

Lotions, Potions & Lasers

Newest Innovations for Vaginal
Atrophy and Painful Intercourse

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I Have Just One More Problem Doc

- 62 Year-old female in for her yearly physical with her Primary Care Provider. Menopause was at age 51. Breast cancer survivor for 6 years now. You renew her cholesterol medication and antihypertensive. Routine lab work normal and vital signs normal.

Overview

● Vulvovaginal Atrophy

- What is it?
- What causes it?
- What to do about it?

Vaginal Atrophy

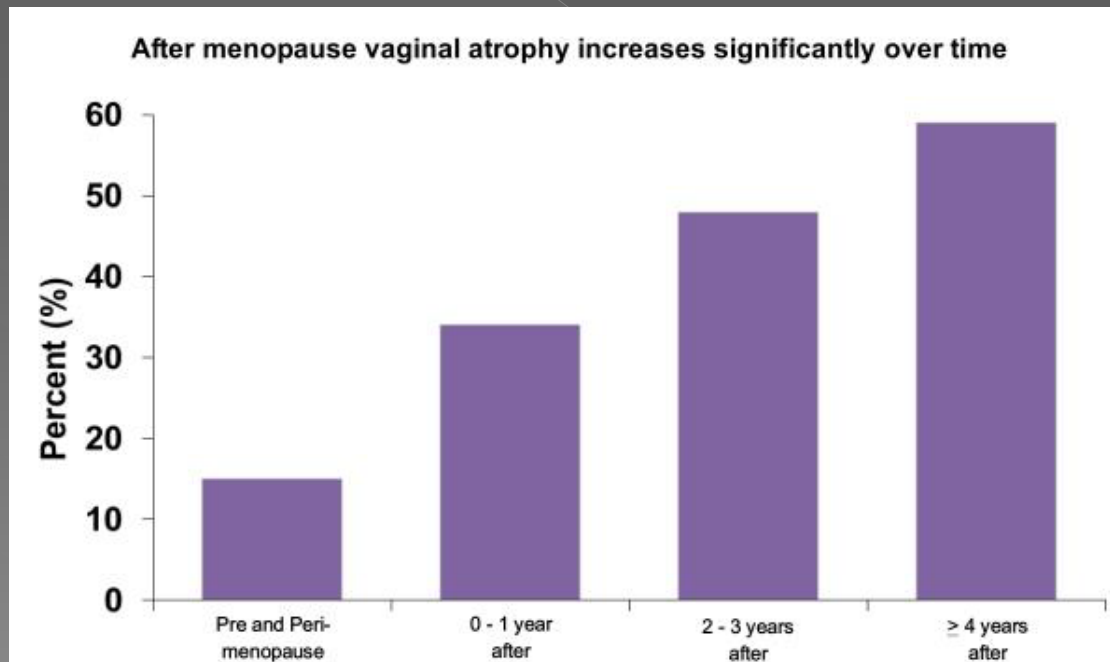
- Vaginal Atrophy, sometimes called **atrophic vaginitis (AV)**, **vulvovaginal atrophy (VVA)** is a common condition affecting millions of women in the U.S. The symptoms include chronic vaginal dryness, painful vaginal burning, vaginal irritation, urinary urgency and urinary frequency

Etiology

- ◉ Menopause
- ◉ Oophorectomy
- ◉ Postpartum
- ◉ Breastfeeding
- ◉ Radiation, chemotherapy
- ◉ GnRH analog
- ◉ Anticholinergic, antihistamine
- ◉ Smoking
- ◉ Chemical sensitivities

Incidence

- 15% of premenopausal women
- 10-60% of postmenopausal women
- 10-25% of women on systemic HRT

