

Vaginal Dilators and Sexual Care

Introduction

This leaflet gives you information about using dilators, following a course of external beam radiotherapy and brachytherapy (where radiotherapy is given internally). We also wish to support your sexual well-being after your treatment.

What are dilators?

Dilators are tubes of different sizes. Although the dilators are commonly used after women have received radiotherapy to their pelvic area, there is no strong evidence to say how effective they are. Your specialist nurse, doctor or therapeutic radiographer will talk with you about this.

Why use dilators?

One of the side-effects of radiotherapy to the pelvis is a change in vaginal tissue.

During radiotherapy to the pelvis, the vagina may become inflamed and as it recovers and heals, scar tissue can form. This may cause narrowing and loss of elasticity of the vaginal walls. The vaginal walls can stick together (this is called adhesions). You may also experience vaginal dryness and discomfort.

These side-effects can make vaginal examinations difficult at follow-up appointments and can make penetrative vaginal sex uncomfortable.

To keep these side-effects to a minimum, you will be offered a set of dilators of different sizes. These will help dilate and stretch the vagina. You are advised to use a water-based lubricant with the dilators.

Vaginal bleeding

After pelvic radiotherapy, the blood vessels in the lining of the vagina can become fragile. This means they can bleed more easily, especially after sex. Bleeding may also be caused by the vaginal tissue sticking together, or scar tissue causing the vagina to narrow.

Reference No.

GHPI1685_02_25

Department

Radiotherapy

Review due

February 2028

Patient Information

If you have any bleeding, always let your cancer doctor or nurse know. They will examine you and explain whether it is likely to be caused by the radiotherapy. If the bleeding is minor, once you know the cause you may find that it does not trouble you much.

When to use the dilators

It is recommended that you start using the dilators about 4 weeks after your radiotherapy or brachytherapy treatment has finished. If your vagina, vulva or skin in this area is sore then you should wait 6 weeks after treatment has finished.

Using the dilators may be uncomfortable but should not be painful and there may be occasional spotting at first. However, if it is painful or you start to bleed, it would suggest that your body is not quite ready and you should allow another week or two before restarting.

We recommend that you use your dilators on alternate days. If you have penetrative vaginal sex, this will count instead that day.

It is likely that you will need to use dilators indefinitely. If this concerns you, please talk to the team caring for you at your follow-up appointment.

How do I use the dilators?

Before you use the dilators wash your hands. Try to make sure that you are somewhere quiet and private as it is important to relax as much as possible. This may be lying on your back or side somewhere comfortable or lying in the bath with your knees bent and apart.

Starting with the smallest dilator, apply some lubricant on the rounded end of the dilator and around the entrance to your vagina. Gently insert the dilator into your vagina as far as it will comfortably go. Do not use force to insert the dilator any further than is comfortable.

Move the dilator in a circular motion while using your pelvic floor muscles to grip the dilator for 3 to 5 minutes.

Patient Information

When finished, as you withdraw the dilator, gently move it in and out, and from side to side. Wash the dilator with mild soapy water and dry thoroughly.

Once you are confident using the smallest size, try using the next size up next time. To do so, start with the smaller dilator first and in the same session move to the next size up.

Gradually increase the size of dilator over time without causing pain. If increasing the size causes pain, you can continue to use whichever size is comfortable for you.

Pelvic floor exercises

It is recommended that you continue with regular pelvic floor exercises. If you need support with this you can see a specialist women's health physiotherapist. Please talk to your doctor, nurse or therapeutic radiographer as they will be able to refer you.

Vaginal dryness

Radiotherapy affects the cells that produce natural lubrication in the vagina. This can be distressing and uncomfortable.

Vaginal **moisturisers** work by drawing moisture into the vaginal tissue. You should apply them regularly and use over a long period of time.

You can also use **lubricants** when you have sex or use dilators to make it feel more comfortable and pleasurable. Lubricants can be water-based, silicone-based or oil-based. We recommend you use a water-based one. You can buy them from chemists, some supermarkets or online and some are available on prescription. Many companies offer samples to try.

