



# Painful sex (dyspareunia)

Painful sex is common, but it's not normal. Many people experience painful sex at some stage in their lives. 'Dyspareunia' is the medical term used to describe pain before, during or after sex.

The term 'sex' includes external stimulation and penetration with a penis, sex toy or fingers.

You don't have to put up with painful sex. There are many treatment options available.

## Symptoms of painful sex

If you have painful sex, you might feel:

- entry pain or deep pain or both
- burning, aching or throbbing pain.

Pain can happen during arousal, foreplay or orgasm. You might feel pain with external stimulation or during penetration. Some people experience pain after sex has finished.

You might not feel pain every time you have sex.

## What causes painful sex?

Painful sex can be caused by physical and emotional factors.

You might feel entry pain (with penetration) or deep pain (with thrusting).

Physical factors may include one or more of the following:

- Vaginal dryness – due to lower oestrogen levels that can happen around the time of menopause and when breast feeding, and when using certain medicines.
- Reduced thickness and elasticity of the vaginal walls – due to lower oestrogen levels (e.g. at menopause and when breast feeding).
- Reduced arousal and lubrication before sex.
- Overactive pelvic floor muscle or involuntary muscle spasms (vaginismus).
- Recurring vaginal thrush or urinary tract infections (UTIs).
- Skin conditions (e.g. dermatitis or lichen sclerosis).
- Health conditions (e.g. endometriosis, adenomyosis, uterine fibroids, ovarian cysts).
- Vulval pain.

Emotional causes may include relationship problems, stress, psychological issues, gender identity issues, past sexual abuse or not wanting to get pregnant.

Many people who experience painful sex also have lower sex drive (libido).

## Diagnosis

Dyspareunia is usually diagnosed via a clinical examination. Your health practitioner may need to examine your vulva, vagina and pelvic area to check where the pain is coming from. They will also ask questions about:

- your medical, sexual and family history, childbirth and past surgeries
- when you feel pain, where it hurts and how it feels.

You may need to do other tests. For example:

- a pelvic ultrasound – if your doctor thinks the condition is inside your pelvis
- a vaginal swab – if you have vaginal discharge
- a urine (wee) test – if you have urinary symptoms.

## Treatment and management

Treatment options depend on the cause of your pain. Your doctor may recommend:

- lubricant creams and gels
- vaginal moisturisers
- vaginal oestrogen cream or pessaries
- menopausal hormone therapy (MHT)
- a change of medicines
- treatment for any infections.

They may also refer you to one or more specialists, including a psychologist, sex therapist and pelvic floor physiotherapist.

## What you can do

There are practical things you can do to improve your sexual experience. For example, tell your partner what you do and don't like, try different sexual positions and use lubricants.

Avoid any activities that are painful, as this can make the situation worse.

Try to keep intimacy alive by enjoying each other in ways that feel good.

Touching yourself may help you understand your body and what feels good for you.

It's important to practise safer sex and get regular sexually transmitted infection (STI) checks to help avoid infections.

## When to see your doctor

Painful sex is not normal. There are many treatments available. If you don't receive the care or treatment options you need, try another doctor.

**For more information, resources and references, visit [jeanhailes.org.au/health-a-z/sex-sexual-health](https://jeanhailes.org.au/health-a-z/sex-sexual-health)**