

# Pain during or after sex

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## What is it?

Pain felt during or after sex is known as dyspareunia (pronounced dys- par- eu- nia). Occasional dyspareunia is normal, with deep penetration for example. But this becomes a problem if it is felt often, stops a woman from having or enjoying sexual intercourse and/or causes her distress.

Dyspareunia is one of the most common gynaecological complaints, thought to affect between 8-22% of women. It may also be one of the most difficult gynaecological problems to assess and treat successfully.


Dyspareunia may be classed as superficial (felt in the tissues around the entrance of the vagina) or deep (felt deeper within the pelvis on penile thrusting), depending on the site of the pain. Dyspareunia may have been present from the time a woman first started having sex or it may have developed later in life.

## What are the causes?

These may be physical (in the body), psychological (in the mind) or a mixture of both.

Physical causes of superficial dyspareunia include:

- Skin conditions (e.g. allergy to the latex, plastic or spermicide in condoms, allergy to semen, eczema, Lichen sclerosus, Lichen planus)
- Infectious conditions (e.g. frequent thrush, sexually transmitted infections, urinary tract infection)

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- Lack of lubrication (causes include a lack of sexual arousal, hormone problems, some prescription medicines and radiotherapy to the pelvis)
  - Vulvodynia (long-term burning or itching pain without obvious medical cause that affects the external genitals or 'vulva')
  - Interstitial cystitis (inflammation of the bladder which may cause pain in the pelvis or abdomen/tummy)
  - Structural problems causing obstruction (e.g. injury/scarring from episiotomy, trauma from giving birth or female circumcision, an abnormal hymen, a cyst or abscess)
  - Muscular problems (e.g. vaginismus - a severe tightening of the vaginal muscles during penetration)

Physical causes of deep dyspareunia include:

- Infectious/inflammatory conditions (e.g. pelvic inflammatory disease, endometriosis, inflammation of the cervix, blockage of the fallopian tubes)
- Structural problems (e.g. uterine fibroids or pelvic adhesions following surgery or radiotherapy)
- Muscular problems (e.g. spasm of the pelvic floor muscles)
- Irritable bowel syndrome
- Lack of lubrication

Dyspareunia may also be caused by sexual position, as some allow deeper penetration than others.


## **Psychological issues**

Regardless of the cause, if sex is painful, it is likely to cause you emotional as well as physical distress. And psychological issues, such as anxiety, relationship problems and a history of sexual abuse/violence may contribute to, or even be responsible for, the symptoms of dyspareunia.

## **How is it diagnosed?**

Many symptoms of dyspareunia are non-specific, which means they may be caused by a number of different conditions (not all of which are included in this factsheet). It is therefore important that you see your doctor, so they can try and find out what is causing the problem and plan the best treatment approach.

Your doctor is likely to ask you about your pain, your lifestyle and any other medical and/or psychological issues. They will almost certainly need to examine you, to see you have any obvious physical cause/s for the pain. This is likely to include examination of your external genitals or 'vulva', which includes the opening of the vagina, the fleshy lips surrounding this and the clitoris. They may apply pressure to certain areas to see where you feel the pain. You may also need an internal



examination of the inside of your vagina. Your doctor may do this with gloved fingers and/or a speculum (a plastic instrument which is inserted into the vagina and gently widened to allow better visual examination).

Your doctor may want to do a 'swab' or urine test to check for infection. A 'swab' is where a kind of cotton bud on a long stick is rolled over the skin on the inside or the outside of the vagina to collect discharge or skin cells and then sent away to the laboratory to see what bacteria are present. They may also want to do blood tests to check your hormones/general health.

If your doctor is not confident in diagnosing or treating you, or they think you require more tests, they may refer you to a gynaecologist or other specialist at your local hospital.

## **More about the causes and how they are treated**

### **Skin conditions**

If you are allergic to something that touches your skin, you may get localised symptoms (e.g. redness, swelling, pain and itching) in the affected area/s. But some people have more serious reactions that affect their whole body (they may develop hives, swelling, difficulty breathing and anaphylaxis, which can be life threatening).