We do recommend that you use a pH balanced product to match the vagina's natural balance. Your doctor, nurse or radiographer can talk to you about different products that are available to you.

Vaginal dryness can make you more likely to get infections, such as thrush or urine infections. Let your doctor know if you have symptoms such as itching, soreness or stinging when you pass urine.

**Patient
Information**

Other methods of dilation

You will be offered a set of vaginal dilators but there are other, less medical, types of dilators available for you to buy.

Apart from using dilators, vaginal dilation can be achieved by using vaginal massage, sexual intercourse or by using sex toys such as a vibrator, or a combination of any of these.

Vaginal massage can be a good way to start, and using a lubricant will help make this easier.

Sexual intercourse/vaginal penetration

Sexual intercourse/vaginal penetration are perfectly safe. However, radiotherapy can make the vagina more sensitive and sometimes sore. We suggest waiting until about 4 weeks after your last treatment and that you use a water-based lubricant. Some people feel more confident having vaginal sex after they have successfully used their dilators for the first time.

How you may feel

Fatigue is a common side effect of radiotherapy and for a while you may not have much energy or desire for sex.

After finishing radiotherapy treatment, many people feel anxious or for lots of different reasons their emotions have changed.

You may experience low mood which can affect your sexual function and desire for intimacy. You may feel you have experienced a number of changes – your future as you had seen it, relationships, sexual relationship and how you see yourself as a person, your view of your body may have changed.

Sex can be a part of this. Physical intimacy, affection, emotional intimacy and communication are all a part of how you feel. When we talk about sex or sexuality we mean all kinds of intimacy, not just penetration and this can be affected by your self-esteem and confidence.

Patient Information

It is normal to be anxious about intimacy and sexual relationships. Anxiety can play a big part in your sexual health and responses. You may feel sad that this part of your life has changed. You might feel fearful, worried that you may experience pain when having sex, this can lead to the vagina contracting to prevent penetration. It is important to give yourself time; it may help to talk to your partner about how you feel.

If these feelings continue, please discuss with those caring for you at your follow-up appointment. There is support and help available.

You may feel that you would benefit from seeing a psychosexual or relationship therapist. Please do not be embarrassed, your health care team are more than happy to listen to you and offer support themselves or refer you to the appropriate person.

Further information

Further information is readily available online; we would recommend beginning with:

Macmillan Cancer Support

Website: www.macmillan.org.uk



Cancer Research UK

Website: www.cancerresearchuk.org



The QR codes in this section will direct you to further resources relating to your radiotherapy treatment. You can use your smartphone camera to scan the codes or you can type the full web address into your internet search box.

**Patient
Information**

You will need to create an account with Macmillan then download or request of copy of the leaflets listed on this page.

Macmillan - Managing the Bowel Late Effects of Pelvic Radiotherapy

Website:

https://be.macmillan.org.uk/downloads/bemacmillan%20pdfs/MAC18911_E01_Bowel%20late%20effects_PR_lowres_20210923.pdf



Macmillan - Managing the Bladder Late Effects of Pelvic Radiotherapy

Website:

https://be.macmillan.org.uk/downloads/bemacmillan%20pdfs/MAC18910_E01_Bladder%20latafx%20PR_lowres_20210903_LK.pdf



Macmillan – Cancer and your sex life

Website:

www.macmillan.org.uk/cancer-information-and-support/stories-and-media/booklets/cancer-and-your-sex-life



Content reviewed: February 2025

Making a choice

Shared Decision Making

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.



Ask 3 Questions

To begin with, try to make sure you get the answers to three key questions if you are asked to make a choice about your healthcare.

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?

These resources have been adapted with kind permission from the MAGIC Programme, supported by the Health Foundation

* Ask 3 Questions is based on Shepherd HL, et al. Three questions that patients can ask to improve the quality of information physicians give about treatment options: A cross-over trial. Patient Education and Counselling, 2011;84: 379-85



<https://aqua.nhs.uk/resources/shared-decision-making-case-studies/>