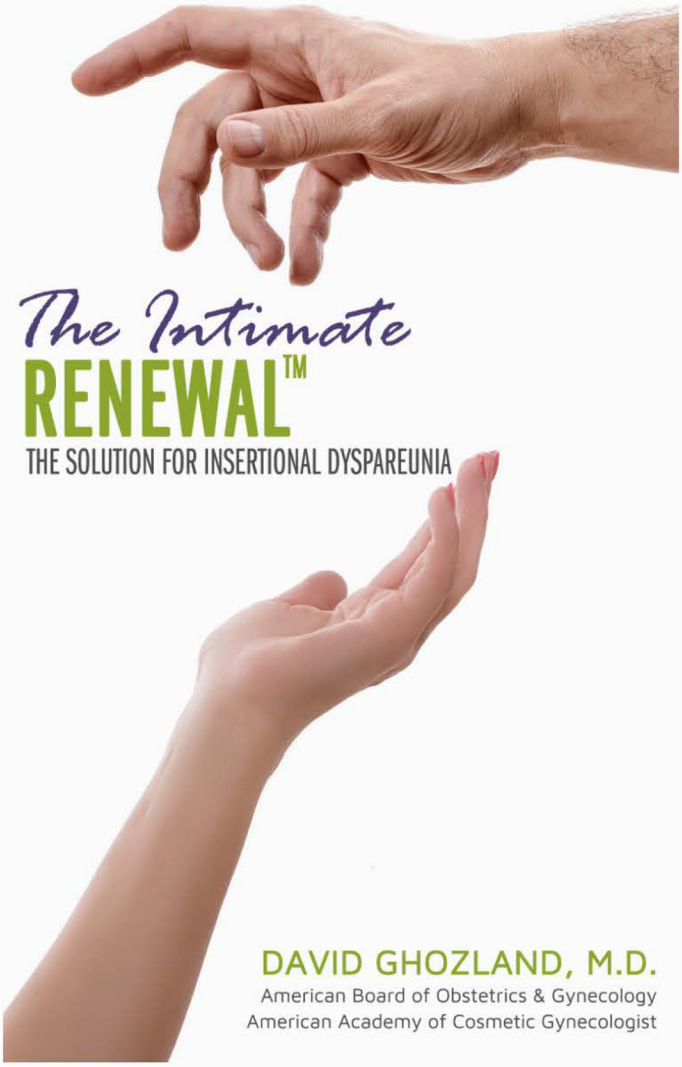

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What is Painful Intercourse?

Lisa is a gorgeous, 50-year-old who recently rediscovered love and married for the second time. Three years after the happiest moment of her life, the couple's world was rocked by pain so severe, it sent her into a spiral of evaporating intimacy. "I love my husband," she said, "but the pain is so bad, I can't even think of doing anything else to set the mood. It's almost like I have PTSD."

Joan is a 57-year-old woman who has been menopausal for 7 years and has been on hormone-replacement therapy for three years. Married for 20 years, she has been unable to experience intercourse with her husband for the last 8 years. It started off with worsening pain during intercourse and gradually worsened to the point that she stopped entirely. She has seen multiple physicians who have suggested a variety of different treatment options. She has tried everything from hormone therapy to dilators and some have even suggested that this is part of her normal aging course of life.

Jenny and her boyfriend Tim have been living together for five years. All was going well for them sexually until Jenny noticed changes in dryness—which developed into pain so bad, she nearly vomited at the thought of sex. "Tim was so gentle, so patient, and that only made me feel worse as a woman. I was used to enjoying sex, but now that I was having so much pain, I got to a point where I didn't want him to touch me—or to talk about it with anyone else. When I finally went to my doctor, he gave me a box of dildos and told me to practice stretching myself. I felt so humiliated and defeated."

If the stories from these women resonate with you, you may have been quietly suffering from a condition known as dyspareunia, or painful intercourse.

