

# Use of Vaginal Dilators Following Radiation Therapy to the Pelvis

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# Introduction

Radiation to the pelvis is used to treat cancer of the cervix, ovary, vagina, vulva, endometrium (uterus), bladder, rectum and anus. This booklet is for people with vaginas who are going to have, or who have had, any type of radiation to the pelvis.

Pelvic radiation can cause side effects to the vagina, uterus, ovaries, vulva, bowel, rectum, anus and bladder. This booklet describes one side effect: the narrowing and shortening of the vagina. The information focuses on how to prevent and manage this narrowing and shortening using a vaginal dilator. A vaginal dilator is a tube that is inserted into the vagina much like a tampon.

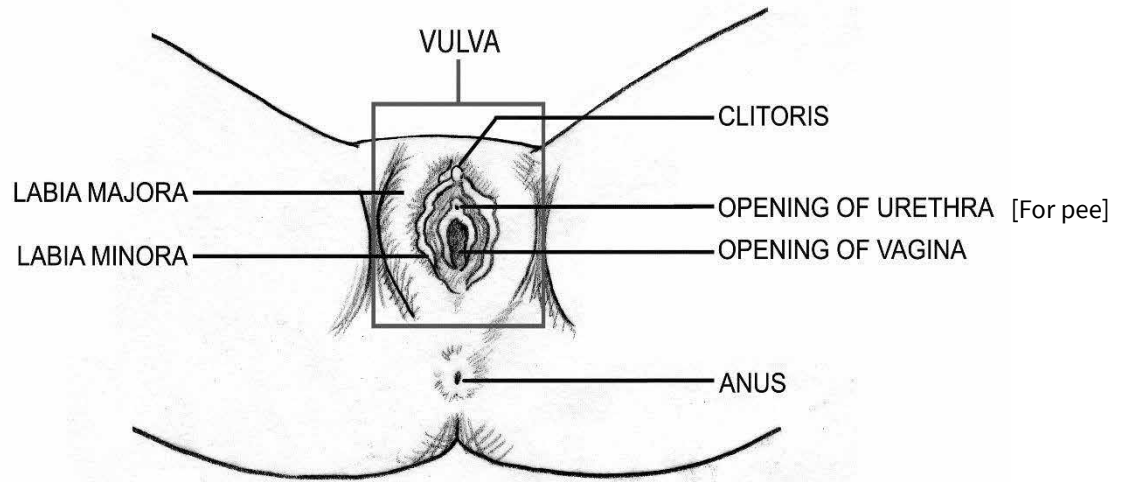
This booklet provides information about dilating your vagina once you have had a conversation about it with your radiation doctor and the radiation therapist or nurse.

Not all of the information in this booklet may be suitable for you. Always follow the directions of your radiation team (radiation doctor, radiation therapist, radiation nurse).

Dilating begins after treatment is complete. It is part of your rehabilitation, part of your recovery.

**Note:** This booklet contains additional space for you to write questions for your health care team, jot down important information from your appointments, or take your own notes.

## Picture of Vulva and Anus



For people who have had gender affirming bottom surgery, the genital area and pelvic organs will look somewhat different from these illustrations.

## How Does Pelvic Radiation Affect the Vagina?

Radiation kills or damages cancer cells. Unfortunately, radiation can also damage healthy cells near and around the area being radiated. Over time, many of the healthy cells that were damaged will repair themselves and tissue will heal.

How pelvic radiation may affect your vagina will depend on the location of the radiation, dose and type of radiation, number of treatments, as well as the health of your vaginal tissue before starting radiation. It can also depend on if you are also receiving chemotherapy.

# Side Effects of Radiation to the Vagina

People can experience mild, moderate or severe side effects.

## Immediate Side Effects

Acute side effects (also called immediate reactions) commonly begin during the second half of treatment or near the end of treatment. These immediate side effects usually last for 2-6 weeks after the last radiation treatment.

Possible immediate side effects:

- swelling, irritation and itching
- soreness, pain, burning, stinging
- feeling 'raw'
- blistering or peeling of the tissue
- colour changes to your vagina
- scabbing and breaks in the skin

## Later and Long Term Side Effects

Some side effects commonly occur in the months and even years after finishing radiation. These side effects happen over time due to gradual damage to the blood vessels and tissue, and the decreased blood flow to the area.

