Dyspareunia (pain when having sex)

This leaflet tells you about things you can do to help yourself if you are experiencing pain when having sex. If you have any questions, please speak to your physiotherapist.

What is dyspareunia?

Some women experience pain when having sex; this is called dyspareunia.

This pain could be:

- Deep in the vagina
- At the entrance to the vagina
- In the urethra (the tube where wee comes out) or bladder
- On the vulva (the outside part of a woman's genitals)
- At the beginning of penetration (just as the penis first enters the vagina)
- During penetration
- After sex has finished, even if the sex itself wasn't painful
- With tampon use

The pain is different for each woman, and can include feelings of burning, itching, aching, cramping or sharp pain.

What causes dyspareunia?

There are multiple possible causes for pain when having sex, including:

Vaginal dryness: can cause friction and therefore pain when having sex.

It can be caused by:

- Childbirth
- Breastfeeding
- Menopause
- Certain types of medication but your doctor will discuss this with you if this is the case
- Too little arousal prior to penetration

Skin disorders: could lead to pain during sex and are caused by:

- Ulcers
- Cracks
- Itching
- Burning

Infections such as thrush or urinary tract infections (UTIs):
If the vagina itself is inflamed or sore due to an infection, this can cause pain with sex. Similarly, if you have a UTI or 'water infection', the urethra or bladder could be uncomfortable or painful during sex.

Injury or trauma: or even previous surgery to the vaginal or pelvic area can cause scar tissue and also increase tension in the pelvic floor muscles. Injury or trauma could be from:

- Episiotomy (a small cut made near the vagina to help deliver your baby)
- Perineal tear during childbirth
- Hysterectomy (surgical removal of the womb)
- Pelvic surgery
- Accident
- Injury or previous surgery

Vulvodynia (pain in the vulva)

Vaginitis (inflammation of the vagina)

Vaginismus: a condition where the vaginal muscles tighten on anticipation of penetration, which then leads to pain with sex.

Pelvic organ prolapse: if the bladder, bowel or womb has 'fallen down' into the vagina, this can sometimes lead to pain when having sex.

Endometriosis: a condition where tissue similar to the inside of your womb grows outside your womb.

PID (pelvic inflammatory disease) (infection of the upper reproductive tract – womb, ovaries, or fallopian tubes)

Fibroids (growths in the womb which are not cancerous)

IBS (irritable bowel syndrome): can sometimes cause pain on sex, particularly if you are constipated.

Radiation or chemotherapy treatments: systemic chemotherapy or radiotherapy to the pelvic region has detrimental effects on the muscles and tissues, causing shortening and dysfunction, which can lead to pain.

History of sexual abuse or rape: can, understandably, cause muscles to tighten around the vagina leading to pain and discomfort.

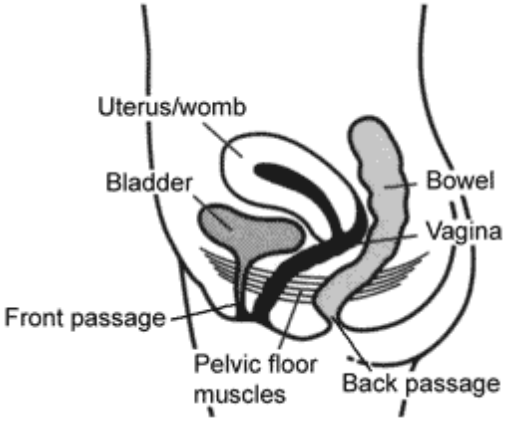
Psychological factors: for example:

- Life stress
- Guilt or shame
- Relationship problems

What can I do to help myself?

Depending on what is causing the problem, there are several ways to help overcome pain with sex.

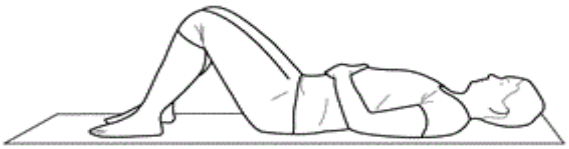
1. Pelvic floor muscle relaxation



Your pelvic floor muscles are between your legs and go from the pubic bone (at the front) to the coccyx or tailbone (at the back). They act as a sling or 'hammock' to support all your pelvic organs and help to keep you continent (able to control wee and poo).
If these muscles are very tense, this can contribute to painful sex, so it is important to be able to relax them.