Nearly 20% of menopausal or perimenopausal women worldwide experience P.D.S Syndrome otherwise known as Pain During Sex Syndrome. In 2015, the Fourth International Consultation on Sexual Medicine reclassified Female Sexual Pain as Female Genital Pelvic Pain Dysfunction. In order to be classified under this new nomenclature, women must have persistent or recurring issues with at least one of the following:

- Pain with vaginal penetration during intercourse
- Marked vulvovaginal pain during contact
- Marked anxiety about the anticipation of pain during or as a result of genital contact.
- Overactivity of pelvic floor muscles (vaginismus)

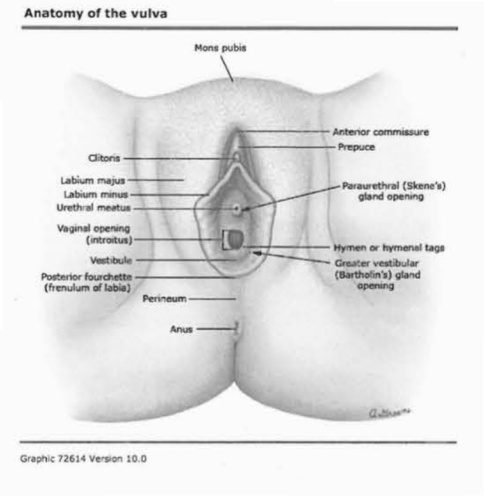
Dyspareunia may be classified as entry or deep dyspareunia. Entry or insertional dyspareunia is pain with initial or attempted penetration into the vagina. This may lead to tearing or bleeding and cause severe pain. It is this type of dyspareunia that The Intimate RenewalTM Procedure is most effective in treating. You may feel guilt, shame or humiliation—or be too embarrassed to tell anyone what is going on with your body. But there's something I'd really like you to know from the start: You aren't alone. One third of the female population in menopausal years—typically over 50—has experienced painful intercourse due to vaginal atrophy from lack of estrogen or narrowing of the vaginal opening leading to micro tears during insertion. Surprisingly, some younger women have also experienced the pain of being unable to accommodate penetration. And, like you, many of these women felt like they were failing their partners by not being as open or available for sexual intimacy, simply because the pain was unbearable.

As a board-certified OB/GYN located in Santa Monica, California, I see a lot of patients who have been suffering in silence for years, afraid to talk about what they perceive as a "taboo" topic. From my medical perspective, however, painful intercourse is for most a solvable medical anomaly—a temporary issue with plenty of potential for significant improvement in a short period of time. In fact, when my friend Dr. David Herzog of Staten Island developed the LAVA® (Laser Augmentation of the Vaginal Area) procedure. I was

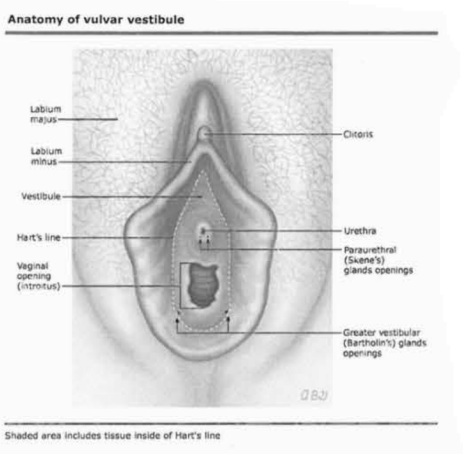
immediately intrigued and flew to visit and learn with him. Since then I have taken LAVA and transformed it into a whole new procedure called the Intimate Renewal™. IRP today is a multi-step approach utilizing multiple facets of medicine. The intimate RenewalTM incorporates surgery, PRP (Platelet Rich Plasma), non-surgical vaginal lasers and medical therapy. —It is now a revolutionary in-office treatment with a nearly 100% success rate that helps women regain the levels of intimacy they and their partners need to experience lasting and fulfilling loving relationships.