Possible later and long term side effects:

- thinning and weakening of vaginal walls
- vaginal walls becoming delicate and fragile causing them to tear easily
- loss of flexibility and elasticity (stretching) of the vagina
- vaginal stenosis (the narrowing and/or shortening of the vagina)
- lining of vagina sticking together
- loss of lubrication causing vaginal dryness
- loss of pubic hair
- openings between the vagina and other parts of the body near the vagina, also called fistulas



# The Importance of Dilating

The side effect of vaginal stenosis (the narrowing and shortening of the vagina) can make pelvic exams (also called vaginal exams or internal exams) and sexual penetration painful and in some cases impossible. For some people, if they don't dilate, narrowing and shortening can become permanent.

Dilating your vagina helps to prevent and manage the narrowing and shortening of the vagina. Dilating stretches the skin, tissue and pelvic floor muscles, and helps break down scar tissue.

Dilating helps:

- the vagina to return to a similar shape it was before treatment.
- pelvic exams to be done with less discomfort or pain.
- make pelvic exams possible. A successful pelvic exam is one where the doctor or nurse practitioner is able to see and evaluate your internal tissue. A successful exam also means that you are able to tolerate the exam. Pelvic exams are an important part of your follow-up cancer care.
- sexual penetration to be possible.
- the vaginal walls to not stick together.



# Vaginal Dilators

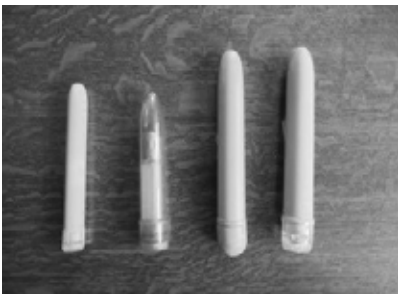
A vaginal dilator, or dilator, is a smooth tube made of plastic, rubber or silicone. One end of the dilator is slightly rounded at the top or has a dull point. A dilator goes into the vagina much the same way as a tampon, finger, or speculum (the plastic or metal instrument that is inserted into your vagina for a vaginal exam).

There are many dilators on the market today. Some are solid, some are hollow. Some feel hard, others are less firm and have a bit of give. Some have long handles, others are held by a rim at the end. Some are slightly curved while others are straight.

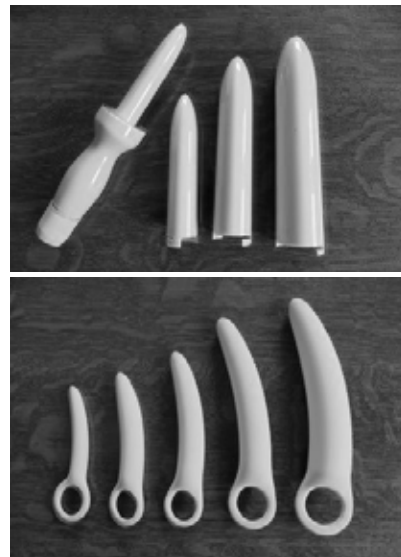
Dilators come in many lengths and widths (the thickness or diameter of the dilator). Some dilators have a vibrating option. Some people find the vibration makes inserting the dilator more comfortable.

Dilators come individually, or in a set. A set of dilators usually contains 4, 5 or 6 dilators. They start small and gradually increase in size. The sets of dilators will contain the dilator you require to insert for a successful pelvic exam.

Individual Dilators:



Dilator Sets:



## Choosing Dilators

A goal of dilating your vagina is to be able to have a successful pelvic exam.

For those who also want to be able to have comfortable sexual penetration, you will need a dilator that is a suitable size for vaginal exams and as big as your partner's penis or sex toy. For some, this will mean that they require a dilator that is larger than what they require for a successful pelvic exam (because the penis or sex toy is larger than what they need for a pelvic exam). In this situation, most people will move to a larger dilator once they are comfortable with the dilator for a pelvic exam.

Your radiation therapist or radiation nurse can show you what size dilator you will need to be able to insert to have a successful pelvic exam.

Nurses and radiation therapists in the radiation department should be able to direct you to stores or on-line resources with a variety of individual dilators and sets.

It is hard to advise people on which dilator to get because it is a personal preference. Some people want firmness, others want a dilator to have a bit of give. Some like a long handle, others want no handle.