How do I relax my pelvic floor muscles?

Lie down with your knees bent and feet flat on the bed (crook lying).



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Listen to your breathing. You may notice your stomach rising as you breathe in. This is called diaphragmatic breathing.

Then follow these three steps:

a) Breathe into your stomach so that it rises up. You can place your hands on your stomach to feel the stomach rising. Hold your breath for 4-5 seconds, making sure to keep your shoulders relaxed and your ribcage soft.

b) While you are holding your breath, consciously relax your tummy downwards and relax your pelvic floor muscles from front to back opening (e.g. as if you are passing urine, opening your vaginal muscles as if using a dilator and as if opening your bowels. You could also use the image of a rosebud opening or your pelvis getting wider, until you feel them soften. Remember that this is NOT an active push; you are trying to 'let go' of all the muscles instead.

c) Then 'sigh' the breath out, with an open mouth as if steaming up a window. This should be completely passive in nature.

The above technique does require lots of practice and concentration to begin with. Once you are able to do this consistently, incorporate it into your pelvic floor muscle training by **relaxing your pelvic floor muscles on the in-breath, and contracting them on the out-breath**. If you are doing slow contractions, remember to take normal breaths in between each contraction.

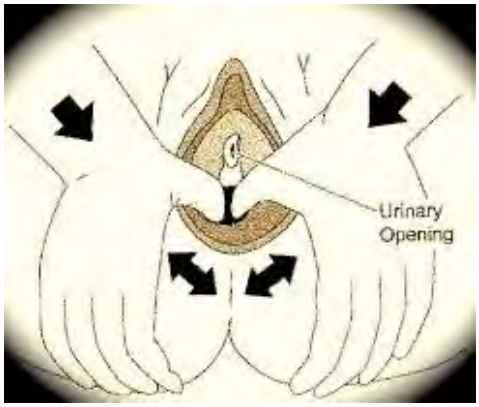
Alternatively, you can complete this exercise sitting (instead of lying) in a comfortable and supported position.

2. Perineal massage and scar mobilisation

This can help to relax muscles in the pelvic floor, plus it helps to break down any scar tissue (for example from childbirth) and make it more flexible, therefore making sex more comfortable.

Instructions for perineal massage:

- It can be helpful to start following a shower or bath.
- Wash your hands and keep fingernails short.
- Relax in a private place and sit with your knees bent in an upright position, leaning on some pillows for back support if preferred.
- Use a lubricant such as KY jelly or vitamin E (avoid nut based oils if you have a known allergy).
- Place lubricated thumbs or thumb just inside your vagina.
- Press down towards the anus and to the side, hold for about 1-2 minutes until you feel a slight stretching. With your thumbs, slowly massage the lower half of the vagina using a ‘u’ shaped movement, while focusing on relaxing.
- You will notice the area becoming more stretchy as you get used to practising the technique.



There are no known risks for massaging your perineum, but you should not perform perineal massage if you have vaginal thrush (candida), genital herpes or any other vaginal infection. If you suspect that you have any of these conditions, then please consult your GP.

Instructions for scar mobilisation:

- Relax in a private place as above.
- With a lubricated finger, feel around your perineum to locate the scar tissue (it may feel harder and more lumpy than the skin around it).
- Place one lubricated thumb just inside the vagina, underneath the scar tissue, and your finger outside, so that the scar tissue is between your thumb and finger.
- Massage the scar tissue in small circular motions with your finger. When you get more comfortable, you can also massage with your thumb from the other side.

3. Pelvic floor muscle exercises

Having strong pelvic floor muscles can help with prolapse symptoms, urinary incontinence and sexual function, and thereby reduce pain.

How do I exercise the muscles?