Before we get too far into the technical details, let's take a closer look at the origins and causes of entry painful intercourse:

- **Stress:** Emotional distress can lead to physical manifestations in the form of painful intercourse. The good news is, if this is your primary issue, working with a good psychologist or psychiatrist—or even taking up yoga or meditation—can help you get back on track sexually.
- **Genital Structure:** If you've tried a variety of sex positions and are still experiencing pain, it's possible that your body isn't built to accommodate your partner's genitalia. This is where the Intimate Renewal™ procedure can particularly help ease the pain—and restore the pleasure—of sex.



- **Gynecological Issues:** Once you enlighten your doctor to your sexual pain, it's a good idea for your doctor to evaluate you for any potential underlying problems like:
  - Dermatologic diseases such as Lichen sclerosis, planus or psoriasis.
  - Inadequate lubrication and atrophy of the vagina
  - Hormonal deficiency may result in dyspareunia. Estrogen and androgen receptors are located all around the genital area especially along the vaginal canal and vestibule.
  - Post-vaginal delivery scarring or any trauma that potentially can cause scarring
  - Vaginismus, which typically is more common in younger women, with possible history of abuse or trauma leading to involuntary contractions of the pelvic floor muscles on attempted insertion.



- Vulvodynia, which typically manifests as a burning pain caused by the slightest touch.
- Endometriosis (which may require surgery).
- Urethral disorders, vulvar vestibulitis, lubrication issues (which may respond to gels or medications).
- Irritable bowel syndrome (which, although a gastrointestinal issue, can result in painful sex).
- Cystitis (bladder-related) or menopausal changes (i.e., atrophy, prolapse, or issues with hormone replacement therapy). You may also have an infection that needs to be treated before attempting a more permanent solution like the Intimate Renewal™ Procedure.

Medications associated with dyspareunia

Category or mechanism	Specific medications or classes of medications	Comment
Medications that may induce vulvovaginal atrophy	• Aromatase inhibitors • Gonadotropin-releasing hormone agonists or antagonists • Some chemotherapeutic agents • Tamoxifen • Depot medroxyprogesterone acetate	If menopause is induced, vaginal atrophy will result. If the effect is temporary, these changes will reverse when the medication is discontinued. Some chemotherapeutic agents result in premature ovarian failure. In premenopausal women, tamoxifen has an anti-estrogenic effect on the vaginal epithelium, resulting in atrophy[1]. In contrast, in postmenopausal women, tamoxifen has an estrogenic effect on the vaginal epithelium. This results in increased vaginal discharge. Some postmenopausal women who are taking tamoxifen develop recurrent candidal vulvovaginitis, with resultant dyspareunia. Depot medroxyprogesterone acetate suppresses the hypothalamic-pituitary axis, which induces hypoestrogenism and vaginal atrophy.
Oral contraceptives		Some data suggest that oral contraceptives are associated with vestibulodynia. The mechanism of this is unclear[2]. These findings have not been investigated for other formulations of estrogen-progestin contraceptives (patch, vaginal ring).
Anticholinergics	• Anti-histamines (eg, diphenhydramine, chlorpheniramine) • Amitriptyline	May result in vaginal dryness and dyspareunia.
Medications that increase the risk of recurrent candidal vulvovaginitis	• Immunosuppressants (eg, glucocorticoids, TNF-alpha inhibitors) • Antibiotics	Candidal vulvovaginitis is associated with the development of vulvodynia.
Topical agents that cause irritant or allergic reactions	• Spermicides	
Medications that may result in painful clitoral tumescence[3-9]	• Serotonergic agents (Citalopram, Nefazodone, Trazodone) • Dopaminergic agents (Bupropion, Bromocriptine, Olanzapine)	
Antihypertensives		Sexual dysfunction appears to occur more frequently in hypertensive women. It is unclear whether this is associated with the hypertension itself or with antihypertensive medications.