Some people prefer to buy a set of dilators and begin with the smallest dilators. This way they get a sense of what to expect before they start inserting a dilator that feels tight.

Other people choose to buy the individual dilator (dildo) that they need for a successful pelvic exam and hope it can be inserted right from the start. If they can insert it, they will only need the one dilator (unless they need a larger dilator for sexual activity). If, however, they cannot insert this one dilator, they will need to get one or two smaller ones and gradually move up in size.

The cost of dilators may also affect what you can buy. Unfortunately, most health plans do not cover the cost of dilators or lubricants. Vaginal lubricants are an important part of dilating and will be discussed in a later section.

Dilators should be washed in hot soapy water before and after use, and air dried.

We recommend that you do not use items for dilating that are not meant for inserting into your vagina. Using items not meant for inserting into your vagina could increase your risk of infection or injury.

## **Breathing During Dilation**

When your pelvic floor muscles are tight, it means the muscles are tight in your vagina.

Ideally, you want these muscles relaxed when dilating as you will likely find it easier to insert the dilator.

To help relax these muscles it is recommended that you do some deep breathing before and during your dilation (some of you may already do this for meditation or yoga).

The pelvic floor muscles relax somewhat when we breathe in and they tighten slightly when we breathe out.

Once you are ready to insert the dilator, take a few long slow breaths in and out. Think about relaxing the muscles in your pelvis.

When you feel ready, begin a long slow breath in and as you continue breathing in, begin inserting the dilator.

Gently and slowly apply pressure as you ease the dilator in. Continue with your deep breathing.

# Steps to Dilating

1. Choose a time and place when you will not be interrupted.
2. Wash your hands and the dilator with hot soapy water. Use unscented soap.
3. If you are leaking urine (pee), wash your vulva with soap and water before dilating.
4. Choose to dilate lying down or standing up. Lying down: try leaning against the headboard or sit against the bathroom wall.
  - › Put a towel underneath your bottom, bend your knees and spread your knees apart.
  - › Standing up: put one foot up on a stool, tub or toilet.
5. Lubricate the dilator making sure the lubricant covers the whole length of the dilator and lay it on a clean surface.
6. Lubricate the index and middle fingers of one hand.
7. With the other hand, separate the folds of skin (also called the labia) covering your vagina.
8. With the lubricated hand, lubricate the opening of your vagina.
9. Begin taking a few deep breaths, breathing slowly in and slowly out.
10. If you feel comfortable doing so, insert your lubricated finger(s) into the opening of your vagina. Stretch the opening a few times.
11. When you feel ready, begin a long slow breath in and begin inserting the dilator at the same time.
12. Gently and slowly apply pressure to the dilator as you ease it in.
13. Continue gradually inserting the dilator until you feel it is in as far as it can go.
14. If you need to stop at any point, do not pull the dilator out, keep it in place.
  - › When you feel ready to begin again, take a long slow breath in and out.
  - › As you begin to take your next breath in, continue inserting the dilator by putting more pressure on the dilator.
15. Once the dilator is in as far as it can go, keep it in for 5 to 10 minutes.
16. As you begin slowly removing the dilator, move the dilator from side to side and up and down and continue doing this until the tip of the dilator comes out completely. The idea here is to try to break up any scar tissue that is forming.
17. Wash the dilator well with soap and hot water. Air dry. Wash your hands.

## Dilating Guide

<b>When do I start dilating?</b>	<p>Unless you are told differently, start trying to dilate 2 weeks after your radiation treatment is finished.</p> <p>You may want to begin by using 1 or 2 fingers at the opening of your vagina. Try inserting one finger into the vagina, and then two if things feel ok.</p> <p>If it is really uncomfortable, or feeling raw and sore, and you don't think you can manage trying to insert the dilator, wait a couple of days and try again.</p> <p>You should expect to have some discomfort as you begin trying to dilate.</p> <p>If you are not dilating by 8 weeks after finishing your radiation treatment, talk to your radiation nurses or radiation therapist. You may need help getting started.</p>
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## Dilating Guide