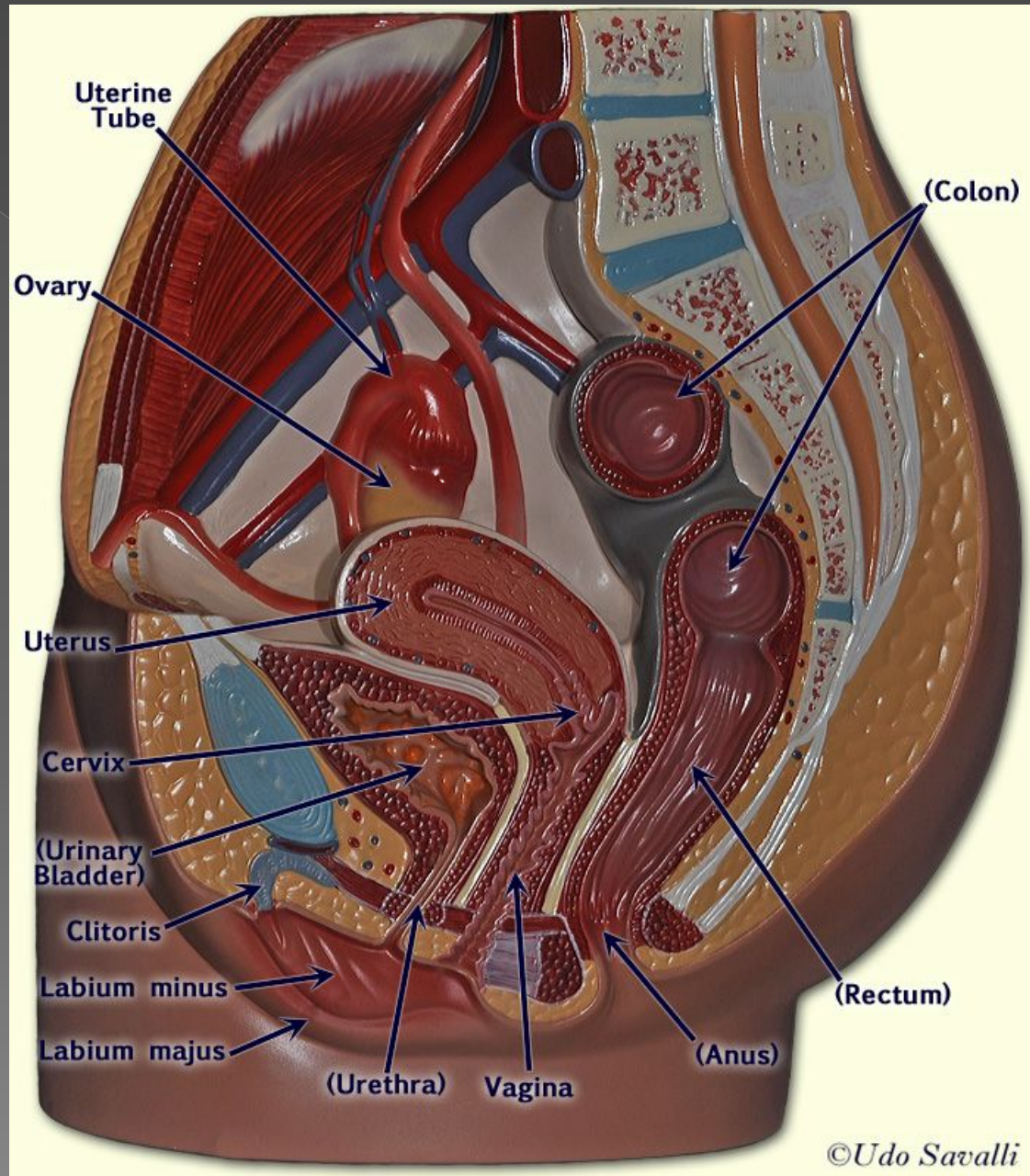


Incidence

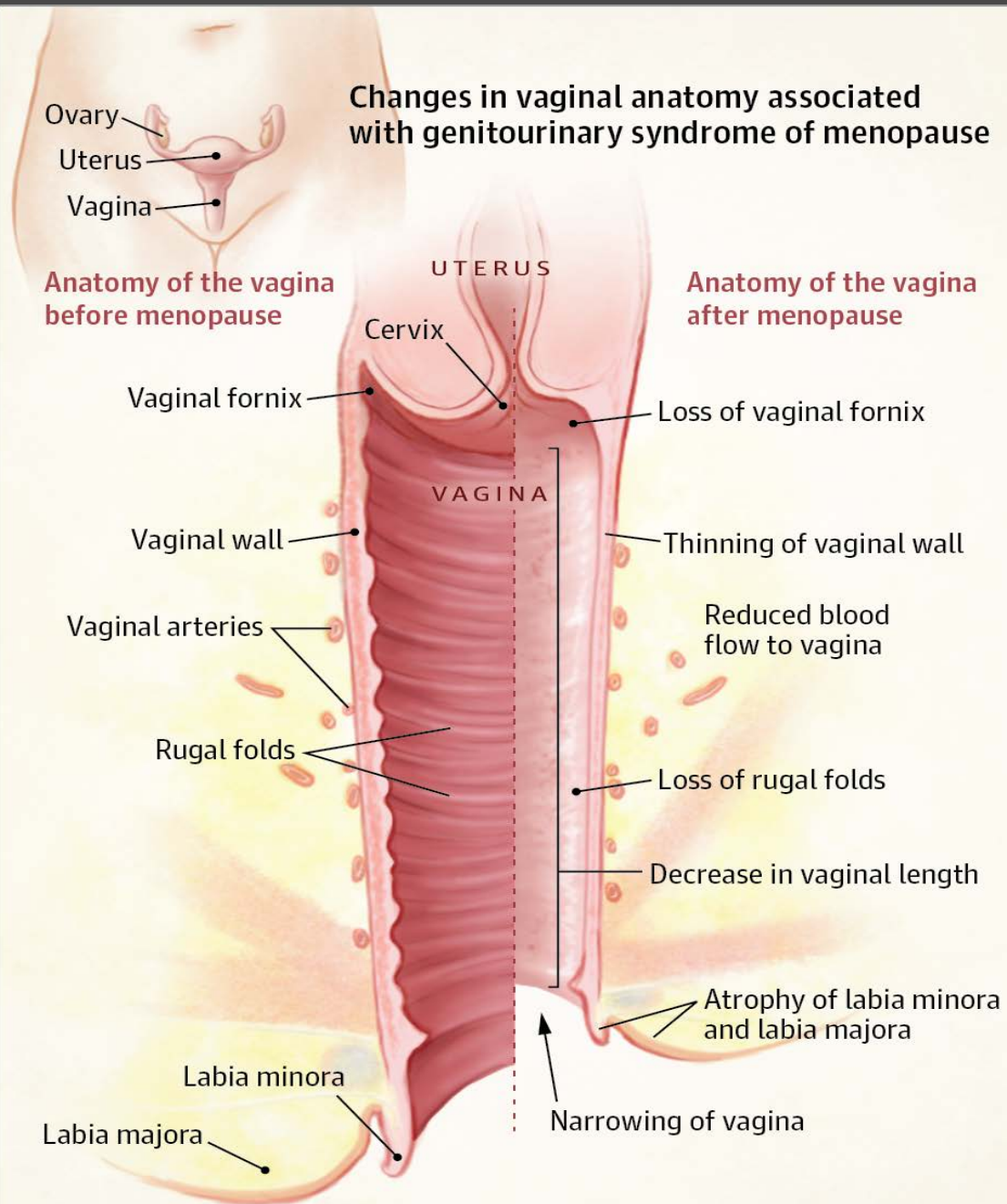
- ⦿ Unlike vasomotor symptoms of menopause which regress over time, vaginal atrophy is progressive and may worsen without treatment.
- ⦿ Difficulty with intercourse in 45% of **postpartum** women. Vaginal dryness reported in 71% of **breastfeeding** women.

Symptoms- “It feels like sandpaper down there!”

- ⦿ Dyspareunia
- ⦿ Burning/irritation
- ⦿ Soreness
- ⦿ Spotting
- ⦿ Urinary symptoms- frequency, recurrent UTIs, incontinence.



