The vaginal wellness consultation for treatment with energy-based devices

Misha D Miller, MD, FAAD, FACOG¹ ²

Vaginal health and vaginal health-related products have become increasingly mainstream in advertisements and among peer conversation. Atrophic vaginitis, or genito-urinary syndrome of menopause (GSM), is a common reason for visits to the primary care doctor, gynecologist, or urologist. GSM may lead to dyspareunia, itching, dryness, burning, and general irritation or discomfort of the vagina and vulvar vestibule in addition to mild urinary incontinence. Patients may report discomfort in day-to-day activities such as sitting, standing, or exercising (especially when straddling equipment or riding a bicycle). Mild urinary incontinence may cause embarrassment when exercising, laughing, sneezing, or coughing, and a patient’s relationships may be altered because of dyspareunia.¹ All of these factors may negatively impact a woman’s feelings of self-worth.

While hormonal therapies are a mainstay of treatment, many women prefer to avoid the use of hormones or are advised against them, as in the case of breast cancer survivors.² Others cannot afford or cannot remember to use daily hormone medications. Laser or radiofrequency devices offer an alternative treatment option for those suffering symptoms of GSM and are looking for ways to improve their vaginal health. What follows is the author’s approach to the vaginal wellness consultation based on experience and training in dermatology and obstetrics and gynecology. There is room for variance.

Bringing up the topic

It can be difficult to initiate a discussion regarding vaginal health in the dermatologic setting. If a patient is in the postmenopausal age range or is known to have iatrogenic estrogen deficiency, it is recommended to ask about vaginal health as part of the review of systems. Specifically high yield are questions about dyspareunia, need for lubrication with intercourse, dryness, itching, irritation, and urinary incontinence. Many patients are glad to discuss vaginal wellness freely, if asked openly. If a patient is seeking consultation for an energy-based vaginal procedure, she has either already read about it or had the idea introduced by a third party.

Patient symptoms and physical exam

A key first step during the vaginal wellness consult is patient education. Educating the patient about differences between internal and external female anatomy will allow the patient to better identify areas of concern. Many women refer to the entire genital region as the “vagina,” therefore a common language referencing specific anatomical parts will help define their problem and elicit possible etiologies.

A patient questionnaire rating vulvar, vaginal, and urinary symptoms on a scale, rather than simple “yes or no” responses, is particularly helpful. Many symptoms exist on a continuum, and it is less helpful to know whether they are merely present versus absent. The questionnaire is then completed with each visit and reviewed upon completion of treatment to ascertain efficacy. The following categories of symptoms will aid in diagnosis and treatment.

Asymptomatic, postmenopausal women

Postmenopausal women who are asymptomatic and not sexually active and those who do not experience incontinence often use estrogen creams because they have been told it is time to do so. The patient may be seeking a laser consultation because estrogen creams can be messy or they would like an alternative treatment method. In this subset of postmenopausal, asymptomatic patients, a vaginal energy-based device procedure is likely not necessary. Whether or not to remain on local estrogen should be determined by the primary gynecologist.

Symptomatic, pre- or postmenopausal women

Pre- or postmenopausal women who are sexually active and are experiencing mild stress urinary incontinence (SUI) or vulvar irritation should be prompted for more information. This category of patients can be subdivided according to symptoms as follows.

Discomfort “down there”

Many patients have difficulty describing vaginal or vulvar symptoms. Key words to note include itching, burning, tingling, a “sandpaper”-like feeling and a description of open sores, pelvic pressure, and pelvic heaviness. Most women, after a brief lesson on genital anatomy, attribute these symptoms to the labia majora or minora. Most complaints will not be attributed to the vagina itself, with the exception of rare mucosal diseases affecting the vagina, such as erosive mucosal lichen planus, cicatricial pemphigoid, or desquamative inflammatory vaginitis.

Many times, discomfort of the labia is due to primary inflammatory dermatologic disorders (such as lichen sclerosus and lichen planus) or vulvodynia, which has not been shown to improve with energy devices. Inflammatory dermatologic vulvar disorders may present as anatomical derangements, such as regression of the labia minora, agglutination of the labia minora to the labia majora, or narrowing of the vaginal introitus. One may also observe pale or atrophic vulvar mucosa, erythematous vaginal walls, or adhesions within the vagina. More studies are needed on the usefulness of energy devices for inflammatory vulvar conditions.

