



A guide to self care after pelvic radiotherapy (vaginal dilation)

Cancer Services

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Introduction

This leaflet contains advice for patients who have completed their course of radiotherapy to the pelvis.

Radiotherapy to the pelvic area may lead to:

- scar tissue developing within the vagina which can cause narrowing and a loss of elasticity
- your vagina becoming drier than before treatment.
- a reduction or loss of vaginal secretions during sexual intercourse.

How can I reduce the risk of these problems?

You will need to ensure that your vagina remains stretched and open. This will help to reduce scar tissue forming, keep the vagina soft and will make future medical examinations and intercourse more comfortable.

This can be achieved by:

- using a vaginal dilator (which we will provide you with)
- sexual intercourse
- a combination of using the dilator and intercourse.

You can also use a vibrator to achieve the same result.

Health information and support is available at www.nhs.uk or call 111 for non-emergency medical advice

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What is a vaginal dilator?

It is a smooth plastic tube that comes in 4 sizes. It can be used as directed to reduce the side effects radiotherapy has on the vagina.

When should I use the dilator?

You will need to start using your dilator 2 to 8 weeks after your radiotherapy or brachytherapy treatment has finished, allowing any reactions (e.g. soreness) to settle.

You should use your dilator at lease twice a week for three minutes on each occasion. If you notice a tightness when using the dilator you may need to use it more often, up to ten minutes twice daily.

We also recommend that you do some pelvic floor exercises while inserting the dilator. If you are unsure about these exercises, please see information below

Sexual intercourse or using a vibrator will also open and stretch the vagina, and can take the place or be used along side a dilator.

Pelvic floor exercises

The pelvic floor muscles are important muscles which if weakened can cause leaking of urine, vaginal slackness and vaginal prolapse.

How to identify the correct muscles to exercise:

Imagine you are trying to stop yourself passing wind and at the same time trying to stop your flow of urine mid-stream, causing a feeling of 'squeeze and lift', closing and drawing up the front and back passages. It is important to do this without tightening your abdomen or buttocks, squeezing your legs together or holding your breath. In other words, only your pelvic floor muscles should be working.

The exercises can be done in any position:

- close and draw up the front and back passages
- squeeze and lift
- hold for as long as you can (up to a maximum of ten seconds) release
- rest (for about four seconds)
- repeat between five and ten times then do up ten short, sharp squeezes.

You can do these exercises as often as you wish through the day - by strengthening your pelvic floor muscles you may find it easier to use the vaginal dilators.

How do I use the dilators?

- Find a private and comfortable place, where you can relax.
- Start with the 2 smallest dilators, join them together and apply a water soluble lubricant onto the rounded end, and to the entrance to your vagina. Do **not** use petroleum jelly (Vaseline).
- There are a few different positions you can try before you choose the one most comfortable for you. Options include lying on your back with your knees bent and legs slightly apart, or stand with one foot on a stool or you can use the side of the bath.
- Insert the rounded end of the dilator into your vagina using firm but gentle pressure.
- To help relax your pelvic floor muscles take a deep breath in and slowly blow out as you insert the dilator.
- The dilator should be inserted as deeply as is comfortable for you, without forcing. The top of the vagina is closed so you will not lose the dilator.
- Once the dilator is inside your vagina you should move it in a circular motion both clockwise and anti-clockwise in order to move the walls of the vagina.
- You should use the dilator for three minutes.
- Withdraw the dilator slowly, continue in a circular motion if possible.
- Clean the dilator with warm soapy water. Rinse and dry.
- If you are able to do this easily, try increasing the size of the dilator, progressing over time to the largest one you can use without pain or discomfort.

You may need to use a dilator for the rest of your life to prevent scar tissue forming. Your doctor will discuss this in detail with you.

What problems can occur?

Bleeding - You may notice slight bleeding or spotting after using the dilators, this is not unusual.

Pain - some pain is normal when you first use the dilators, this should reduce overtime. Ensure that you use plenty of lubricating gel. If you feel pain or tightness after increasing the dilator size, go back to the smaller one and see if that helps.

If you notice any damage or cracks in the dilator please do not use, let the team know and we are happy to replace them if needed.

Can I have sex after radiotherapy?

You can have sex as long as you are not having any problems with bleeding, infection (discharge) or pain. If you are have vaginal dryness you should use a water soluble lubricant as radiotherapy can cause vaginal dryness.



Useful contacts for further advice

If you have any worries or concerns please contact you doctor or alternatively contact your nurse specialist:

Brachytherapy Radiographers 0116 258 6244

Gynecological Nurse Specialists 0116 258 4840

Colorectal Nurse Specialists 0116 258 5184

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