<p><b>What size dilator do I start with and when do I move to a larger dilator?</b></p>	<p>If you have bought a few dilators (individually, or in a set):</p> <p>Start with the smallest dilator. Although it may be uncomfortable/painful, if it can be inserted without a lot of effort, move up to the next size.</p> <p>At first, it may feel tight and uncomfortable. You may only be able to get the dilator in part way. Gradually, over time, little by little, you should be able to get the dilator in a little further each time you dilate. Once there is little difficulty inserting the dilator, move up to the next size dilator. Continue moving up in size until you are at the size you need to be for a successful exam or for sexual penetration.</p> <p>Because the purpose of inserting the dilator is to stretch the vagina, you should feel some stretching, pressure, and discomfort. It may take several times or a few weeks to be able to insert the dilator all the way without feeling a lot of tightness or discomfort. Once you reach the size you need (for pelvic exams or sexual penetration), stay with this dilator size.</p> <p>It is important that the dilator reach the top (full length) of your vagina. If you are not sure that you are reaching the top, ask your doctor or nurse practitioner to check that this is happening. Some people will feel burning, stinging and pressure. It is normal for dilating to be uncomfortable and to have some spotting as your vaginal tissue is being stretched. The discomfort and pressure should gradually lessen over time.</p> <p>Most people find that once they have reached the size dilator they need, and have been using it for a while, there is much less tightness and discomfort getting the dilator in all the way.</p> <p>If you have bought one individual dilator needed for a successful pelvic exam. If you are able to insert the dilator, continue to use this one size. You do not need to change sizes unless your partner's penis or sex toy is larger.</p> <p>If this dilator cannot be inserted into the vagina, you will have to obtain smaller dilators to begin.</p>
<p><b>What size dilator do I need to reach?</b></p>	<p>You need to be able to insert a dilator that enables you to have a successful pelvic exam. If you are planning on being sexually active, you need to get to the dilator size that matches the size of a partner's erect penis or sex toy (if it is larger than what you need for a pelvic exam).</p>
<p><b>How long does the dilator stay in?</b></p>	<p>Keep the dilator in for 5 -10 minutes. There is no suggestion that you need to try to increase the length of time it remains in your vagina after it has been in for 10 minutes.</p>

## Dilating Guide

<p><b>How do I remove the dilator?</b></p>	<p>Slowly begin removing the dilator. As you do this, move it from side to side and up and down. Continue doing this until the tip of the dilator comes out completely. The idea here is to try to break up any scar tissue that is forming.</p>
<p><b>How often should I dilate?</b></p>	<p>Whether you have reached the dilator size you need or, you are working up to it, the following provides a guide for dilating.</p> <p>For the first 6 months:</p> <ul style="list-style-type: none"> <li>• 3 times a week is usually enough for most people.</li> <li>• If you feel that the dilator is inserted easily each time, consider trying to dilate twice a week. If the dilator is inserted just as easily twice a week, this may be enough unless you feel it getting tight.</li> <li>• If you are dilating 3 times a week and it continues to feel tight, consider dilating more often.</li> <li>• Some people would rather dilate more often as they find there is less discomfort inserting the dilator more regularly. Over time, increase the time between dilations.</li> </ul> <p>From 6 months to one year after finishing radiation:</p> <ul style="list-style-type: none"> <li>• Dilate at least once a week.</li> <li>• If it becomes difficult to insert the dilator, dilate more often.</li> </ul> <p>From 1 year after finishing radiation:</p> <ul style="list-style-type: none"> <li>• Dilate once a month to make sure your vagina is not getting smaller. Again, if it feels tight, you will need to dilate more often.</li> <li>• Because some experts suggest that damage can continue for up to 5 years, it is suggested that you dilate once a month over these years, even if you are sexually active. Some people find they need to continue regular dilation for up to the 5 years.</li> </ul>
<p><b>Can I dilate more often?</b></p>	<p>You may choose to dilate more often than three times a week. This may help you reach the dilator size you need for a successful pelvic exam or sexual penetration sooner. When you reach the size you need, you may decrease the dilating to three times a week.</p>

## Dilating Guide

<b>Do I need to dilate as often if I am having sex with penetration once or twice a week?</b>	<p>If you begin having regular sexual penetration (for example once or twice a week), and it feels comfortable, you may not need to continue dilating as often.</p> <p>For the first year after your radiation:</p> <ul style="list-style-type: none"><li>• If you are having sexual penetration once or twice a week, dilate once a week to confirm your vagina is not narrowing.</li></ul> <p>After one year:</p> <ul style="list-style-type: none"><li>• Continue to dilate once a month even if you are having sex with penetration to make sure you are able to have a successful pelvic exam.</li><li>• Some experts say damage from the radiation treatment can continue for up to 5 years. We suggest continuing dilating monthly over these years.</li></ul> <p>If at any time your vagina begins to feel tight, you will need to dilate more often.</p>
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### Dilating When Receiving Other Cancer Treatment

Some of you will be receiving other cancer treatment, like surgery and chemotherapy, before, during or after your radiation.

