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## Can an educational intervention improve compliance with vaginal dilator use in patients treated with radiation for a gynecological malignancy?

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### **ABSTRACT**

**OBJECTIVE:** To investigate whether an educational intervention would facilitate compliance with vaginal dilators and potentially reduce stenosis in women receiving radiotherapy as treatment for a gynecological malignancy.

**METHODS:** From 2002 to 2009, all patients undergoing pelvic radiotherapy (either external beam radiotherapy or brachytherapy) at our center for treatment of gynecological malignancies were educated about the use of vaginal dilators. Sixty patients agreed to participate in a prospective 12-month study to evaluate use. The patients had a structured educational intervention regarding dilator use. Assessment was prospectively performed via questionnaires at baseline, 3, 6, 9, and 12 months after completion of radiotherapy. Data collected included patients' demographics, treatment, incidence of stenosis, and usage of and attitudes toward dilator use.

**RESULTS:** The median age of the patients was 60 years. Primary disease site was the uterus (56.6%) and cervix (40.0%). At 12 months, 52% of patients were still using the dilators, and 35% were using the dilators at least 2 to 3 times per week. Frequency of dilator use was greater in those patients older than 50 years ( $P = 0.005$ ), even after adjusting for sexual frequency, and in those experiencing pain on vaginal examination ( $P < 0.001$ ). It was less frequent in those patients who were sexually active ( $P = 0.035$ ). At 12 months, 11% of the patients had flimsy adhesions and 6.5% had partial stenosis. No patients had complete stenosis. The only independent predictor of stenosis was the treatment group with a hazard ratio of 0.200 (95% confidence interval, 0.059-0.685), favoring surgery and any radiotherapy reducing the risk of stenosis compared to definitive radiation therapy alone.

**CONCLUSIONS:** Our educational intervention facilitates compliance with vaginal dilators. Surgery and adjuvant radiation therapy (with or without cisplatin as a radiation sensitizer) may predict a lower risk of vaginal stenosis compared to definitive radiation therapy alone.

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