Changes in vaginal anatomy associated with genitourinary syndrome of menopause

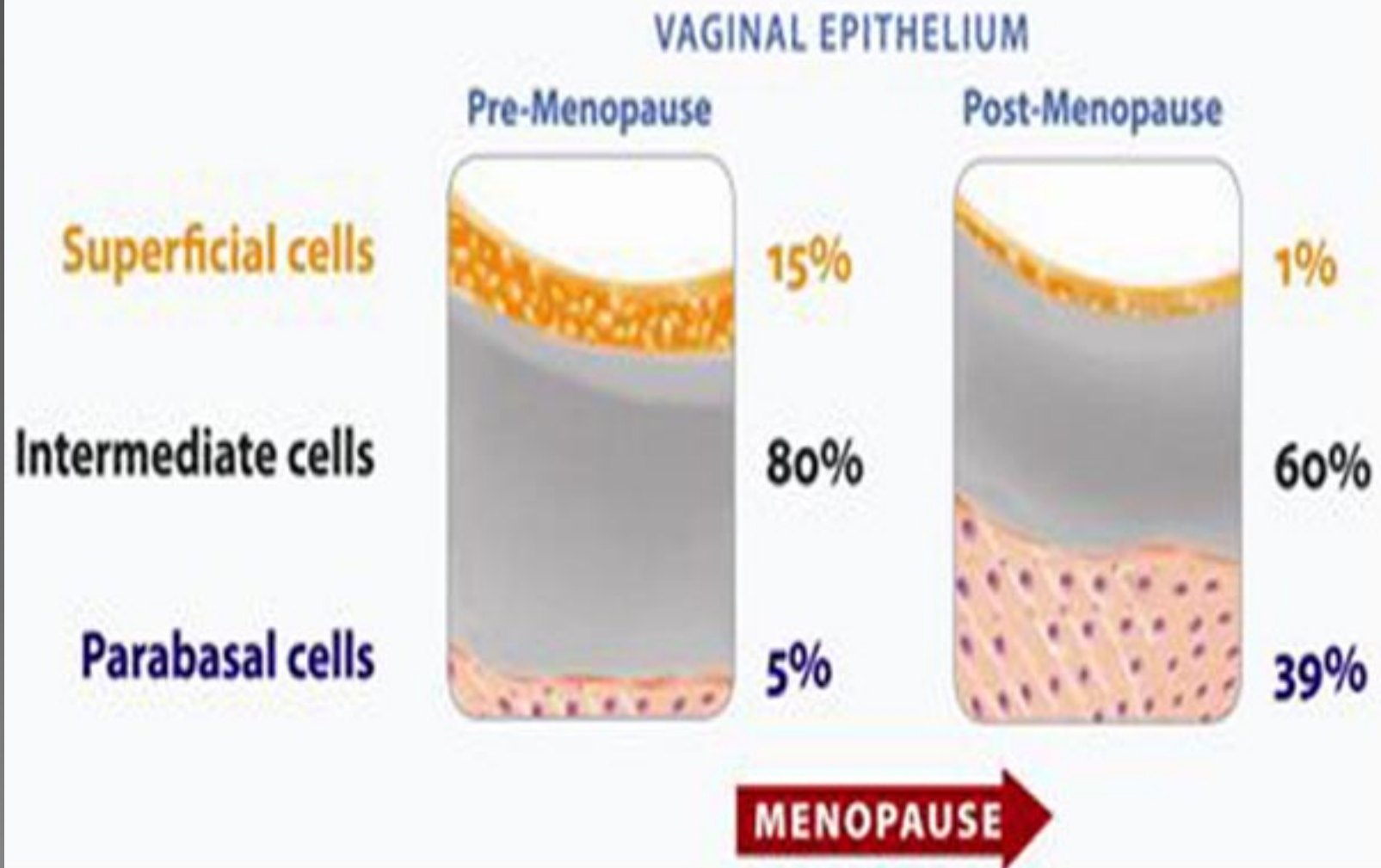


K. BUCHER

Histology

- ⊙ Epithelium is highly folded
- ⊙ Vaginal epithelial layer
 - > Superficial
 - > Intermediate
 - > Parabasal Cells
- ⊙ With estrogen contribution, all layers are thickened as a result of glycogen stores.
- ⊙ The superficial cell continually exfoliate and the parabasal cells replace them from the bottom up.

What is vaginal atrophy?



Physiology

- ◎ **Premenopausal** vaginal pH is 3.5-4.5.
- ◎ This acidic pH discourages growth of pathogenic bacteria.
- ◎ Low pH is maintained by glycogen.
- ◎ Glycogen is converted to lactic acid by the normal vaginal flora.
- ◎ No glands, lubrication is provided by fluid transudate

Pathophysiology

- ◎ With estrogen loss, the tissue becomes thin, pale and loses the rugae.
- ◎ Lubrication declines and pH rises.
- ◎ Supportive tissue under bladder and urethra becomes atrophic leading to urinary frequency and incontinence.

Treatments

Lubricants

◎ Water based

- Provides symptomatic relief during intercourse for most women.
- Does not treat the underlying cause. Complaints of viscosity and difficult to administer, need to reapply.

◎ Silicone based

- Has been shown to improve vaginal moisture, fluid volume, lower pH and increases elasticity.
- May not need to reapply as frequently as water based.