Your radiation doctor, nurse or radiation therapist can tell you when you can safely dilate before, after or between your cancer treatments. If they do not mention it, please ask.

If your chemotherapy is delayed because of low blood counts, or, if you have had complications, your dilation may need to be delayed.

If you have had vaginal wall involvement with rectal cancer, your rectal surgeon or cancer doctor can tell you when you can safely dilate.



# Vaginal Lubricants

An important part of dilating is using a vaginal lubricant.

People who try to dilate without lubricant can find it painful and may be in danger of tearing vaginal tissue. Before trying to put the dilator into the vagina, the dilator should be covered with lubricant.

A vaginal lubricant is a gel-like liquid. It is placed in and around the opening of the vagina, and on the dilator, so the dilator can enter the vagina more easily and the vagina becomes lubricated.

Lubricants are also known as lubes or personal lubricants.

Lubricants are made up of different chemicals and other ingredients.

Side effects of lubricants can be irritation and burning of your vulva and the lining of your vagina, especially if a person is known to have sensitive skin or open areas caused from the radiation.

Because different types and brands of lubricants contain different products, you may need to try a few different brands of lubricants to find one that does not cause you irritation.

Vaginal lubricants do not contain hormones.

Lubricants do not protect against pregnancy or sexually transmitted infection.

Choose lubricants without perfume, colouring, spermicides, flavoring, warming agents, sweeteners, or tingling properties. These can cause irritation and can be drying.

Although you do need to use a lubricant to help with dilation, they can increase the risk of a vaginal or urinary tract infection. See your family doctor/nurse practitioner if you notice signs of infection like itching, discharge, swelling, odor or other changes.

There are three types of vaginal lubricants: water-based, oil-based and silicone-based.

Sex shops usually carry all three types of lubricants.

When washing lubricant off your vulva, be aware that soap is drying and irritating. Use a gentle, scent free soap and rinse with water.

If using a large container of lubricant, pour a small amount onto a dish so your hand does not go back into the container. This will help keep the lubricant clean.

**If you find the lubricant is irritating your vulva and vagina, try another brand. You may need to try a couple of different lubricants before finding one that is right for you.**

Lubricants may increase your risk of vaginal infections.

Of the 3 types of vaginal lubricants: water-based, oil-based and silicone-based, one is not better than another, they are just different. Because water-based lubricants are usually cheapest, many people start with one of them.

### **Water-based Lubricants**

- Water-based lubricants come with and without glycerin (glycerin-free).
- Many experts suggest avoiding water-based lubricants that contain glycerin (glycerol, glycerine, or propylene glycol). There is some proof they may increase infection.
- The large box and grocery stores often carry water-based lubricants that have a lot of glycerin in them.
- Choose water-based lubricants that are paraben free. There are safety concerns linked with the use of paraben and it is known to cause irritation.
- Sex shops or on-line often carry the largest selection of glycerin and paraben free water-based lubricants.
- Lubricants come as liquids, lotions or gels (from thick to runny).
- Your body naturally clears left over water-based lubricant into your body, or it is absorbed into your skin and tissue.
- This type of lubricant is usually people's first choice.

**If choosing a water-based lubricant, choose one that is glycerin and paraben free.**

### **Oil-based Lubricants**

- Although not as popular as a water-based lubricants, many people use an oil-based lubricant with no irritation or problems. Others find this type of lubricant more irritating than a water-based lubricant.
- Natural oil-based lubricants contain the oil of a plant like coconut or avocado.
- Oil-based lubricants can be bought at a sex shop or on-line.
- The body naturally clears an oil-based lubricant out of the vagina.
- Synthetic oils like petroleum (for example, Vaseline®), baby oil or mineral oil are not made for the purpose of lubricating the vagina. Some information suggests that these synthetic oils can stay in the vagina much longer than other lubricants, increasing the risk of infection, especially if a person is prone to vaginal or urinary tract infections. Synthetic oils are not recommended as lubricants.
- Oil-based lubricants can stain sheets and towels.
- For sexual activity, do not use an oil-based lubricant with a latex condom.

