Lady Bits: A Woman’s Guide to Confidence in her Vagina

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Your Private Parts Shouldn’t be Private to You!

Objectives

✤ Know your THREE V’s:
   ✤ Vulva
   ✤ Vestibule
   ✤ Vagina

✤ Understand the female orgasm

✤ Know when you should go to the doctor

✤ Vulvovaginal health tips

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Say hello to your Vulva

Vulva: *External* Female Genitalia

Includes:

- Mons Pubis/Veneris
- Labia Majora
- Labia Minora
- Prepuce (Clitoral Hood)
- Clitoris
- Posterior Fourchette

Next door neighbor: Perineum

Protects the vagina, clitoris, vestibule and urethral opening

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... and your Vestibule

Vestibule: Oval tissue outside the body between Labia Minora

Houses:
- Urethral Meatus (opening)
- Glands for fluid secretion
- Vaginal Opening

Tissue similar to inside of mouth
- Moist, pinkish, rich in nerve endings, highly vascular

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... and your Clitoris

- **Glans:** Tip of clitoris that peaks out under hood
  - Thousands of nerve fibers
  - Blood flows in and out and therefore multiple orgasms are possible
- **Clitoral Shaft:** Firm, rubbery, moveable; 2-4 cm
- **Crura:** Shaft divides into two roots (crura) that anchor to the pubic rami (5-9 cm long)
- **Hood:** Covering for glans. Rich in glands for lubrication & sebum

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Arousal

- #1 Erogenous zone: Brain!
  - Laughter shown to be just as good as porn in women
  - Vaginal lubrication, genital swelling, increased respiratory rate
- Blood flow essential!
  - Allows for genital engorgement
  - Creates lubrication which naturally fights against bacteria
- Lower 1/3 of vagina swells and upper 2/3 of vagina balloons
- Muscles relax
- Vestibular bulbs (erectile tissue in vestibule) and clitoris swell
Sexual Response

- **Bulbs of the Vestibule**
  - Bundles of blood vessels line the vestibule
  - Surround vaginal opening, urethra and up to clitoris. Tissue becomes erect and can be stimulated along front of vagina

- **Clitoral Engorgement**
  - Organ swells to double in size
  - When stimulated retracts due to sensitivity*
  - Clitoris can swell and relax easily supporting multiple orgasms 🎉🎉🎉
  - Response does not contribute to urinary or reproductive function - exists ONLY for pleasure!
G-Spot

- **Grafenbergs spot**: Complex network of blood vessels, nerve endings and glands surrounding the neck of the bladder
- Also known as the female prostate, Skene’s glands and periurethral glands
- Skene’s glands can ejaculate fluid similar to prostatic fluid in men
- Surrounded by clitoral crura and vestibular bulbs - this whole area swells with blood during arousal
Orgasm

- **Typical time to orgasm:** 25 minutes (5-8 minutes for men)
- Clitoral Orgasm: Dorsal clitoral branch of pudendal nerve
- G-Spot Orgasm: Perineal branch of pudendal nerve
  - Only 30% of women orgasm with just vaginal penetration
- Lack of good estrogen of the tissue leads to decreased nerve sensitivity
  - Prolonged low estrogen birth control, menopause
- Can be quick and intense, multiple peaks, hills & valleys (varies greatly)
- Followed but rhythmical pelvic floor muscle contractions
  - Suction pump to reabsorb fluid and blood flow
Exercise and Orgasm

- 2012 Study: Surveyed 307 Women (69% hetero, 18-63 y/o)

- Exercise Induced Orgasms: Total 126 women reported within past 3 months
  - 51% reported orgasm with abdominal exercises (knees to chest)
  - Weight lifting: 26.5%
  - Yoga: 20%
  - Cycling: 15.8%
  - Running: 13.2%
  - Hiking/Walking: 9.6%

- Exercises Induces Sexual Arousal: Total 276 reported within past 3 months

(Let’s head to the gym!!)
Vagina

- **Vagina**: INSIDE the body
  - 2.5-3 inch pouch, angled back 30 degrees
  - Lined with rugae to allow for expansion
  - Similar tissue to inside the mouth
  - Wall width varies depending on estrogen

- **Introitus**: Opening of vagina

- **Hymen**: Thin membrane at introitus with tiny openings for menstruation
  - **Hymenal Remnants**: irregular edges of introitus resulting from penetration opening the hymen

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Secretions

Secretions are NORMAL!

