



Proceedings from the 10th Annual Meeting of the International Society for the Study of Women's Sexual Health. Scottsdale, AZ. February 10-13, 2011.

The Journal of Sexual Medicine, 8:56-77,
doi: 10.1111/j.1743-6109.2010.02249_4.x

Pacik, P. Vaginismus: Treatment with Intravaginal Botox and Dilation Under Anesthesia. A Prospective Study of 70 Consecutive Patients. J Sex Med 2011;8(suppl 2):64.

Introduction: A five-year prospective study of 70 consecutive patients with mostly refractory vaginismus demonstrated the efficacy of intravaginal Botox and bupivacaine injections, with progressive dilation under anesthesia and three days of post-procedure supervised dilation and sex counseling as well as long term follow up.

Aim: To determine the effectiveness of the above program as measured by the ability to achieve intercourse or dilate to the large dilators in the absence of a partner; to study complications as a result of this treatment and to determine the rate of recurrence of vaginismus. The study is ongoing to better understand the progress patients make with relationship issues as well as any impact on pregnancy and the health of newborn children.

Methods: A comprehensive questionnaire is completed prior to consultation which includes the following: Past medical, psychologic, social and penetration history; previous treatments for vaginismus. Psychosexual and family history. Self assessment of Lamont classification, vulvodynia and/or vestibulodynia. Libido and relationship issues. FSFI. Treatment in a certified surgicenter: Light sedation for Q-tip testing, external and internal examination. Anesthesia for intravaginal injection of 150 units of Botox, divided 75 units to the bulbocavernosum and 37.5 units each to the pubococcygeus and puborectalis plus 30 cc of bupivacaine 0.25% with 1:400,000 epinephrine and progressive dilation to the largest dilator coated with Surgilube and topical 2% xylocaine jelly. Post procedure supervised dilation for 3 days, sex counseling and long term support and follow up.

Outcome Measures: Ability to achieve intercourse or use of the largest two dilators.

Results: 90+% success rate within 1–7 days to 2–3 months. One failure. One recurrence, secondary vaginismus. Improved FSFI scores.

Conclusions: Intravaginal Botox injections, Bupivacaine injections and progressive dilation under anesthesia when combined with 2–3 days of supervised dilation and sex counseling, along with dedicated post procedure counseling and follow up appears to be safe, effective and long lasting for the majority of treated vaginismus patients.