Lubricants

- ◎ Oil based
 - > Olive oil, coconut oil, etc
- ◎ Vaginal moisturizers
 - > Contain bioadhesives that adhere to cells and provide moisture for up to 3 days
- ◎ Prebiotics
 - > Maintain increased moisture by renewing/maintaining proper pH



Systemic Hormones

- ◉ Tablet, transdermal, IM, etc.
- ◉ May be able to treat several symptoms of menopause as well as atrophy.
- ◉ Need to add progestin if patient has a uterus.
- ◉ May not adequately treat atrophy, but can add a vaginal estrogen with it.
- ◉ Don't use if history of breast cancer, thromboembolic disease, liver disease, uncontrolled HTN, etc

Vaginal Estrogen

- ◎ Cream (estradiol or conjugated estrogens)
 - Usually administered twice weekly.
 - Should be administered 12 hours before intercourse to avoid transmission to partner.
 - Contraindicated in women taking an aromatase inhibitor.
 - Usually avoided in women with a history of breast cancer.
 - Small amount of systemic absorption

Vaginal Estrogen

- ◎ Dissolvable tablets (estradiol 10 mcg)
 - Comes in an easy to insert applicator
 - Some women prefer as it is “less messy”
 - Less “moisture” than creams
 - May not provide as much estrogen to the vulva
 - Usually avoided in women with a history of breast cancer
 - Small amount of systemic absorption

Vaginal Estrogen

● 17 β -estradiol 2 mg vaginal ring

- Insert one ring every 3 months; releases 7.5 μ g estradiol per day.
- May have intercourse with ring in place.
- Some women find it acts like a small pessary and helps with prolapse as well.
- Can become dislodged. May be difficult to remove or insert.
- Avoid in women with a history of breast cancer.
- Not to be confused with **estradiol acetate** ring that releases 0.05 or 0.10 mg/d which is intended as a systemic HRT.

In 2013...



- “The ‘Pink Viagra’ for Women!
Dr. Oz has breaking health news especially for women and it could be the secret to saving your love life!”

Ospemifene

- ◉ Selective Estrogen Receptor Modulator (SERM)
 - › Unique positive effects on vaginal tissue
- ◉ Estrogen agonist/antagonist. Binds to estrogen receptors.
- ◉ Makes vaginal tissue thicker and less fragile resulting in a reduction in the amount of pain women experience with intercourse.
- ◉ Do not use with estrogen as it competes for the same receptor.
- ◉ 60 mg oral pill taken daily.

Safety Information

- Ospemifene binds to estrogen receptors so the safety prescribing information lists same risks as systemic HRT although this has not been proven in the literature.
- Common side effects can include hot flashes, vaginal discharge, muscle spasms and increased sweating.
- Do not use with long-term use of fluconazole or rifampin as they may increase plasma concentration of ospemifene.

Fractional CO2 Laser

● What Our Patients Are

- Seeing
- Reading
- Hearing

● “The Game Changer”