- Vegetable oils used for eating and cooking are not processed in the same way as vaginal lubricants. They do not contain preservatives used in vaginal lubricants and may have ingredients or properties harmful to vaginal tissues.
- Oil-based lubricants are usually more expensive than water-based.

**Do not use synthetic oils as a lubricant (Vaseline®, baby oil, mineral oil).**

### **Silicone -based Lubricants**

- Silicone-based lubricants are odorless, slippery and smooth.
- Do not use silicone dilators with silicone lubricant. The lubricant will break down the dilator.
- Silicone lubricants are not absorbed into the skin or tissue of the vagina.
- Some people find that silicone-based lubricants are less irritating than water or oil-based lubricants.
- Silicone-based lubricants stain things like sheets and towels.
- These lubricants are often harder to wash off your skin and hair.
- Silicone-based lubricants are considerably more expensive than water or oil-based lubricants.
- Silicone-based lubricants are usually a person's last choice of lubricant.

**Do not use silicone dilators with a silicone lubricant.**

# Common Questions and Possible Concerns with Dilating

## Can I try inserting the dilator before radiation treatment begins?

To get a sense of what it feels like, some people want to try inserting a dilator into their vagina before their radiation therapy begins. Others want to find out what size dilator they need to work up to in order for their vagina to be the same size as before treatment.

Not everyone can try to dilate before treatment. There are different reasons why your team may not want you to insert a dilator before treatment.

If you think you want to try inserting the dilator before your treatment begins, it is important that you talk to your radiation doctor to make sure it is safe.

## Can I choose not to dilate?

If you have had a gynecological cancer, you will need to continue having pelvic exams for ongoing monitoring of your cancer. You can choose not to dilate, but not dilating can make pelvic exams VERY uncomfortable or impossible. If you have concerns, talk to your radiation doctor, nurse or radiation therapist.

If you have anal or rectal cancer, you may need to have ongoing pelvic/vaginal exams for the monitoring of your cancer. The radiation doctor or colorectal surgeon will be able to tell you

if you will need to have vaginal exams as part of the monitoring of your cancer.

Remember though, there are other reasons why you need to keep your vagina open; for example, screening for cervical cancer, ongoing monitoring of abnormal pap smears, sexual activity and possible issues/ complications after menopause. For these reasons, many people will need to continue dilating their vagina even if they do not need vaginal exams for monitoring of their cancer.

## What if I bleed after I dilate?

It is quite common to have some a small amount of bleeding (also called spotting) with vaginal dilation. It will gradually decrease over a few weeks.

If you have more than spotting, for example, if you are bleeding enough that you need to use a sanitary pad, contact your family doctor/nurse practitioner.

If you are bleeding heavily enough that you need to use a new pad every hour or so, go to your nearest emergency department.

## Will dilating hurt?

For the first while, many people find dilating hard, uncomfortable, and sometimes painful work. Most find that once they get into a routine, feel comfortable with what they have to do, and their tissue heals, it becomes easier and more comfortable.

### **What do I do if I notice vaginal changes?**

Contact your family doctor/nurse practitioner or cancer care team if you notice any of the following changes: new fluid coming from your vagina, a new odor, new vulva itching, or menstrual period-like cramps.

### **What if I have a fever?**

There are different reasons for getting and having a fever during treatment and recovery. Follow the directions you have been given. If you get a fever and also have new pain, odor, vaginal discharge, bleeding or cramping, contact your family doctor or nurse practitioner, go to a walk-in clinic, or go to your nearest emergency department.

### **What do I do if I have new pain?**

Contact your family doctor or nurse practitioner or go to the nearest emergency department if:

- You have new pain while inserting the dilator or your fingers
- You have new pain after removing the dilator

### **Can I use My Fingers Instead of a Dilator?**

You may be able to start to use your fingers for the first week or two. Because your fingers do not reach the end of your vagina and are not shaped evenly enough to stretch all tissue in the vagina, we suggest only using them for a short time.

### **Can I lose the dilator in my vagina?**

Some people worry that if they let go of the dilator they will not be able to get it out. If you lose the grip on the dilator, stand up, bear down (tighten your abdominal muscles, hold your breath and gently push like you are having a bowel movement) and it will come out.