With the advent of ED drugs such as Cialis, Viagra and others, aging men who may have experienced problems in the past are now able to sustain longer and more frequent erections, which can cause obvious issues in women suffering from dyspareunia. The Intimate RenewalTM is the perfect solution to this growing issue with quick return to painless intercourse.

We have recognized that painful intercourse goes beyond just aging patients. Some women, regardless of their age, may also suffer from severe dyspareunia and may be perfect candidates for the Intimate Renewal™.

Obviously, a good evaluation will begin with a holistic kind of evaluation that looks at all possible causes, so that any non-physical causes for sexual pain can be effectively ruled out prior to performing a more invasive procedure. But a good physical examination can also show what is happening with your vagina—and will greatly assist your doctor in diagnosing your treatable condition. Let me say that one more time: This is treatable. Even life-changing. It's more than a hope or a dream that you will be able to be pain free once more as a fully engaged, loving partner. Sex can—and will—feel good again!

The Emotional Connection

Many of my patients come in to see me in states of tremendous emotional distress. After months or even years of painful (and possibly non-existent) sex, they've become convinced that the problem is either in their relationship dynamics, or in one or the other partner's head. "I just don't understand how this could happen," they often tell me, ashamed of how long they have tolerated a situation that easily could have destroyed their relationship.

Trust, honesty, unconditional love—these are the cornerstones of any healthy long-term, intimate relationship. Sexual intimacy is the outward physical expression of a strong, loving relationship between partners—each sharing their soul connection with the other. But how does it feel when you can't fully express yourself physically anymore—through no visible fault of your own? How hard is it for the female partner to feel fully connected to her partner? What does it feel like for the male to know that as he attempts physical intimacy, he is actually hurting his partner?

These are questions that can send any couple into marital counseling—when it is entirely possible that the whole problem is entirely one of physical origin. But emotions can be so powerful and overwhelming, making it hard for a struggling couple to see the situation clearly.

There is a clear relationship between sexual pain and relationship problems. The interrelationship of vaginal dryness, sexual pain with insertion or tearing during insertion can produce a lasting psychological issue. A woman who experiences pain during intercourse will anticipate the pain every time the thought of sex happens and therefore will diminish even her desire for sex and this leads to avoiding sex altogether. From a physiological perspective, the brain's anticipation and experience of pain during intercourse leads to an automatic reaction to tighten the muscles of the vagina and decrease lubrication all together. This vicious cycle can lead to relationship issues and cause sentiments of anger, misunderstanding and even disrupt a family dynamic.

A 2007 survey of over 500 respondents put out by the North American Menopause Society (NAMS) showed that up to half of women suffered from some degree of dyspareunia. Women found the condition "embarrassing" and were reluctant to discuss this with their healthcare provider or sometime even their partners. This survey showed that half these women suffered dyspareunia which led to decrease desire, lower self-esteem and intimate relationship issues.

The even sadder part is that the same survey show that 40% of their physicians never asked or addressed any sexual intimacy issues with them at the time of their visit.

Over the long term, any or all of these emotions can lead to permanent damage to an otherwise healthy relationship. Restoring trust and working through painful associations can take time, especially if you become convinced that the real problem is psychological or relational. However, I can tell you from my experience as an OB/GYN, this is rarely the case when couples come to see me about painful intercourse. And they often leave my office after the first visit full of love, empathy and great hope for the future.

The tricky business of navigating the emotional landscape is also why it is critical to have a caring, compassionate physician on board to assist you. In my office, I always take the time to listen empathically before we move on to discussing solutions. For the long-term health of your relationship, it is important for all parties to feel heard and understood, so that the healing process can be much more intimate and transformational for all involved. It is so important for all of us, as a team, to work through the emotional distress so that it dissolves as quickly as the painful intercourse, once you have received the benefits of the Intimate RenewalTM—or any other customized solution that we find suitable on the path to restored (or rejuvenated) intimacy.

