

GYNAECOLOGY

Amielle vaginal trainers—a patient evaluation

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Summary

Ten consecutive patients presenting to a gynaecology clinic with a principal diagnosis of secondary vaginismus and superficial dyspareunia were given a set of Amielle vaginal trainers and instructed in their use. They were subsequently sent a questionnaire asking for their evaluation of the efficacy of the trainers. Nine patients (90%) reported a substantial improvement or complete cure of their symptoms. All patients who used the vaginal trainers gave favourable reports on the physical characteristics of the product. Amielle vaginal trainers seem both effective in the treatment of vaginismus and superficial dyspareunia and aesthetically acceptable to majority of patients.

Introduction

Vaginal dilators have an established, but often neglected, role in gynaecological practice and are used in a variety of clinical situations including the treatment of vaginismus, avoidance of vaginal adhesions and stenosis following vaginoplasty (Braren, 1981) following radiotherapy (Krumm and Lamberti, 1993), and for disorders such as vestibular vulvitis (Schover *et al.*, 1992) and lichen planus (Edwards and Friedrich, 1988). We report the evaluation of a new set of plastic vaginal dilators marketed as 'Amielle vaginal trainers'.

Patients and methods

Amielle vaginal trainers comprise a set of four ivory coloured, plastic, vaginal probes of increasing diameter (20 mm, 25 mm, 30 mm and 35 mm) and length (90 mm, 110 mm, 140 mm and 160 mm). They are supplied by the manufacturers (Owen Mumford, Woodstock, UK) in a discrete wash-bag which also contains a tube of lubricant, a detachable handle and a small brush with instructions on how to clean the dilators (see Figure 1).



Figure 1. The Amielle vaginal trainers pack.

Ten consecutive patients with a principal complaint of secondary vaginismus and superficial dyspareunia were recruited from the general gynaecology clinic. The diagnosis was made principally on the grounds of a history of difficulty with sexual intercourse or tampon insertion due to pain or fear, coupled with the clinical finding of painful spasm of the pelvic floor in anticipation of or during attempts at digital or speculum examination.

Five of these patients had suffered perineal trauma during childbirth, one had lichen planus, one developed vaginismus following a vaginal infection, one had post-menopausal vaginal atrophy and two had vaginismus with no obvious physical cause. Each patient was seen by the same doctor (M.D.G.), issued with a set of dilators and advised to start using the smallest dilator as often as she wished with the lubricant provided, progressing to the larger dilators when she felt able to do so. A questionnaire was subsequently sent to evaluate her impression of the dilators including their physical characteristics

Table 1. Patient evaluation of the physical and functional properties of the Amielle vaginal trainers

	<i>Patient assessment as median digital analogue score (range)</i> <i>(1 = wholly unfavourable, 6 = wholly favourable)</i>
First impression of vaginal trainers	4 (2-6)
Success of treatment with trainers	4 (2-6)
Colour of trainers	6 (3-6)
Shape of trainers	6 (4-6)
Ease of cleaning trainers	6 (2-6)

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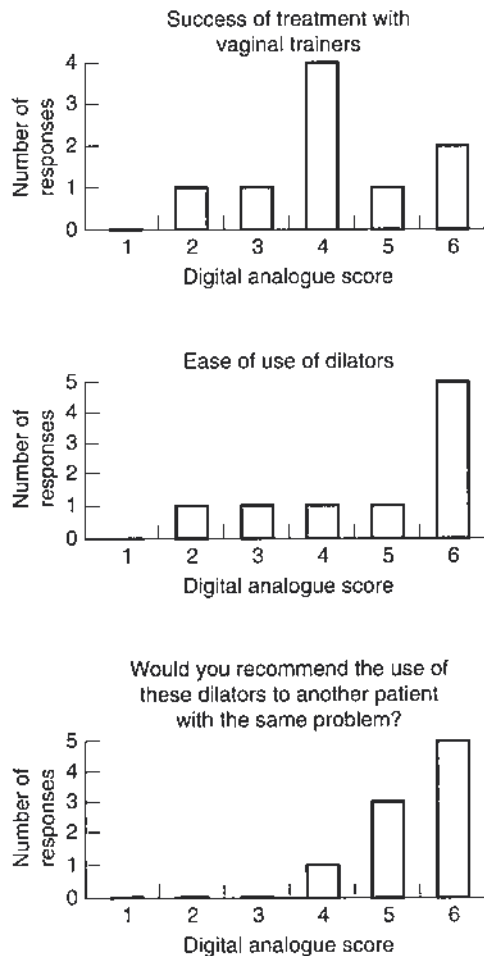


Figure 2. Summary of the returned questionnaires (Digital analogue scale of 1–6 (1 = treatment completely unfavourable; 6 = completely favourable)).

(colour, length, diameter, range of sizes), ease of use and the success of the treatment. Each patient was asked to record her response to questions on a digital analogue scale of one to six, 'one' representing a wholly unfavourable impression and 'six' representing a wholly favourable impression.

Results

Of the 10 patients issued with vaginal trainers, nine returned the questionnaire and one patient returned the dilators unused with a letter explaining that she had been too embarrassed to use them.

The results of the patient evaluation of the various physical and functional properties of the Amielle vaginal trainers are summarised in Table I.

One patient felt that the trainers were too long, and one patient felt that the dilator of largest diameter was too small, but all other participants were content with the lengths and diameters provided, although two

patients made the point that they would have preferred smaller increments in diameter.

All patients who used the dilators reported an improvement in symptoms and most reported a significant improvement or complete cure (see Figure 2).

The two patients who had used other methods of vaginal desensitisation (fingers or 'rubber dilators') preferred using the Amielle trainers.

Conclusion

Difficult or painful coitus associated with vaginismus is a symptom, not a pathologic entity. Although its cause can usually be determined relatively easily, a conditioned reflex created by a pre-existing organic lesion or a deep-seated psychogenic problem may produce fear of sexual contact and may tax the gynaecologist's ability to help such patients. Reassurance, sexual counselling, psychotherapy and surgery to correct anatomical abnormalities, either congenital or following trauma, all have a role in helping patients overcome dyspareunia. Vaginal desensitisation using dilators is also a recognised treatment of this condition.

The nine patients (90%) in this study who used the dilators reported an improvement in their condition. For most this was substantial and in two there was complete 'cure'. Patients found the trainers easy to use and the physical characteristics of the dilators acceptable.

Although no direct comparison has been made, we feel that the modern design of these plastic dilators probably makes them less 'clinical' and more 'patient friendly' than other forms of vaginal dilators such as the graded glass or vulcanite dilators that are widely used in current practice.

Acknowledgement

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