If you have an allergy to, or are irritated by latex, plastic or spermicide, you should be able to get condoms that are less likely to cause a reaction. Ask your pharmacist for advice on this. If you are allergic to latex or spermicide, you will not be able to use a contraceptive diaphragm, as these are made of latex and should be used with a spermicide. If you have an allergy to semen, you should not get any symptoms when you use a condom.

If you have eczema as a result of allergy or irritation (contact dermatitis), you and your doctor will need to identify what may be causing the problem and remove it. Treatment usually involves topical steroid creams/ointments. Ice packs (e.g. frozen peas) applied for a short time (to cool the area not freeze it!) and antihistamines can be used to relieve the itching.

Skin conditions like Lichen sclerosus and Lichen planus may be treated with topical steroid creams/ointments. If the problem is internal, you may need steroid suppositories (inserted into the vagina). Oral treatment (tablets) may be required if the other treatments don't work. These products should be prescribed by a doctor.

## Infectious conditions

Thrush may be passed on through sexual contact or it may develop for other reasons (e.g. during pregnancy, from wearing tight clothing, from taking antibiotics, using products that cause irritation to the vagina). Antifungal treatment for thrush can be taken orally as a tablet (e.g. fluconazole/Diflucan®), applied topically as a cream (e.g. clotrimazole/Canesten® cream) or used internally as a pessary (e.g. clotrimazole/Canesten® pessary). These products are available on prescription or over-the-counter at the pharmacy. If your partner has thrush, they will need to be treated too.

The symptoms of a sexually transmitted infection (STI) vary depending on which type it is, but they may include a fever or flu-like symptoms, unusual vaginal discharge, genital itching, burning, pain or discomfort, lower abdominal/pelvic pain, swollen lymph glands, pain when passing water, pain and/or bleeding during or after sex, and bleeding between periods.

Pelvic inflammatory disease (PID) is a general term for infection of the upper genital tract, which includes the uterus/womb, fallopian tubes and ovaries. The infection (often chlamydia) is usually transmitted during sex. If it is not treated early, PID may damage the fallopian tubes, which increases the risk of ectopic pregnancy (where the pregnancy develops outside of the uterus/womb) and infertility.

If you are worried you have an STI but don't want to see your GP, you can visit a Genito-Urinary Medicine (GUM) clinic. You can find more information on STIs and search for local GUM clinics on the Family Planning Association (FPA) website [www.fpa.org.uk](http://www.fpa.org.uk) and the British Association for Sexual Health and HIV (BASHH) website [www.bashh.org](http://www.bashh.org). Remember that using a condom can reduce your risk of catching an STI.

A urinary tract infection (UTI), also known as 'cystitis', may cause pain in the bladder area, pain when passing water, a need to pass water often, blood in the urine, urine that is dark in colour or strong smelling and a fever (38°C or more). Your doctor can test your urine to see if you have an infection. If a UTI is mild, it may clear up within a few days without the need for antibiotics. If it is severe and/or doesn't clear up quickly, it should be treated with antibiotics. If you suffer from frequent UTIs, you may be able to reduce these by:

- Drinking cranberry juice or taking cranberry tablets
- Drinking plenty of bland fluids (e.g. 3-4 pints of water, milk or weak tea) to help flush germs out of the bladder and urinary tract
- Keeping yourself very clean 'down below' by using a separate flannel to wash yourself night and morning
- Using plain water only for washing
- Always wiping from 'front to back' after opening your bowels
- Avoiding bubble baths, talcum powder, vaginal deodorants & feminine wipes

- Avoiding having a bath every day. A shallow bath is better than a deep one and a shower is better still
- Passing water immediately after having sex

## **Lack of lubrication**

If a lack of sexual arousal (not feeling 'turned on'), is responsible for your lack of lubrication, increasing the amount of foreplay and delaying penetration until you are really 'ready' may help increase vaginal lubrication and reduce pain with intercourse. (see our factsheet '[Lack of sexual desire/arousal](#)' for more information).

Vaginal dryness is common during and after the menopause due to reduced levels of the hormone oestrogen. Oestrogen deficiency can be treated with hormone replacement therapy (HRT - see our factsheet '[Vaginal dryness and the menopause](#)' for more information). Thyroid problems resulting in high or low levels of the hormone thyroxine have also been associated with lubrication problems. Thyroid problems can be treated with medication or surgery.