### **Can I have sex during and immediately after radiation treatment?**

If you want to continue sexual activity during radiation treatments or soon after it is finished, talk with your radiation doctor/nurse practitioner to find out if this is safe.

### **Is it normal not to have any sexual interest or desire through treatment and into recovery?**

Many people have no sexual interest and no thoughts of having sexual activity during treatment and through recovery. People worry about pain, feel overwhelmed, or still feel tired. Listen to your body and go with what feels best for you. If this is concerning, ask to speak to a health professional who can discuss this with you. If your partner is insisting on having sexual activity with penetration and you do not want to, ask to speak to your family doctor/nurse practitioner or cancer care team who can discuss this with you.

## **Do I need to dilate if I am having sexual intercourse, or other penetration into the vagina?**

If you begin having sexual penetration at least once or twice a week, and it feels comfortable, you may not need to continue dilating as often. It is recommended that you continue dilating once a week during the first year and once a month after that even if you are sexually active.

## **What about my partner?**

How informed and involved your partner becomes in this aspect of care will depend on your comfort level, their comfort level, and how your relationship works. Inform your partner of why you need to dilate. They may need to be reminded that it is an important part of your recovery from cancer treatment.



## Other Considerations

There is no proof that dilating during or immediately after radiation prevents narrowing and shortening or improves quality of life. Do not dilate during radiation treatment or for the first two weeks after radiation, treatment is finished. The early skin and tissue reactions of radiation need to settle before trying to dilate.

Never force the dilator into your vagina.

If you are having any problems with dilating (for example, if you are not able to get the first dilator in fully, or if you have not been able to increase the size of dilator for a few weeks), don't give up. This is an important part of your recovery. Contact a radiation nurse or therapist to talk about what you may need to move forward.

Do not douche after dilating. Certain solutions can be very drying, irritating and may upset the healthy balance in your vagina. The vagina is self-cleaning. Contact your family doctor/nurse practitioner, radiation nurse, or radiation therapist if you notice any of the following changes: new fluid coming from your vagina, a new odor, new vulva itching, or menstrual period-like cramps.

Although you may be tempted to use a panty liner or pad after dilating, change your underwear more often instead. Liners are drying unless they are the breathable type. If you usually wear a pad because of leaking urine (pee), continue to do so. If you can take breaks from using the pad, this will be less drying to your vulva. Change your pads regularly whenever they get wet.

# Staying Motivated

Dilating is often uncomfortable and inconvenient. For some people, the pressure of needing to dilate seems overwhelming. It is important not to delay dilating thinking that you'll have more energy or more time later. Putting it off until later can result in:

- Dilation becoming more painful and difficult.
- Your vagina not responding (breaking up scar tissue, stretching) as well as it could have had you started dilation earlier or kept at it.

- **Include dilating in your week and keep the routine.**
- **If you are nervous about beginning dilation or having a hard time staying motivated, you are not alone.**
- **There are health professionals in the cancer program who are experienced in helping people. Speak to your radiation nurse or radiation therapist to share your concerns with them if you need support.**



# Thoughts and Worries about Dilating

Many people struggle with different thoughts, feelings and concerns about vaginal dilation. For example:

- Some people have never touched their vulva and feel uncomfortable doing so.
- For some people, it reminds them of their cancer and treatment, and brings back unhelpful thoughts.
- Some feel that dilation is yet another violation of their body.
- Some connect dilation to sexual activity and feel awkward and embarrassed.
- Some people have cultural or religious beliefs that negatively influence their thoughts about using dilators, even though it is for medical reasons.
- Some worry about the pain of dilation.
- Some worry about damaging their vagina if they do not dilate correctly.
- Some people feel overwhelmed with worry that they will not be able to learn how to dilate.
- Some feel overwhelmed because it's 'one more thing to do' in an already busy life.
- Some who have been not sexually active prior to treatment feel very uncomfortable thinking about needing to dilate after radiation treatment.

For some people, these thoughts and worries may become deeply concerning and overwhelming.

If you feel that dilating may be difficult for you, please talk to your radiation nurse or therapist as soon as possible. Do not delay reaching out.

## Reframing your Thoughts and Worries about Dilating

Some people may find it helpful to think of a concern in a new or different way, reframing their thoughts and beliefs. (Some would say, putting a new lens on things).

