

Foley Catheters for Vaginismus

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Abstract

Sir

Vaginismus is defined as a recurrent or persistent involuntary spasm of the musculature of the outer third of the vagina that interferes with any kind of penetration. Penetration causes marked distress or interpersonal difficulty. Vaginismus is not accounted for by another Axis 1 disorder nor is it due exclusively to the direct physiological effects of a general medical condition [1].

Studies of referrals to sexual dysfunction clinics indicate a prevalence rate of vaginismus between 5% and 17% of female patients [2]. This rate is reported to be 12% in Iran [3]. The pathophysiology of vaginismus stems from a cycle of anticipatory pain, involuntary tightening of vaginal muscles (a reflex response), avoidance and mistrust, leading to more anxiety and fear generated by a continuing anticipation of pain in subsequent attempts at penetration [4].

Any condition which can induce a sensation of pain in the vagina can provoke a reflex spasm. Fears, lack of lubrication, reduced stretching ability, and inflammation describe the general features exhibited for vaginismus [4].

Familiarity with one's own sexuality, relaxation techniques, medications such as propranolol or alprazolam, gaining control over the muscles surrounding the introitus and gradual dilators (cone shape or rounded rod-shaped appliances) have been the mainstay of vaginismus treatment thus far [5]. It has to be noted that insertion of the appliances may be impossible early in the management.

Advantages of Foley catheter over other types of dilators are as follows:

1. Foley catheter has the quality of an ideal dilator. It is small during passage through the introitus to minimize the initial reflex spasm. The lower portion of the vagina is constricted as it passes through the urogenital hiatus in the

levator ani. The upper part is more capacious [6].

2. The balloon can be inflated according to the woman's tolerance and still be in place while penetration by an external object (speculum or examining fingers) is achieved. The catheter can be deflated and removed, leaving external object in place.

3. Unlike other dilators that are typically used once or twice per day for 20 to 30 minutes, the Foley catheter can be left in place for a day.

4. The care of a vaginal Foley catheter is the same as with urinary catheters.

5. Use of Foley catheters for vaginismus is an easy, inexpensive procedure. We had success in a group of newly married, healthy women (n=5) with primary vaginismus who could not have successful intercourse within their first month of marriage referring to a private clinic. Foley catheters were inserted in the vagina and were left in place for one day. The only care was suggesting prior bowel preparation and ensuring the cleanliness of perineum before insertion.

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