

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

Cancer Services

Information for patients

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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.

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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 least twice a week for 3-5 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.

There are a few different ways to exercise your pelvic floor. When doing your pelvic floor exercises, start off in a comfortable position. For example, sitting or lying down. As you get more practice with the exercise, you can try these exercises in different positions, such as standing, walking or bending.

To exercise your pelvic floor, you should:

- Close the back passage (as if you are trying to stop yourself from passing wind but try not to clench your buttocks).
- Try to squeeze your vaginal muscles up and in (like you are trying to stop the flow of urine mid-stream) try not to pull your stomach in when you're doing this.

Do a combination of both long and short squeezes.

Long squeezes

Squeeze and hold the muscles tight – you should try to hold for around 10 seconds, but you might have to work up to this. Try to find the length of time that is right for you to start with, which might only be a few seconds.

Relax fully and breathe normally for about 5 seconds.

Try to do these 10 times with a full relaxation in between each. Relaxation is just as important as the actual exercise for building a strong pelvic floor.

Short squeezes

Squeeze your pelvic muscles tight and hold for 1 second.

Relax fully (like with the long squeezes), breathing normally as you rest.

Aim for up to 10 'lift and let go' contractions.

You can do these exercises as often as you wish throughout the day

Do not be put off if you don't see an improvement straight away. It may take several weeks to notice an improvement. Pelvic floor use is a lifetime habit.

There are apps available online designed to help you make pelvic floor exercises part of your daily routine. For example Squeezy NHS pelvic floor app

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). Water soluble lubricant can be obtained from the GP on prescription or purchased in a variety of stores.
- 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 and in a figure of 8 in order to stretch the walls of the vagina.
- You should use the dilator for 3-5 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.

In most cases dilators need to be used life long, to prevent scar tissue forming. If you have any concerns this can be discussed in your follow up appointment with your Doctor.

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 have vaginal dryness you should use a water soluble lubricant as radiotherapy can cause vaginal dryness. However if you require any further chemotherapy after you have finished your radiotherapy, please follow the instruction and guidance provided by your chemotherapy nurses.



Useful contacts for further advice

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

Gynae AP Radiographers 0116 258 6244

Kerry Shipman and Mandy Maclean

Gynecological Nurse Specialists 0116 258 4840

Lower GI AP Radiographer 0116 258 5647 / 0116 204 7953

Minal Mistry

Colorectal Nurse Specialists 0116 258 5184

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