A Brand New Day—Current Treatment Models

Once we've worked past the emotional issues involved in painful intercourse, we can start to work on solving the physical challenges. Where do we start, though?

There are various hormonal and nonhormonal options to help relieve the complaints of vaginal wall atrophy and dyspareunia.

Systemic and local estrogen therapies reverse the atrophic changes of the vagina and may improve pain during intercourse along with dryness and vaginal atrophy. Local vaginal estrogen therapy may be a first line treatment in patient suffering from painful intercourse or vaginal dryness. Formulations such as the vaginal ring, vaginal tablets, transdermal gels, sprays and patches are becoming more and more popular today. A progestin is recommended in addition to systemic estrogen treatment in women who have a uterus. However, for low dose and local estrogen vaginal formulations, a progestin may not be needed.

Lubricants and moisturizers are also a mainstay in helping alleviate complaints of insufficient lubrication during intercourse. This is common in both premenopausal and menopausal women. A vaginal lubricant is used locally as a temporary solution to lubricate the vagina. Lubricants can be categorized as water, silicone and oil based. A vaginal moisturizer is a gel or cream used regularly to improve hydration of the vaginal tissue and therefore relieve vaginal dryness.

Vaginal moisturizers are intended for use on a weekly basis and not just during intercourse. Some of the more common moisturizers available on the market are (Replens, Me Again, Vagisil Feminine, Feminease and K-Y SILK-E). An example of the most common type of lubricants on the market are (Astroglide, Slippery Stuff, and K-Y Jelly).

Women with contraindication to vaginal estrogen therapy may improve function with the use of vaginal dilators. Dilators are especially useful in women experiencing pain during intercourse. Vaginal dilators are available in graduated sizes and therefore a small and narrow dilator may be used initially.

Vaginal Estrogen Therapy is the most effective treatment for moderate to severe symptoms resulting from vaginal atrophy. This allows for restoration of normal vaginal pH, thickening of the vaginal tissue and improvement in vaginal secretion and lubrication thereby improving symptoms of vaginal dryness. Vaginal estrogen insert therapy currently includes Vagifem, or estrogen rings such as Estring and Femring. Vaginal creams are also available such as Premarin and Estrace cream. The dosing can be adjusted by your healthcare provider.

Of note, the North American Menopause Society advises dosing at least 12 hours prior to sexual activity in order to avoid estrogen absorption by a sexual partner. A DHEA preparation like vaginal Prasterone is newly approved as a daily vaginal suppository for the treatment of dyspareunia due to vaginal atrophy.

Prasterone (Intrarosa) is a once daily intravaginal DHEA product which leads to an increase in local estrogen and testosterone and had been shown to improve sexual function, lubrication of the vaginal tissue, orgasm as well as decrease pain with sexual activity. It has recently been approved by the FDA in 2016 to treat moderate to severe dyspareunia. Prasterone is not an estrogen and therefore does not carry the boxed warning that all estrogen products have to carry.

Some women may want or need to avoid hormone-based treatments. There are new medications today such SERM (Selective estrogen receptor modulators), that are used to help in the treatment of vaginal atrophy. These medications have no clinically significant estrogenic effect on the endometrium (lining of the uterus) and the breast.

For medical conditions such as yeast infections or UTIs, a regular course of antifungals or antibiotics can be very effective. Some women who experience persistent UTIs will benefit greatly from a regular, on-going treatment plan with a lower-dose antibiotic.

Several new lasers are now available using Fractional CO2 or Radio Frequency that have been shown to improve vaginal tissue morphology and thereby improving symptoms of vaginal atrophy.

Alternative and or complementary treatments, including oral Vitamin D and vaginal vitamin E, have been proposed, but studies are limited with regard to their efficacy. Probiotics have also been shown to be beneficial.