✦ Consists of:
  ✦ Oil and sweat from glands in vulva
  ✦ Moisture, dead cells & bacterial product from vaginal wall
  ✦ Mucus from cervix
  ✦ Fluid from fallopian tubes & uterus
  ✦ Greatest: Day 14 of ovulation: 2 tsp
  ✦ Least: Day 7 & 26 of ovulation

Normal
- Clear, milky white or yellowish discharge
- Slippery, clumpy or mixed tiny particles
- Slightly sour odor

Abnormal
- Burns, itches or irritates your skin
- Color changes
- Blood in secretion
- Bad odor (Fish, ammonia)
Secretions

Hormones

- Estrogen increases wall cells
- Vaginal wall sheds cells with estrogen drop: thicker, yellowish secretions
- Extra clear mucus secretions mid-cycle from cervix to promote sperm mobility

Bacteria

- Bad bacterial overgrowth can change secretion consistency, odor and amount

<table>
<thead>
<tr>
<th>Cycle Day</th>
<th>Estrogen</th>
<th>Progesterone</th>
<th>Secretions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day 1-7</td>
<td>Low</td>
<td>Very Low</td>
<td>Menses, Lowest Secretions</td>
</tr>
<tr>
<td>Day 8-13</td>
<td>Rises &amp; Peaks</td>
<td>Very Low</td>
<td>Secretions Increase</td>
</tr>
<tr>
<td>Day 14-16</td>
<td>Drops Sharply</td>
<td>Starts to Rise</td>
<td>Ovulation; Max clear secretions</td>
</tr>
<tr>
<td>Day 17-25</td>
<td>Small Rise</td>
<td>Peaks</td>
<td>Thick secretions, yellowish</td>
</tr>
<tr>
<td>Day 26-1</td>
<td>Drops Slowly</td>
<td>Drops Rapidly</td>
<td>Diminished secretions</td>
</tr>
</tbody>
</table>

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The V Ecosystem

High levels of friendly bacteria!

✦ **Lactobacillus Acidophilus** (the good gals):
  ✦ Keeps vagina acidic
  ✦ Maintains balance between other bacteria

✦ Some normal level of E Coli, Staph, etc in vagina

✦ **Acidic Environment keeps other bacteria in check**
  ✦ Estrogen adds cells thick with glycogen to the vaginal wall. Glycogen feeds the good bacteria, which increase vaginal acidity.
  ✦ Ejaculate, lubricating vaginal mucus, menstruation, douching and antibiotics can increased alkaline nature of vagina

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Reproductive Organs

- **Cervix** - Top of vaginal tube
  - Secretes mucus to promote sperm mobility

- **Uterus** - Blood builds up along wall to nourish fertilized egg. Blood sheds if eggs unfertilized

- **Fallopian Tubes** - Path of eggs to uterus - site of fertilization

- **Ovaries** - Storage of eggs

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Menstruation

Uterine Cycle

- **Menstruation:** Flow of menses
- **Proliferative:** Estrogen causes lining of uterus to proliferate; cervix produces mucus
- **Secretory phase:** Increase in progesterone; Luteal Phase of ovarian cycle

Ovarian Cycle: Follicular phase, Ovulation, and Luteal phase
**Follicular Phase**

**Day 1:** First day of your period. Hormone levels drop at the end of the previous cycle, signals uterine blood and tissues lining to shed.

**Day 7:** Bleeding ceased. Hormones cause fluid-filled pockets called follicles to develop on the ovaries. Each follicle contains an egg.

