

*Best Practice
guidelines on the use
of vaginal dilators in
women receiving
pelvic radiotherapy*



National Forum of Gynaecological Oncology Nurses

BEST PRACTICE GUIDELINES ON THE USE OF VAGINAL DILATORS IN WOMEN RECEIVING PELVIC RADIOTHERAPY

INTRODUCTION

Every year approximately 16,000 women in the UK are diagnosed with a gynaecological malignancy, 40% of whom will receive radiation as part of their treatment. With earlier diagnosis and advancing treatments, women are surviving radical treatment modalities. The impact of surgery, chemotherapy, radiotherapy or endocrine therapy for a gynaecological cancer can alter sexual functioning in many ways. These factors can affect each individual or couple differently.

Health care professionals should view their patient holistically and be aware of the psychosocial and psychosexual impact that cancer and its treatment can have on her as well as her partner (1,2). Research into gynaecological cancer has led to a greater understanding of the risk factors and predictors of altered sexual function, as well as providing better information, advice, guidance and ongoing support.

These best practice guidelines have been written by members of the National Forum of Gynaecological Oncology Nurses in order to standardise the use of vaginal dilators in the care of women receiving pelvic radiotherapy, in the light of the best clinical practice and the evidence available. They have been written primarily for gynaecology patients but may be used for all women receiving pelvic radiotherapy, for example cancer of the anus, rectum, bladder and in Total Body Irradiation.

BACKGROUND

The National Forum of Gynaecological Oncology Nurses (NFGON) recognised that there were inconsistencies in the current care of women undergoing pelvic radiotherapy and brachytherapy treatment within the UK as well as limited information in the literature to support this gap in clinical practice and research.

In 2003, two researchers Isabel White and Sara Faithfull conducted a national survey to establish current practice on information given to women about the rationale and technique for use of vaginal dilators associated with pelvic radiotherapy. The provision and delivery of psychosexual and dilator advice: when, what and how it is given as well as the success of dilator technique following sexual assessment was reviewed as was the need for compliance and if it was considered important by health professionals. The findings of the survey endorsed many concerns highlighted by the NFGON, with regard to inconsistencies in patient education on vaginal dilatation, and interventions for women receiving pelvic radiotherapy both in the UK and Australia (3, 4). Specific details about technique, compliance and formal sexual health and vaginal assessment were also inconsistent (5).

GUIDELINES, THE WAY FORWARD

Acknowledging the need to achieve national consensus in the delivery of consistent patient centred care, the NFGON have produced best practice guidelines for the use of vaginal dilators based on clinical experience, with the aim of improving the outcomes of women receiving pelvic radiation therapy. They are based on the information collated by the survey and should be addressed as a best practice statement, until further research is available. It aims to reduce local variations and provide a basis for developing and improving care.

Guidelines for the use of vaginal dilators in women receiving pelvic radiotherapy and brachytherapy treatments

It is recommended that vaginal dilators are offered to patients undergoing radical radiotherapy to the pelvis as part of their cancer treatment, together with support and education. Prior to commencing pelvic radiotherapy treatment all patients should receive information about the effects of radiation on vaginal tissue, which is recorded within the informed consent process. Acute and late effects of radiotherapy on the vagina and the need for dilators should be discussed during the assessment and planning phase of radiotherapy practice.

These include:

- The development of fibrosis on mucosal tissues leads to progressive narrowing of the vaginal canal, and vaginal stenosis in between 1.6-80% of women (6,7)
- Decrease in elasticity of vagina (8)
- Loss of oestrogen either from the effects of the radiotherapy on the ovaries, or following oophorectomies, can also lead to loss of lubrication and vaginal dryness
- Vascular changes to vaginal canal (9)
- Dyspareunia, up to 15-20% of women never resume sexual intercourse (10,11)
- Negative effect on feelings of sexuality from cancer treatment (12)
- Ensure sexual relations can continue or recommence post treatment (13, 14, 15)
- May reduce the incidence of discomfort or painful intercourse
- May reduce potential difficulties with future partners if not in a sexually active relationship at the time of treatment
- Allows the medical team to accurately examine and assess the vaginal vault or cervix as part of ongoing medical follow up, care and support
- Offers the opportunity to discuss sexual fears/ myths associated with pelvic radiotherapy

**THE RATIONALE FOR
VAGINAL DILATATION**

**TIMING OF VAGINAL
DILATATION**

Regular intercourse and /or the use of vaginal dilators may minimise vaginal changes, such as stenosis, which is associated with pelvic radiation treatment. These vaginal changes develop over time, up to 5 years post treatment (11) and may subsequently impact on sexual function, sexual health and wellbeing as well as causing considerable distress for a woman and her partner. Information about the patient's current sexual relationship and well being prior to treatment would facilitate subsequent treatment and support.

