM contraction/relaxation exercises anywhere, since no one will be able to tell! You can perform the contractions/relaxations while sitting, lying on your back, or lying on your stomach. A position that is often recommended to begin with is crook-lying (on your back with hips & knees bent) so your PFMs do not have to work against gravity. This position is also one that may be adopted during penetrative activities, and facilitates relaxation.

At the beginning, you may find the contractions difficult to perform, but they may become easier to perform over time. Be patient. It may take weeks before you feel comfortable with performing contractions and relaxations.

1. Sit or lie down comfortably with the muscles of your thighs, buttocks and abdomen relaxed. If you are sitting, it may be easier if your legs are uncrossed. If you are lying down, you can have your legs extended or knees bent, you can try both.
2. Tighten or squeeze the ring of muscle around your urethra and anus as if you are trying to hold urine, or the passage of gas. Hold the contraction for two seconds. Relax, by letting

go completely of the contraction, for 4 seconds. And repeat the contraction. If you are able to feel this contraction, you are also contracting around your vagina, since the pelvic floor muscles span from and surround your urethra, vagina and anus.

3. Practice this movement several times until you are sure you are exercising the correct muscle. Try not to squeeze your buttocks or thighs to better isolate your pelvic floor muscles.
4. If you are having trouble isolating the PFM, try the following tips:
 - When you are urinating, try to stop the flow mid-stream, and then restart it. Only do this to learn which muscles are the correct ones to use. Do not repeat this exercise often, as it may interfere with normal bladder emptying.
 - You can also use a mirror to look at your vagina and anus, and see what happens when you contract and relax your PFMs. With PFM contraction, you will see a tightening in this area, and an opening up when letting go/relaxing of the contraction.
 - Lastly, you may also feel the contraction or tightening and relaxation or releasing by placing a finger at your anus. When you have identified your PFMs, you can start the dilator therapy.

How do I do the dilation exercises?

We suggest that you do the exercises in a relaxed environment when you have at least 30 uninterrupted minutes available.

Start in a comfortable position, such as half-sitting with your back supported by pillows (i.e. on the wall or headboard if you are in bed), and with your knees bent and hips relaxed by letting your knees fall out to the sides.



Perform two series of 10 pelvic floor muscle contractions with 2 second holds, and focus on relaxing your pelvic floor muscles at the end of each contraction, for at least 4 seconds. After having performed 10-20 contractions, apply lubricant to the

dilator, ensuring that the dilator is covered with lubricant from top to bottom. Then, insert the dilator slowly and gently into the vagina. You may wish to use a mirror to guide you. Remember to take deep breaths and take your time.

Follow a step like approach of contraction-relaxation-insertion. This means, first contract your PFMs, then once you've relaxed them completely, insert part of the dilator. Repeat these 3 steps as many times as necessary to insert the dilator fully (or as far as is comfortable). For some women it may take 10-15 series of contraction-relaxation-insertion, and others may only require 2 series. Remember, everyone is different and you should go with what feels right for you.

If you feel pain or discomfort during the insertion, keep the dilator still and perform pelvic floor contractions and relaxations. Concentrate on the relaxation part to relax completely. Allow the pain or discomfort to decrease or even go away.

In many women, pain will subside with this focus on relaxation because the pressure created by the dilator on the vulvar vestibule (i.e. vaginal opening) decreases when the PFMs are relaxed. Relaxation creates less friction during insertion. Once pain or discomfort has decreased, continue inserting the dilator.

You can insert the dilator as far into the vagina as feels comfortable. Hold the dilator in the vagina for 2-3 minutes. Then, remove the dilator slowly with a similar sequence of contract-relax-remove to remove a portion of the dilator at a time; you may need less series than during insertion. At this point you have completed one insertion. In each session you may want to repeat the insertion anywhere from 2-3 and up to 10 times. See the "How many times..." heading for more information.

These exercises are designed to be progressive, beginning first by inserting the smallest dilator (dilator #1) and then moving up in size. When you feel ready to do so, and when the pain has decreased with the use of the dilator #1, progress to dilator #2 and repeat the same exercises. Then, move on to dilator #3