Some prescription medicines may reduce vaginal lubrication. Examples include oral contraceptives, some antidepressants and some medicines for treating high blood pressure. If you are worried about this, talk to your doctor as alternatives may be available.


A lack of vaginal lubrication may also be associated with psychological issues, such as relationship worries, depression, anxiety and low self-esteem. If this is the case, you may benefit from sex therapy (see the following section on this).

Vaginal dryness may be improved with lubricants and moisturisers (see our factsheet '[Sexual problems in women](#)' for more information).

## **Vulvodynia**

There are two types of vulvodynia. Unprovoked vulvodynia is where the pain occurs spontaneously (i.e. is not caused by pressure or local contact) and this can affect any part of the vulva. Provoked vulvodynia (also known as vestibulodynia) commonly occurs around the entrance to the vagina (vestibule), where the pain is caused by sexual or non-sexual touch (by sexual intercourse, inserting tampons, tight clothing, cycling etc.) Urinary tract or bowel problems, such as interstitial cystitis or irritable bowel syndrome are often associated with provoked vulvodynia.

Medical treatments include topical preparations which are applied to the affected area (e.g. steroids, lidocaine or oestrogen), injectable medications (e.g. lidocaine) and oral medications that are taken by mouth (e.g. some types of anticonvulsant and antidepressant). Pelvic floor physiotherapy or psychological/talking therapy



(e.g. sex therapy) may also help (see the following sections on 'Physiotherapy' and 'Sex therapy'). Surgery may be required as a last resort.

Making small changes in your life may reduce the likelihood of vulvodynia. These include:

- Minimising pressure/friction on the vulva (e.g. sitting, cycling, horse riding)
- Washing the vulva no more than once per day using mild soaps
- Avoiding scented products
- Avoiding shaving around the vulva
- Using 100% cotton underwear
- Using gentle washing powders/liquids
- Avoiding wearing clothes that are too tight
- Avoiding chlorinated pools/hot tubs (alternatively, applying petroleum jelly to the vulva before their use may provide protection from chlorine)
- Removing wet swimming costumes and exercise clothes quickly
- Trying to find a sexual position that is comfortable (you may be better off on top)
- Trying a water based lubricant
- Experimenting with different sexual positions/speeds
- Passing water straight after intercourse
- Trying an oral medication (tablet) for treating thrush rather than a cream/pessary

### **Interstitial cystitis**

Also known as 'painful bladder syndrome', symptoms include a sudden, strong need to pass water, needing to pass water more often (night and day) and severe pain in the pelvis or abdomen/tummy. It is not caused by infection and can be difficult to treat.

Lifestyle changes are usually tried first. These include:

- Reducing stress
- Avoiding certain foods/drinks
- Stopping smoking
- Limiting fluid intake
- Making regular trips to the toilet

Your GP or specialist can give you more information on these. If lifestyle changes don't solve the problem, medication may be required. Some people require physiotherapy (see the following section on this), psychological/talking therapy (e.g. 'Sex therapy' - see the following section on this), surgery or other procedures.



## Endometriosis

Endometriosis is where cells like those lining the uterus grow elsewhere in the body. These cells behave in the same way as those in the uterus and follow the menstrual cycle, so each month they build up, break down, then bleed. However, while the blood of a period can leave the uterus through the vagina, it can't leave from anywhere else in the body. This is a long-term, debilitating condition which causes painful and/or heavy periods. It may also lead to tiredness, depression, sexual problems and infertility. It affects women and girls of childbearing age.

If your doctor thinks you may have endometriosis, he will probably refer you to a gynaecologist for further tests. The results of these tests will determine if you need medical or surgical treatment. Medical treatment usually involves pain relief and/or hormonal treatment.

## Inflammation of the cervix

Also known as 'cervicitis', this may be caused by sensitivities, allergies or infections (often transmitted during sex). Cervicitis may not cause any symptoms, but if it is not diagnosed and treated, it can lead to other problems such as PID. The most common symptoms include vaginal discharge and bleeding after sex or between periods. Infections are usually treated with antibiotics.