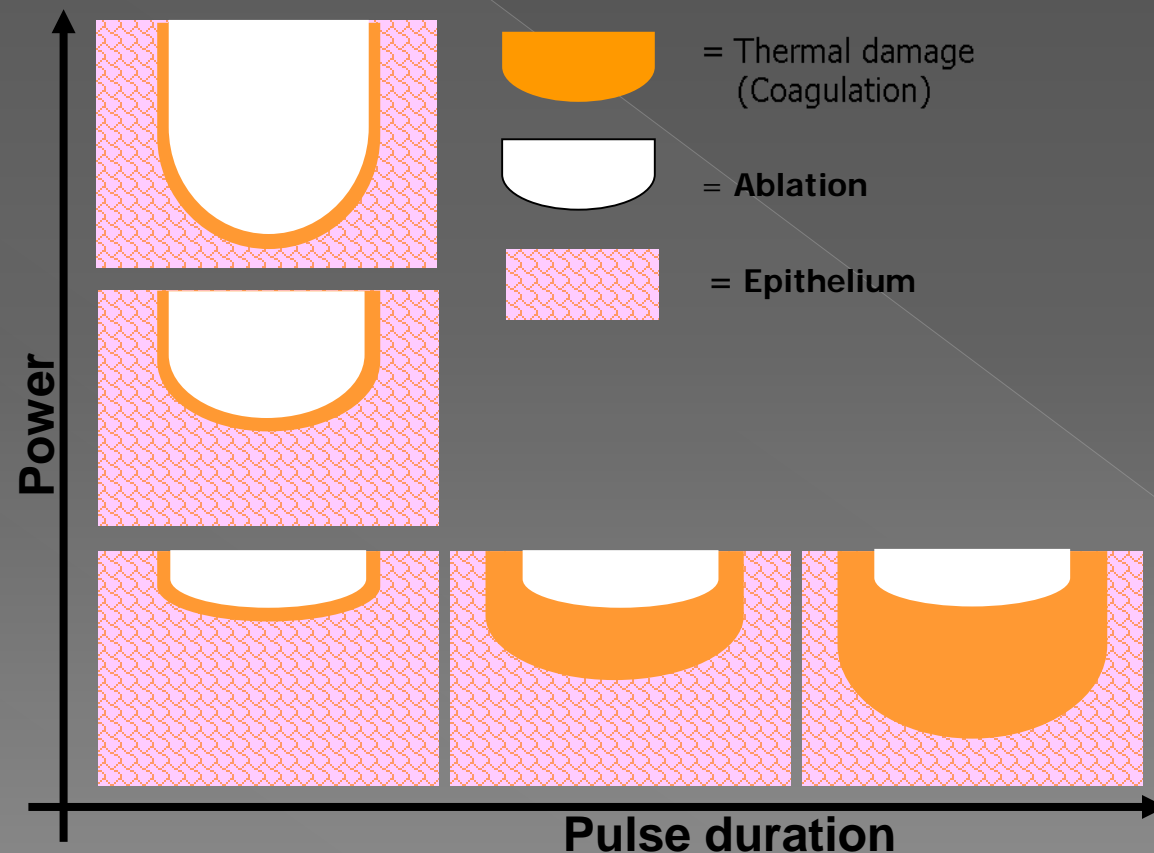
Fractional CO2 Laser

- ⦿ Promotes the formation of collagen, elastin and revascularization.
- ⦿ Treatments last 5-10 minutes and are relatively painless.
- ⦿ 3 successive treatments 6 weeks apart that create thermal injury to this epithelium.
- ⦿ After initial course of treatment, a yearly maintenance treatment is usually recommended*

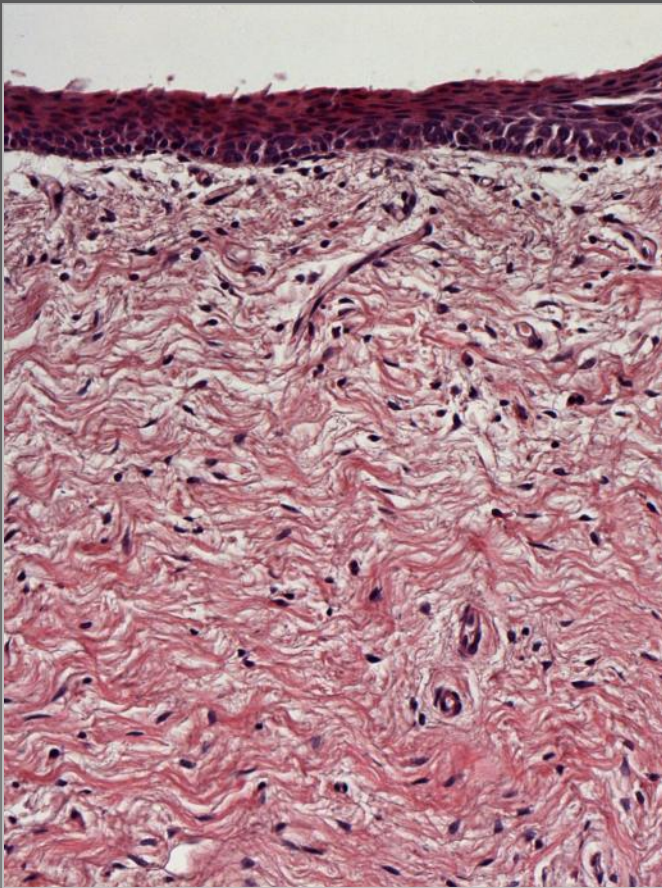
Colposcopic view of the vaginal tissue after treatment



Variable settings to control the depth of penetration and lateral coagulation



Promotes collagen formation,
remodeling, angiogenesis, production of
glycogen



Contraindications

- Vaginal, cervical lesions that have not been evaluated or diagnosed
- Active vaginal or vulvar infection
- Pregnant or within 3 months postpartum
- Prolapse beyond hymen
- History of radiation to vaginal/colo-rectal tissue
- History of reconstructive pelvic surgery with “mesh kits”
- History of impaired wound healing
- History of keloid formation
- Known anticoagulation treatment or thromboembolic condition

Treatment Details

- ⦿ Nothing in the vagina for 2 days prior to treatment and for 5 days following treatment.
- ⦿ “Feels like a sunburn”
- ⦿ 40% improvement after 1 treatment, but performed in a series of 3 to reach desired effect.
- ⦿ May be used in conjunction with hormones if desired.
- ⦿ Usually performed by a gynecologist or urologist.

Thank You!!



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