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Ovulatory Phase

Day 7 - 14: One follicle will develop to maturity. Uterine lining starts to thicken with blood and nutrients to prepare for egg fertilization.

Day 14: Ovulation: hormones cause the mature follicle to burst and release an egg from the ovary.


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Luteal Phase

Day 14-18: Egg travels down the fallopian tube. If sperm unites with egg, fertilized egg continues down tube and attaches to uterine lining.

Day 25: If egg unfertilized, hormone levels drop signaling start of the next menstrual cycle. Egg breaks apart and is shed.


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Menopause

Perimenopause (Typically in 40’s)

- 1. Progesterone drops: PMS symptoms, cramps, bloating, mood swings, tender breast, feeling that her period is coming
- 2. Estrogen drops: Hot flashes, memory loss, heart palpitations, migraine headaches, vaginal dryness

Menopause (Average age 51 years old)

- Atrophic Vaginitis (AV): decreased fat, labial thinning, dryness, paleness, drop in lactobacilli, increase in pH, increased UTI’s and/or infections
- Hormone Replacement Therapy (HRT): AV, memory, gut issues, bone density
- Testosterone: Hormone of desire. Ovaries continue to produce testosterone during menopause - Clitoris is UNCHANGED

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What can go wrong?

- Bacterial vaginosis
- Yeast Infections
- Urinary Tract Infections
- Dyspareunia
Bacterial Vaginosis

- #1 vaginal complaint in USA
- Imbalance of vaginal bacteria - loss of lactobacilli
- 50% women no symptoms
- Varied presentation unpleasant fishy odor, excessive vaginal discharge, mild itching or burning
  - Does not cause vulvovaginal or intercourse pain
- Can lead to abnormal pap smear, pelvic inflammatory disease, infertility and preterm delivery

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Yeast Infections

- Overly self-diagnosed with only 11% correct diagnosis!
- Up to 50% misdiagnosed by MD’s!
  - Requires exam, pH test, **Wet prep on Sabouraud’s medium**, Whiff test
- Similar symptoms as a lot of other V problems!
- Not related to amount of lactobacilli
- If yeast, should resolve with treatment. If not, creams can irritate vulva

<table>
<thead>
<tr>
<th>Symptom</th>
<th>YEAST</th>
<th>BACTERIAL VAGINOSIS</th>
</tr>
</thead>
<tbody>
<tr>
<td>ODOR</td>
<td>Typically none</td>
<td>Strong, fishy scents</td>
</tr>
<tr>
<td>DISCHARGE</td>
<td>Watery to thick curds</td>
<td>Thinner, gray to white</td>
</tr>
<tr>
<td>ITCHING</td>
<td>Yes - #1 complaint</td>
<td>Mild, if any</td>
</tr>
</tbody>
</table>

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Urinary Tract Infection (Cystitis)

Cystitis: Inflammation of the bladder

Bacterial Infection: Urinary Tract Infection

Considerations

- Fluid intake
- Bladder irritants
- Urethral opening location
- Wash vestibule prior to intercourse
- Don’t void prior to intercourse
- Voiding post-intercourse
- Estrogen Level

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Dyspareunia

Pain with vaginal penetration

Initial Penetration

* Vaginal opening restricted
* Tight muscles restrict blood flow $\rightarrow$ decreased oxygen lactic acid build-up $\rightarrow$ burning

Deep Penetration

* Pelvic floor muscle tightness

Post-intercourse pain: Reactive muscle spasm

Orgasmic pain

* Orgasms followed by rhythmical muscle contractions and relaxation $\rightarrow$ increased tightness
Dyspareunia

**Vulvodynia:** Pain in the Vulva

* Presentation: Vulvar stinging, irritation, burning, rawness without presence of yeast or infection

**Vaginismus:** Vaginal closure with attempted penetration

* Involuntary pelvic muscle spasm with penetration
* Difficulty or inability to achieve vaginal penetration due to vaginal closure despite desire for penetration
Keep your V Healthy!