Counseling or therapy can be another treatment option, particularly if there is trauma, stress or a relationship issue as an underlying cause of the physical pain. A good relationship or sex therapist can be invaluable in working through the issues that need to be cleared in order to return to less-painful sex.

Some patients start their treatment journey with a round of desensitization tools, including Kegel exercises, kundalini yoga or dilators. These tools, of varying sizes, enable a woman to have more control over the size and insertion angle, so they can “teach” their vaginal muscles to relax more and accommodate penetration in a better way. When a patient is diagnosed with vaginismus, these can help (along with pelvic floor exercises) restore a greater sense of control over what was previously more of an involuntary reaction to attempted penetration.

Where do we go from here if none of these first-stage solutions produces the desired result? First, we consider Platelet-Rich Plasma (PRP) injections. Researchers have long searched for the mystical "fountain of youth," and it turns out the secret lies within our own bodies. Platelet-rich plasma involves the application of extracted platelets from an individual's own blood to specific areas of the body needing healing or rejuvenation. The PRP releases growth factors that stimulate cell regeneration and help repair damaged tissue.

While Platelet-Rich Plasma therapy is in headlines lately, it has been used for years as a treatment for wounds, sports injuries and even during dental procedures. But, thanks to recent breakthroughs, PRP is now being used to help patients of all ages look and feel younger. Since I am a pioneer in minimally invasive surgery and rejuvenation techniques, I am one of the few physicians specially trained to use PRP for a variety of enhancement procedures—including female sexual dysfunction caused by painful intercourse.

Finally, the last line of treatment—but one with the highest success rate—is the Intimate Renewal™. The procedure combines CO2 laser rejuvenation, surgical intervention and medical therapies. When patients follow detailed aftercare instructions, The Intimate RenewalTM has been nearly 100% successful. In about eight weeks, couples can go from intolerable pain during intercourse to enjoying a lifetime of renewed sexual intimacy and pleasure. What could be better?

The life-changing procedure - The Intimate Renewal™

It started with a desperate Internet search. When Brenda went online seeking someone who could help her overcome pain during sex, she saw the words “vaginal loosening” and immediately thought, “That’s it. That’s what I need.”

Married for 39 years, Brenda and her husband had experienced two decades of painful intercourse and consulted multiple doctors who were unable to prescribe anything that helped. When they learned about our success rates with vaginal loosening, they felt something they hadn’t experienced in a long time: Hope.

“Over the course of 20 years, it had been a struggle,” her husband says. The couple was advised by physicians and surgeons to attempt other possible remedies from painful sex including creams, use of dilators, physical therapy, and even “use a toy.” Nothing helped. “We felt doomed, for the rest of our lives,” Brenda explains.

I explained how dyspareunia and specifically painful upon insertion, is not necessarily rare for women, and outlined the Intimate RenewalTM that I helped pioneer. I also reminded this couple that sexual dysfunction wasn’t merely something we should accept as we grow older.

This modern, three-part procedure combines laser therapy, a surgical approach, and medical therapy to relieve the aggravation and anxiety she and her husband experienced.

Brenda’s hopes were high before our initial consultation, just based on what she had read about the procedure. “I went in to see Dr. Ghozland with full confidence that he would be able to help me,” she said. “I didn’t doubt for one moment.”

The Intimate Renewal™ is a multi-platform treatment option that includes the use of lasers, platelet rich plasma therapy, medications and surgery, with outstanding results. This new and novel approach to vaginal

rejuvenation has already helped hundreds of women from all over the world. The Intimate Renewal™ offers a nearly 100% success rate, and as the inventor and creator of the Intimate Renewal™, Dr Ghozland is the only currently qualified and trained to perform the IRP procedure.