You must do fast and slow exercises to make your pelvic floor muscles stronger. It is important to learn to do the exercises in the right way and to check from time to time that you are still doing them properly.

Slow exercises

- Sit comfortably with your knees slightly apart.
- Squeeze around the back passage as if you are trying not to pass wind, around the vagina as if trying to hold in a tampon and around the front as if trying not to pass urine. Nobody should be able to see you doing the exercise – so remember not to use your tummy muscles, bottom cheek muscles or legs.
- When you can do this, squeeze as tight as you can, and hold for as long as you can, up to 10 seconds. You may not be able to hold it for more than two or three seconds at first.
- You should be aware of the skin around the back passage tightening and being pulled up and away from the chair.
- Repeat this 8-10 times, but have a rest in between each one for 4-5 seconds.

Fast exercises

It is also important to work the pelvic floor muscles to react quickly to stop you leaking when you cough or sneeze. Therefore, practice tightening your pelvic floor quickly and then relax.

Fast exercises are done in the same way as slow exercises but when you squeeze the muscles, let go immediately so that you only feel a very quick lift in your pelvic floor. You should repeat these exercises between 10-20 times.

You should do both the fast and slow exercises 3-5 times during the day. Your muscles will improve and strengthen with time and exercise.

Both of the above pelvic floor exercises can be done in any position and at any time. It helps to associate these exercises with activities you do regularly every day, e.g. boiling the kettle, watching TV, waiting at traffic lights, waiting for the bus or in a supermarket queue (but **not** while you are passing urine).

4. Lubricants, longer foreplay and communication between partners

It is important that you are fully ready for sex and lubricated before penetration begins, to help minimize or prevent pain from occurring. A good way to make sure of this is to spend longer on foreplay, and communicate with your partner as to what helps to get you aroused, or if you need a longer time to be spent on this. If you need to supplement your own lubrication, for example if you are post-menopausal (past the ‘change’) or you are breastfeeding, you could try using a good water-based lubricant, which you can get from most chemists. If you are post-menopausal and feel that your vagina and/or vulva is generally ‘dry’, you could try a vaginal moisturiser such as Replens (available at most chemists), and also ask your doctor if an oestrogen cream would be suitable for you.

5. Dilators

Using dilators can sometimes be helpful if you have pain on first penetration, or your muscles are tightening up in anticipation of pain. They are also useful if your vagina has tightened or shortened due to the menopause or cancer treatments. Using dilators can make healthcare checks such as smear tests more comfortable and reduce pain during sex. They can also help improve scar tissue, and help desensitize the vulval and vaginal tissues if they have become hypersensitive to touch. Dilators come in different sizes, so you should start with the smallest

one first. Vaginal dilators may sometimes be prescribed by your doctor or you can buy a set of graded dilators online.

Instructions for using vaginal dilators

- You can use dilators from about three times per week, up to a couple of times per day, provided you are not making your discomfort worse or causing soreness.
- Lie down somewhere quiet and private, with your knees bent and legs apart.
- Cover the dilator and the opening of your vagina with a water-based lubricant such as described above in point 4.
- Insert the rounded end of the dilator into the vagina using gentle pressure, and continue to insert until you feel some tightness in the muscles or a little discomfort (not pain).
- Leave the dilator there for a few seconds while the muscles relax, then see if you can insert it a little further.
- Gently move the dilator around in circles to help widen the vagina, and up and down to stretch the length of the vagina, for about 10 minutes. You can use more lubricant as needed.
- When you are able to do this comfortably with the smallest dilator, you can move up to the next size.
- If there is any bleeding after dilator use, contact your doctor.
- Remember to wash the dilator in hot soapy water and dry thoroughly before putting it away.

Helpful websites

Pelvic, Obstetric and Gynaecological Physiotherapy https://thepogp.co.uk/

Pain UK https://painuk.org/members/charities/vulval-pain-society/

British Association of Dermatologists https://www.bad.org.uk/patient-information-leaflets

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

Jenni Churches (RBFT Physiotherapist, Pelvic Health and Maternity), November 2026

Next review due: November 2028