- Bathing Habits
- Period Health
- Undies
- Douching
- Hair Removal
Bathing right

- No scrubbing vulva and no soap between the labia
- Open labia and rinse with water to clean vestibule
- Pat closed vulva dry - keep vestibule moist
- Bubble baths should be limited
  - Vulvar irritation: No suds or soaps. Natural oils must be highly diluted
- Powders:
  - Talc Power: Association with ovarian cancer (Check your baby powder)
  - Perfumed powers can irritate vulva
Tampons

- Tampon shouldn’t be overly absorbent, used only when on your period and for a max of 7 consecutive days
  - Changed every 2-6 hours
  - Can draw out good bacteria from vaginal tissue
- Scented or deodorant tampons = NO
- If uncomfortable, don’t use! Try a different brand or size. If nothing works, your muscles may be tight.
- If period lasts > 7 days 1) get it checked out 2) don’t use tampons > 7 days
- Tampon string can cause irritation - tuck string inside vagina if irritated
- You can’t lose a tampon! Vagina is a pouch, just reach up and grab it!
Pads and Panty-Liners

- Made of cotton or synthetics
  - Vulvar irritation: use organically grown unbleached cotton without wings
- Deodorized sanitary napkin shown to be correlated to increased yeast
- Higher incidence of fecal bacteria in vagina - *not necessarily a problem!*
- Panty liners not recommended for daily use
- Can cause vulvar irritation

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Undies

No Problems? Do whatever you want :)
Problems? Stick to white cotton undies

✦ Allergy to synthetic fabrics and/or dye
✦ Avoid perfumed detergent, bleach, fabric softeners, & dryer sheets
✦ Avoid tight underwear, thongs, girdles and control-top underwear
✦ Tight underwear, pantyhose or tights - decreases blood flow, irritates nerves and increased vulvar sweating
✦ Consider going rogue!

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Leading Vulvar Irritants

- Soap, bubble bath, detergent
- Sanitary pads and adhesives
- Nylon undies
- Tampon String
- Urine
- Deodorant hygiene products
- Lubricants (especially KY Jelly! - preservatives, alcohol)
- Perfume & scented products
- Hair shampoo and conditioner
- Talcum powers
- Toilet paper
- Semen
- Disinfectants
- Latex Condoms
Douching

Unhealthy for your V!

- Flush cleansing solution into vagina
- Ineffective and harmful for a healthy vagina
  - Douching related to more STD’s
  - Can make odor & discharge worse - promotes more bacteria
  - May cause Pelvic Inflammatory Disease (PID): bacteria from the vagina travels into cervix, uterus, tubes, etc
    - Can lead to chronic pelvic pain, infertility & ectopic pregnancy (pregnancy outside the uterus)
- Douching results in a 73% greater risk for PID!

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Hair Habits

**Shaving:** Shaves off first layer of skin

- NOT recommended with vulvar pain

**Depilatories:** Chemically dissolves hair

- Can cause irritation & allergy - do a skin test first away from vulva

**Waxing:** FDA does not recommend OTC waxes on genital areas

**Electrolysis:** Needle into hair follicle root then electrical current destroys follicle

**Laser:** Works best for dark hair and light skin

**Trimming is best for a sensitive V!**
Self-Examination

- Sit down on toilet or propped up in bed with legs out to the side and mirror in hand
- Take a look!
- Identify: Mons Pubis, Labia Majora, Labia Minora, Vestibule, Clitoris, Clitoral Hood, Posterior Forchette, Urethral Opening and Vaginal Introitis
- If comfortable - slide a CLEAN finger vaginally 1-2 inches: feel for rugae and squeeze pelvic floor muscles

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Resources

- The V Book: A Doctor’s Guide to Complete Vulvovaginal Health by Elizabeth Stewart, MD & Paula Spencer
- Women’s Bodies, Women’s Wisdom (Revised Edition): Creating Physical and Emotional Health and Healing by Christine Northrup, MD
- www.pelvicguru.com
- www.womenshealth.gov
- www.youtube.com/user/sexplanations