Often, the very first question women ask about the The Intimate Renewal™ is, “Does it hurt?” Although part of the treatment is undergoing a minor vaginal surgery, the recovery is relatively fast with minimal down time. As your physician, I will explain it in detail during your consultation; however, for the purposes of this publication, I can tell you that this simple, outpatient procedure can be performed with local anesthesia. In fact, many our patients feel so comfortable, they chat with me, watch a movie or even read while undergoing The Intimate Renewal™.

The hour-long procedure basically works like this: Vaginal dilators of different sizes are used to evaluate the vaginal opening. Next, the area is opened up using Radio Frequency techniques to an approximate size that corresponds to their partner. The laser enables me to more effectively “sculpt” each patient in a customized manner, and strategically place the sutures in areas that truly support the size of the opening while minimizing any scar tissue. It is all bloodless, painless and very safe—and since it’s all done on an outpatient basis, patients can return to work in just 48 hours, without restrictions on lifting.

The entire recovery period is between four and six weeks, and sex can be resumed (and is even encouraged!) as soon as your polysorb sutures dissolve.

For Brenda and her husband, life after the Intimate RenewalTM enabled them to stop existing and start experiencing the joy of sexual intercourse once more. In fact, they renewed their wedding vows—complete with brand-new rings to signify their new beginning.

My kind, caring staff and I can help you put the problem of painful intercourse behind you once and for all. Don’t let this common but distressing condition rob you of one more day of enjoyment and pleasure. Call us today to schedule a free consultation. We’ll have you both smiling again in no time!

Frequently Asked Questions

- Is it just older women who can find the Intimate Renewal™ beneficial?
    - Although insertional dyspareunia is most common during the peri- and postmenopausal period, women of all ages and even in their 20's can experience insertional painful intercourse. In young women if the vaginal opening is too narrow or small to accommodate the width of the penis, whether due to a small vaginal opening or a wide penis or a combination of both then the Intimate Renewal™ maybe the solution.
- Who is the ideal candidate for the procedure?
    - Anyone who experiences recurrent pain upon insertion during intercourse is a potential candidate. All our patients have typically tried and failed conventional treatment algorithms and remain in pain. The intimate Renewal™ has helped many women regain painless intercourse even after they have spent years being treated with conventional treatment options.
    - The procedure will not benefit those who experience deep pain with sex which oftentimes will indicate other potential organic causes of dyspareunia such as endometriosis, adhesions or even non-gynecological causes.
- What is the ultimate goal of the procedure?
    - To offer women the ability to experience non painful intercourse again. This is a safe and very successful non hormonal treatment option for insertional dyspareunia.
- What happens the day of the procedure?
    - Once a complete History & Physical examination is performed and the Intimate Renewal™ treatment option is reviewed and agreed upon. The patient will first undergo a non-surgical vaginal laser procedure to help promote collagen growth and thereby improving the tissue quality of the vagina. Once the laser session is complete, the patient will be prepped and numbed typically using local anesthesia for the actual surgical aspect of the Intimate Renewal™ This surgical part of the procedure usually lasts about one hour. The surgery will involve usually two diamond incisions which will allow a greater amount of vaginal opening space and therefore eliminate insertional pain during intercourse. Once the surgical aspect is finished a PRP (Platelet Rich Plasma) treatment using the patient's own Platelet cells will be injected into the incision wound as well as other areas in the vagina. There are incredible healing properties in Platelet cells that have shown to be a powerful part of the intimate renewal™ procedure treatment protocol. Once all of this has taken place, the patient will usually go home and rest for a few days. The sutures typically self-dissolve. During that time compounded vaginal creams are offered to the patients unless there is a contraindication to hormone therapy. Vaginal Dilators are then used once the sutures have healed. Most of our patients have completely healed and are starting to engage in non-painful sex by week 8.
- What are potential side effects of the Intimate Renewal™?
    - With any surgical procedure, there is always a risk of infection, bleeding and injury to adjacent tissue or organ. However, in all of my years performing this minor procedure, I have never had or seen a complication from the Intimate Renewal™.
- How fast do patients recover?
    - This is an outpatient procedure. Most patients spend about 2 ½ hours with us before going home. We typically recommend a few days of relaxing at home and return to sexual intimacy within 8 weeks.