When you have a negative thought or worry about dilating, you might find it helpful to add a positive thought or sentence to help you stay motivated and focus on why this part of your after care is important

While this approach may not work for everyone, here are some examples of how you may want to try to reframe your thinking:

Instead of Focusing on:	Try telling yourself:
This brings back bad memories of my cancer treatment	Dilating may help me experience less pain when I need pelvic exams.
This is so hard and I am exhausted, how can I think of dilating.	This is an important part of my follow up treatment. I am putting my health first.
This is painful or I worry about it being painful.	When I dilate on a regular schedule, dilating should become more comfortable.
I am too busy to do this.	I can find 15 or 20 minutes to do this important part of my treatment.
I do not have sex, I do not need to do this.	Dilating should help me feel more comfortable during future pelvic exams with less pain.
Am I going to damage myself if I do not do this right?	I can read the booklet and watch the video and know I have the information to do this correctly. I can always call my radiation nurse or therapist, too.

If you need more direction and support with reframing, talk to your family doctor, nurse practitioner, radiation nurse or radiation therapist to suggest a health professional who may be able to help you.

# Resources

## Emotional support

Talk to a member of your cancer care team if you are:

- Struggling with having to touch your genital area.
- Having distressing thoughts and feelings about dilating.
- Finding it difficult to dilate.
- Feeling tension in your relationship with your partner.
- Having concerns about sexual activity.

Your radiation nurse, radiation therapist or doctor can talk with you about your concerns or refer you to a health professional who specializes in these challenges.

## Pelvic issues

Some people have ongoing pelvic problems, such as incontinence (unable to hold your urine), pain, tightness, spasms, poor muscle tone and control. Talk to your family doctor, nurse practitioner or cancer care team if you are having issues. They may suggest seeing a physiotherapist who specializes in pelvic floor health. This is also called pelvic floor rehabilitation or pelvic perineal problems.

## Pelvic Floor Physiotherapist

Another health professional you can connect with if you are having difficulty with dilating is a physiotherapist who has a certification in pelvic floor health. Make sure you tell the receptionist why you need to see this physio, and ask for an appointment as soon as possible as it is time sensitive.

## Books

- Lives Interrupted: Women and Gynaecological Cancer. By David Allen and Genevieve Green, 2018.
- The Gynaecological Cancer Guide: Sex, Sanity and Survival. By Margaret Heffernan & Michael Quinn. 2012.
- Woman Cancer Sex. By Anne Katz. 2009.

## Websites

- American Cancer Society. How Pelvic Radiation can Affect Sex. [www.cancer.org](http://www.cancer.org)
- General information on sexual health: [www.sexualityandu.ca](http://www.sexualityandu.ca)
- Information about menopause: [www.menopauseandu.ca](http://www.menopauseandu.ca)
- North American Menopause Society: [www.menopause.org/](http://www.menopause.org/)
- National Cancer Institute: <http://www.cancer.gov/about-cancer/coping/self-image>





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### **Permission to Reproduce**

CANO/ACIO gives permission for cancer programs to format this booklet into an agency template for patient information and to modify the booklet so that it identifies resources for their community.

### **Acknowledgements**

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### **Disclaimer**

This patient education booklet is intended to be distributed to patients by healthcare professionals after it is determined that vaginal dilation is appropriate for the individual. It provides general guidance on appropriate practice and its use is subject to the health care professional's judgment in each individual case. The patient education booklet is designed to provide information to assist in care and is not meant to be prescriptive. Individuals who use this booklet are required to make their own determination regarding specific safe and appropriate clinical practices. While care has been taken to ensure that this document reflects the state of general knowledge and expert consensus about practice in the field at the date of publication, CANO/ACIO nor Nova Scotia Health make any warranty or guarantee in respect to any of the contents or information contained in this statement nor accept responsibility or liability whatsoever for any errors or omissions in the statement, regardless of whether those errors or omissions were made negligently or otherwise.

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### Looking for more health information?

Find this brochure and all our patient resources here: <http://library.nshealth.ca/cancer>

Contact your local public library for books, videos, magazines, and other resources.

For more information, go to <http://library.novascotia.ca>

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If you have any questions, please ask your health care provider. The information in this pamphlet is to be updated every 3 years or as needed.

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