## Blockage of the fallopian tubes

The fallopian tubes link the ovaries to the uterus. If they are blocked an egg may not be able to pass through and fertility will be affected. Blockages may be caused by pelvic infections (e.g. PID) which are often transmitted during sex, surgery to the pelvis or abdomen, and ectopic pregnancy. Surgery may be required to treat this.

## Structural problems

Structural problems causing blockage or pain may require surgery. Your doctor or specialist will be able to advise you on this.

## Muscular problems

For more information on vaginismus, see our factsheet '[Vaginismus](#)'. Problems affecting the muscles of the pelvic floor may be best treated by a physiotherapist (see the following section on 'Physiotherapy').



## Irritable bowel syndrome

Irritable bowel syndrome (IBS) describes a variety of unexplained symptoms relating to disturbance in the bowel. Symptoms may include abdominal pain and spasms (often relived by going to the toilet), sharp pain in the back passage, diarrhoea or constipation, swelling of the abdomen, rumbling noises and wind.

Treatment may involve lifestyle changes (e.g. IBS-friendly diet, more exercise and stress reduction), medications (e.g. ant motility agents to stop diarrhoea, laxatives to prevent constipation and antispasmodics or low dose antidepressants to stop the cramps/pain) and/or psychological/talking therapy (e.g. 'Sex therapy' - see the following section on this)

## Psychological problems

If psychological problems are causing or contributing to your dyspareunia, they may be best treated with sex therapy (see the following section on this). However, it is important that you see your doctor so they can investigate the cause of your pain and check if you have any health problems that require medical treatment.

## Physiotherapy

If your doctor thinks physiotherapy may help you, they can refer you for this on the NHS. Alternatively, you may be able to self-refer and arrange to see an NHS physiotherapist without going through your doctor (depending on area). You can also pay to see a physiotherapist privately (check that they have experience of treating your problem, they are fully qualified, and they are registered with both a recognised professional body, such as the [Chartered Society of Physiotherapy \(CSP\)](#), and the [Health and Care Professions Council \(HCPC\)](#)).


## Sex therapy

Sex therapy is talking therapy where an individual or couple work with an experienced therapist to assess and treat their sexual and/or relationship problems. Together they will identify factors that trigger the problems and design a specific treatment programme to resolve or reduce their impact.

Sex therapy is considered highly effective in addressing the main causes and contributing factors of sexual difficulties. And it helps people to develop healthier attitudes towards sex, improve sexual intimacy, become more confident sexually, and improve communication within the relationship.

Sex therapy can also be used in combination with other forms of treatment.





Your GP or another health professional on the NHS may be able to refer you for sex therapy (depending on area), or you can contact a therapist directly and pay privately. It is important to make sure that they are qualified and are registered with an appropriate professional body. You can find more information on sex therapy in our factsheets '[Sex therapy](#)' and '[How to find, choose and benefit from counselling support](#)'

## Where can you get more information?

The Sexual Advice Association is here to help. We cannot give individual medical advice, but we can answer your questions on any sexual problems and put you in touch with local specialist practitioners. We also have a number of factsheets and booklets on sexual problems and related issues for men and women that can be downloaded from our website or requested. Please feel free to email us or phone our Helpline (our contact details are at the bottom of this page).

You can also visit the NHS Choices website at [www.nhs.uk](http://www.nhs.uk) for information and advice on many different health and lifestyle topics.

## What is the Take Home Message?

**Sex-related pain may be caused by physical and/or psychological problems - don't ignore it, seek advice early**

## Further reading

Download or request our factsheets '[Problems with orgasm](#)' and '[Explaining sexual problems to your GP](#)'

## Donate

By donating to the Sexual Advice Association, you will know that you are helping improve the lives of people living with sexual problems. If you are interested in donating, please click [here](#) or contact us for more information (details at the bottom of this page).

## Thinking About Sex Day: February 14th

Launched by the Sexual Advice Association, Thinking About Sex Day (TASD) is designed to encourage everyone to think about the physical and psychological issues surrounding sexual activity.



Sexual Advice Association

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