- What are my patients saying about the Intimate Renewal™?
    - As an Ob/Gyn, I have delivered thousands of babies, performed hundreds of complicated Laparoscopic or Robotic surgeries, BUT I have never had so much joy in seeing how happy and fulfilled my patients are after the Intimate Renewal™.

As I you can see there is light and hope at the end of the tunnel. The Intimate Renewal™ has helped hundreds of women regain their sexy back and rejuvenate their relationship with their partners—and it can help you, too!

For More Information

My team and I would love to hear from you!

If you have questions about our services or would like to book an appointment,
Visit our website at www.davidghozland.com or call 310-393-9359.

We will respond to all inquiries in a timely manner.

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About the Author

Dr. David Ghozland is a board-certified second generation OB/GYN who takes pride in providing the latest, safest and most effective techniques in pelvic reconstructive surgery. He is board certified by the American Board of Obstetrics & Gynecology,the American Academy of Cosmetic Gynecologist and the American Minimally invasive surgery Society. He is located in Santa Monica and is associated with Cedars Sinai Medical Center, St. John's Medical Center.

Additionally, Dr. Ghozland is a member of the American Academy of Minimally Invasive Surgeons, The North American Menopause Society, the American Association of Gynecological Laparoscopy, the Society of Robotic Surgery, the American College of Obstetricians & Gynecologists, the American Medical Association and the Los Angeles County Medical Association.

Dr Ghozland is currently the president of the Los Angeles County Medical Association for his District V. He also speaks on behalf of various companies to educate physicians and the public on stem cell collection and research.

Furthermore, Dr. Ghozland wrote a committee opinion on cosmetic vaginal surgery for the American Board of Obstetrics and Gynecology. He also has appeared on several TV shows like Dr. Phil and Noticias 62 as well as several local cable networks.

Dr. Ghozland is a pioneer in the art and science of pelvic reconstructive surgery. His goal is to help patients feel comfortable and confident that they are getting the highest level of care.

The life-changing procedure The Intimate Renewal™

Clarify the report (adjust appropriately for same-sex partner)

- Where does it hurt? Describe the pain.
- When does it hurt? Does the pain occur: 1) With penile contact at the opening of the vagina; 2) Once the penis is partially in; 3) With full entry; 4) After some thrusting; 5) After deep thrusting; 6) With the partner's ejaculation; 7) After withdrawal; or 8) with subsequent micturition?
- Does your body tense when your partner is attempting, or you are attempting, to insert his penis? What are your thoughts and feelings at this time?
- How long does this pain last?
- Does touching cause pain? Does it hurt when you ride a bicycle or wear tight clothes? Does penetration by tampons or fingers hurt?

Assess the pelvic floor

- Do you recognize the feeling of pelvic floor muscle tension during sexual contact?
- Do you recognize the feeling of pelvic floor muscle tension in other (nonsexual) situations?

Evaluate arousal

- Do you feel subjectively excited when you attempt intercourse?
- Does your vagina become sufficiently moist? Do you recognize the feeling of drying up?

Determine the consequences of the complaint

- What do you do when you experience pain during sexual contact? Do you continue? Or do you stop whatever is causing the pain?
- Do you continue to include intercourse or attempts at intercourse in your lovemaking, or do you use other methods of achieving sexual fulfillment? If you use other ways to make love, do you and your partner clearly understand that intercourse will not be attempted?
- What other effect does the pain have on your sexual relationship?

Explore biomedical antecedents

- When and how did the pain start?
- What tests have you undergone
- What treatments have you received?

Source: Adapted from Basson R, Althof S, Davis S, et al. Summary of the recommendations on sexual dysfunctions in women. J Sex Med. 2004:1:24-34.