From "sex toy" to intrusive imposition: a qualitative examination of women’s experiences with vaginal dilator use following treatment for gynecological cancer.

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ABSTRACT

INTRODUCTION: Regular use of vaginal dilators has been recommended as a prophylactic measure following radiation treatment for gynecological cancers in order to minimize vaginal stenosis and promote optimal healing of the vagina. Despite the well-established reluctance of women to adopt this practice, little is known about the difficulties and concerns associated with vaginal dilator use.

AIM: To investigate women’s experiences with the vaginal dilator and to understand the psychosocial factors that influence women’s adoption of rehabilitative dilator use.

METHODS: This is an exploratory qualitative study using semi-structured interviews with a sample of 10 women with a history of gynecological cancer and who were prescribed a vaginal dilator. Interviews were analyzed using the grounded theory method and examined for recurrent themes.

MAIN OUTCOME MEASURE: The main outcome measure was a semi-structured interview comprised of open-ended questions designed to elicit information concerning topic areas relevant to gynecological cancer, vaginal dilator use, and sexuality.

RESULTS: The analysis resulted in five main categories underlying the core category of "From 'sex toy' to intrusive imposition." These were: (i) embarrassing sex toy; (ii) reliving the invasion of treatment; (iii) aversive "hands-on" experience; (iv) not at the forefront of my recovery; and (v) minimizing the resistance.

CONCLUSIONS: Rehabilitative vaginal dilator use is a complex, multifaceted, and personal phenomenon that carries deep psychological and emotional implications that make it intrusive. These findings may enhance the way in which vaginal dilators are introduced and help healthcare providers address better women's difficulties and concerns with the dilators. Ultimately, it may also lead to improved health maintenance and quality of life for women recovering from gynecological cancer.


PMID: 22304701 [PubMed - indexed for MEDLINE]