TIMING OF VAGINAL DILATATION

continued

Currently there is no clear research evidence concerning the optimum time to start vaginal dilatation. Some Cancer Centres encourage the use of dilators during treatment, but all women are advised to start using dilators regularly following their treatment. Until further research is undertaken, all women should be informed about the rationale for using dilators and advise their use post radiation treatment for an indefinite period.

DILATOR USE DURING TREATMENT

Women choosing to use vaginal dilators and/or engage in sexual intercourse during treatment should be supported and offered appropriate advice. If a woman encounters any discomfort, bleeding or signs of infection, advice should be sought from the specialist team looking after her.

There may also be symptoms, such as bleeding or discomfort, following a period of abstinence from intercourse and/or dilator use. The use of dilators may be recommended following the initial recovery of the vaginal mucosa, probably around 2-4 weeks post treatment.

WHO SHOULD PROVIDE INFORMATION AND SUPPORT?

The use and rationale for vaginal dilators should be discussed with the woman and her partner by the team providing care. Any patient who needs further explanations, extra support or specialist information should be referred on to the appropriate health care professional on the gynaecology oncology team.

APPROPRIATE HEALTH CARE PROFESSIONALS SHOULD HAVE:

- experience, knowledge and understanding of the potential post radiation treatment morbidity, particularly that affecting the vaginal tissues
- experience in strategies used in the prevention and management of vaginal stenosis
- an awareness of psychosexual issues and alterations to sexual function related to women following both a pelvic cancer diagnosis and radical radiation therapy
- excellent communication skills to provide empathy, support and guidance for women
- knowledge of specialist services available for the sexual and relationship counselling of women and their partners

DISPENSING OF VAGINAL DILATORS

Cancer Centres should dispense vaginal dilators as part of the total care package. Vaginal dilation should be viewed as an integral aspect of post treatment supportive care and rehabilitation for this group of women (13).

Some issues requiring further research are patients' compliance, the period of time that dilators should be used for, the partner's perspective and the needs of cultural minorities.



GUIDANCE ON HOW TO USE VAGINAL DILATORS

- Minimum use is three times weekly for an indefinite time period. Dilators can be used in conjunction with sexual intercourse to achieve a combined frequency of vaginal dilation as above
- Women should be advised to find a private and comfortable place where she can relax and use the dilator. Dilators can be used in the shower or bath if this provides privacy, and/or allows the women to relax her pelvic floor muscles and therefore use the dilator more successfully. If applicable, her partner may also be encouraged to be involved
- A water-soluble lubricant should be placed on the dilator and around the entrance to the vagina prior to insertion
- There are various positions in which to use the dilator: the woman can be advised to either lie down on her back with knees slightly apart and bent, or stand with a leg raised on the side of the bed or bath to insert the dilator
- Inserting the dilator into the vagina requires a firm, gentle pressure. Women should be advised to insert as deeply as is comfortable, without forcing the dilator
- Once the dilator is inside the vagina it should be moved in a forward and backward motion, then a left to right motion. If possible gently rotating the dilator using the handle
- Women may be offered a range of sizes according to their needs. It is usual to start with the smallest size and progress to the largest (size 4) in the days/weeks following treatment, as it is comfortable
- If the woman has manual dexterity problems or other physical restrictions, information should be tailored to individual needs as she may find it difficult to rotate the dilator
- Each use should be for 5-10 minutes, encouraging pelvic floor exercises during insertion. It may be helpful to provide the women with a written copy of pelvic floor exercises, together with a rationale for their use, to promote compliance and ensure they are taught correctly
- The dilator should be removed slowly rotating in clockwise/anticlockwise movements as the woman is able
- Vibrators may also be used in conjunction with the use of dilators
- Slight vaginal loss and blood staining is not uncommon when using dilators. If a woman experiences heavy vaginal loss, or pain, then referral for advice should be sought from the appropriate health care professional providing care, on-going follow up and support
- Douching is not usually advised

When producing local information resources for patients, the national survey highlighted the need to be aware of diversity and the needs of specific populations such as:

- Visually impaired patients
- Literacy or cognitive limitations
- Physical disabilities
- Ethnic/Cultural/Religious backgrounds
- Language needs other than English

The National Forum of Gynaecology Oncology Nurses aims to update these guidelines every two years

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