



The American College of
Obstetricians and Gynecologists

FAQ

FREQUENTLY ASKED QUESTIONS
GYNECOLOGIC PROBLEMS
FAQ020

When Sex Is Painful

- **How common is painful sex?**
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How common is painful sex?

Pain during intercourse is very common—nearly 3 out of 4 women have pain during intercourse at some time during their lives. For some women, the pain is only a temporary problem; for others, it is a long-term problem.

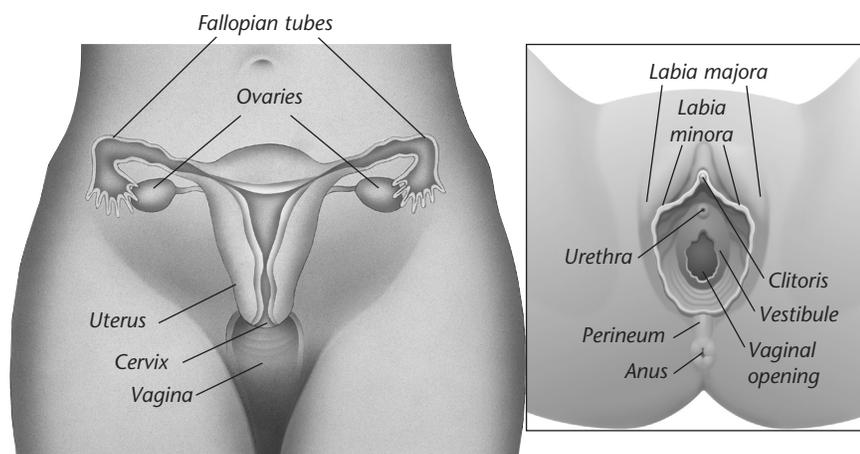
What causes pain during sex?

Pain during sex may be a sign of a gynecologic problem, such as ovarian **cysts** or **endometriosis**. Pain during sex also may be caused by problems with sexual response, such as a lack of desire (the feeling of wanting to have sex) or a lack of arousal (the physical and emotional changes that occur in the body as a result of sexual stimulation).

Where is pain during sex felt?

You may feel pain in your **vulva**, in the area surrounding the opening of your **vagina** (called the **vestibule**), or within your vagina. The **perineum** is a common site of pain during sex. You also may feel pain in your lower back, pelvic region, uterus, or bladder.

Female Pelvic Anatomy



The internal female reproductive organs and the external female genitals.

When should I see a health care provider about painful sex?

If you have frequent or severe pain during sex, you should see a health care provider. It is important to rule out gynecologic conditions that may be causing your pain. Your health care provider also can help you address problems with sexual response.

What causes sexual response problems?

The following reasons are among the most common:

- Your state of mind—Emotions such as fear, guilt, shame, embarrassment, or awkwardness about having sex may make it hard to relax. When you cannot relax, arousal is difficult, and pain may result. Stress and fatigue can affect your desire to have sex.
- Relationship problems—Problems with your partner may interfere with your sexual response. A common relationship issue is a mismatch between partners in their level of desire for sex.
- Medications—Many medications can reduce sexual desire, including some birth control methods. Many pain medications also can reduce sexual desire.
- Medical and surgical conditions—Some medical conditions can indirectly affect sexual response. These conditions include arthritis, diabetes, cancer, and thyroid conditions. Some women who have had surgery find that it affects their body image, which may decrease their desire for sex.
- Your partner—If your partner has a sexual problem, it can make you anxious about sex. If your partner is taking a drug for erectile dysfunction, he may have delayed orgasm, which can cause long, painful intercourse.

What kinds of gynecologic conditions can cause pain during sex?

Pain during sexual intercourse can be a warning sign of many gynecologic conditions. Some of these conditions can lead to other problems if not treated:

- Skin disorders—Some skin disorders may result in ulcers or cracks in the skin of the vulva. Contact dermatitis is a common skin disorder that affects the vulva. It is a reaction to an irritating substance, such as perfumed soaps, douches, or lubricants. It may cause itching, burning, and pain. Treatment of skin disorders depends on the type of disorder.
- Vulvodynia—This is a pain disorder that affects the vulva. When pain is confined to the vestibule (the area around the opening of the vagina), it is known as vulvar vestibulitis syndrome (VVS). There are many treatments available for vulvodynia, including self-care measures. Medication or surgery may be needed in some cases. For more information about this condition, see the FAQ [Vulvodynia](#).
- Hormonal changes—During **perimenopause** and **menopause**, decreasing levels of the female hormone **estrogen** may cause vaginal dryness. Hormone therapy is one treatment option. Using a lubricant during sex or a vaginal moisturizer also may be helpful.
- Vaginitis—Vaginitis, or inflammation of the vagina, can be caused by a yeast or bacterial infection. Symptoms are discharge and itching and burning of the vagina and vulva. Vaginitis can be treated with medication (see the FAQ [Vaginitis](#)).
- Vaginismus—Vaginismus is a reflex contraction (tightening) of the muscles at the opening of your vagina. Vaginismus may cause pain when you try to have sexual intercourse. Vaginismus can be treated with different forms of therapy.
- Childbirth—Women who have had an **episiotomy** or tears in the perineum during childbirth may have pain during sex that may last for several months. Treatments include physical therapy, medications, or surgery.
- Other causes—**Pelvic inflammatory disease**, endometriosis, and **adhesions** are all associated with pain during sex.

What can I expect when I see my health care provider about pain during sex?

Your medical and sexual history, signs and symptoms, and findings from a physical exam are important factors in determining the cause of your pain. Sometimes, tests are needed to find the cause. A **pelvic exam** or **ultrasound** exam often gives clues about the causes of some kinds of pain. Further evaluation, sometimes involving a procedure called a **laparoscopy**, may be needed.

You also may be asked about medications that you are taking, whether you have any medical conditions, and past events that may affect how you feel about sex, such as sexual abuse. Other health care providers may be consulted for further evaluation and treatment, such as a physical therapist or a dermatologist (a specialist in diseases of the skin).

Are there things a woman can do on her own to help with pain during sex?

If you have pain during sex, see a health care provider. However, there are some self-help measures you can try to relieve pain during sex:

- Use a lubricant. Water-soluble lubricants are a good choice if you experience vaginal irritation or sensitivity. Silicone-based lubricants last longer and tend to be more slippery than water-soluble lubricants. Do not use petroleum jelly, baby oil, or mineral oil with condoms. They can dissolve the latex and cause the condom to break.
- Make time for sex. Set aside a time when neither you nor your partner is tired or anxious.

- Talk to your partner. Tell your partner where and when you feel pain, as well as what activities you find pleasurable.
- Try sexual activities that do not cause pain. For example, if intercourse is painful, you and your partner may want to focus on oral sex or mutual **masturbation**.
- Try nonsexual, but sensual, activities like massage.
- Take pain-relieving steps before sex: empty your bladder, take a warm bath, or take an over-the-counter pain reliever before intercourse.
- To relieve burning after intercourse, apply ice or a frozen gel pack wrapped in a small towel to the vulva.

Glossary

Adhesions: Scarring that binds together the surfaces of tissues.

Cyst: A sac or pouch filled with fluid or other material.

Endometriosis: A condition in which tissue similar to that normally lining the uterus is found outside of the uterus, usually on the ovaries, fallopian tubes, and other pelvic structures.

Episiotomy: A surgical incision made into the perineum (the region between the vagina and the anus) to widen the vaginal opening for delivery.

Estrogen: A female hormone produced in the ovaries.

Laparoscopy: A surgical procedure in which a slender, light-transmitting instrument, the laparoscope, is used to view the pelvic organs or perform surgery.

Masturbation: Self-stimulation of the genitals, usually resulting in orgasm.

Menopause: The time in a woman's life when the ovaries have stopped functioning; defined as the absence of menstrual periods for 1 year.

Pelvic Exam: A manual examination of a woman's reproductive organs.

Pelvic Inflammatory Disease: An infection of the uterus, fallopian tubes, and nearby pelvic structures.

Perimenopause: The period around menopause that usually extends from age 45 years to 55 years.

Perineum: The area between the vagina and the anus.

Ultrasound: A test in which sound waves are used to examine internal structures.

Vagina: A tube-like structure surrounded by muscles leading from the uterus to the outside of the body.

Vestibule: The space within the labia minora into which the vagina and urethra open.

Vulva: The external female genital area.

If you have further questions, contact your obstetrician–gynecologist.

FAQ020: Designed as an aid to patients, this document sets forth current information and opinions related to women's health. The information does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to institution or type of practice, may be appropriate.

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