¹Mohs Micrographic Surgery and Cutaneous Oncology, Department of Dermatology, University of Colorado, Denver, Colorado.
²Department of Obstetrics and Gynecology, University of Colorado, Denver, Colorado.

Disclosure: The author has declared no conflict of interests to report.

Correspondence: Misha D Miller, MD, FAAD, FACOG; Misha.Miller@ucdenver.edu
Dyspareunia
Dyspareunia is described by patients as pain or discomfort with sexual intercourse. It is important to elucidate when the pain occurs. Is it insertional and lessens with the duration of intercourse, or does it increase with the duration of intercourse? If the pain is insertional and lessens with the duration of intercourse, the patient most likely has an issue with the vaginal introitus, such as an old episiotomy scar. Depending on the device’s depth of penetration, scar remodeling may be possible, but this may not equate with resolved dyspareunia. Other causes of pain upon insertion include fissuring at the posterior fourchette or perineal fissure that keeps splitting with intercourse. These patients need special consideration and are unlikely to be helped with energy-based treatments.

If the patient reports pain that increases with duration of intercourse, or states her “vagina does not expand” with intercourse, they are not useful, and bladder position must be surgically corrected or corrected with the use of a physical device such as a pessary.

Urge urinary incontinence can be distinguished from SUI by asking the patient, “When you feel the urge to urinate, do you need to find a bathroom immediately?” Questions about frequency should also be asked, such as “How many times per day do you urinate?” “Do you get up at night to urinate,” and “What is the volume of urine when you urinate frequently?” Frequency may indicate a urinary tract infection, diabetes, or large volumes of fluid intake. Frequency and urgency together may indicate detrusor instability. If suspicious of these etiologies, treatment with an energy-based device is not indicated. A referral to primary care or urogynecology is recommended.

Mixed urinary incontinence (stress and urge incontinence together) may be helped with energy-based devices to a point, but only the mild stress component will be addressed.

Pelvic organ prolapse, cystocele, and rectocele
Women with pelvic organ prolapse will often describe a sensation of pelvic heaviness. All new patients with this complaint should be comprehensively evaluated for pelvic organ prolapse, cystocele, and rectocele by a gynecologist or urogynecologist. A speculum exam should be performed on these patients by the treating clinician before an energy-based treatment is performed. A cervix that is distally placed or one that moves distally towards the vaginal introitus with Valsalva indicates uterine prolapse. One may also see the rectum or bladder bulging into the vagina. Anatomic alterations such as these will not be helped by energy devices but may be corrected surgically or with a pessary.

Vaginal infection
Vaginal infections may present solely as vulvar itching or burning. A speculum exam may reveal vaginal discharge, erythema of the vaginal walls, purulent discharge from the cervix, or tender-
ness when the cervix is moved with a cotton-tipped applicator. Patients with vaginal or cervical infections should not be treated with energy-based devices and should be referred to their primary gynecologist. Energy-based treatments may be considered for other indications once the infection has cleared.

**Uterine bleeding**

A patient with vaginal or uterine bleeding should first be worked up by their primary gynecologist before treatment with an energy-based device.

**Setting expectations and explaining risk**

Once the patient is determined to be a candidate for energy-based treatment, a step-by-step description of the procedure should be given. This includes visualization of the device probe, setting pain expectations, and describing any expected postoperative discharge or spotting with certain lasers. Patients should be instructed to avoid intercourse for 1 to 2 days. Other potential but temporary side effects include stinging with urination, mild edema of the labia, erythema, itching, and slight irritation. Uncommon complications may include vulvar and vaginal burns, scarring, and dyspareunia.

Realistic expectations should be discussed with the patient, including the limits of physiologic response to any treatment modality. For example, it is unrealistic for a postmenopausal woman to expect restored vaginal health similar to that when she was very young. Lastly, depending on the severity of atrophy, more treatments than expected may be required, and repeat treatments are required to maintain results. There is always the risk of no improvement in symptoms.

**Conclusion**

Vulvar and vaginal health is a complex issue that can dramatically affect a patient’s quality of life. A properly performed consultation and initial examination will allow the clinician to determine whether an energy-based device is an appropriate treatment, and is the first step to successful improvement of vaginal health using energy devices.

**References**