Tower Bridge Hospital London

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT
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towerbridgehospital.co.uk

PATIENT INFORMATION · WOMEN'S HEALTH

Painful sex

common, treatable, and not something to endure

Painful sex affects a large proportion of women at some point and is frequently endured for years without being mentioned. It almost always has an identifiable cause, and most causes are treatable. Whether the pain is at the entrance or felt deep inside points to quite different explanations.

Seek prompt assessment if you have

- **bleeding after sex**, or between periods
- **severe pelvic pain**, particularly one-sided, with fever
- **an ulcer, lump or sore** that has not healed in three weeks
- **offensive discharge with pelvic pain**
- pain that began after **a new sexual partner**
- **any bleeding after the menopause**

Bleeding after sex needs examining and usually a cervical check, whatever your age and however recent your last smear. Pelvic pain with fever and discharge may be pelvic inflammatory disease, which needs prompt treatment to protect fertility.

Where the pain is

- **At the entrance (superficial)** — suggests vaginal dryness, thrush or infection, a skin condition such as lichen sclerosus or eczema, an episiotomy or tear scar, or vaginismus.
- **Deep inside** — suggests endometriosis, ovarian cysts, fibroids, pelvic inflammatory disease, adhesions from previous surgery, or bowel and bladder conditions.
- **Burning that persists afterwards**, or provoked by any touch — suggests vulvodynia, a pain-sensitisation condition.
- **Pain with tightness so that penetration is impossible** — suggests vaginismus.

The common causes

- **Vaginal dryness** — the commonest cause overall. From the menopause, breastfeeding, the contraceptive pill, some medicines, or simply insufficient arousal time.

- **Menopausal genitourinary changes** — thinning and fragility of the tissues, which is progressive without treatment and responds extremely well to vaginal oestrogen.
- **Thrush, bacterial vaginosis or an STI**.
- **Skin conditions** — lichen sclerosus, eczema, psoriasis. Frequently misdiagnosed as recurrent thrush for years.
- **Endometriosis** — classically deep pain, worse around periods.
- **After childbirth** — scar tissue, pelvic floor changes, and hormonal dryness while breastfeeding. Very common and very treatable.
- **Vaginismus** — involuntary tightening of the pelvic floor muscles, often with a cycle of anticipation and fear.

Vaginismus is not in your head

The muscle tightening is real and involuntary — it is a protective reflex, not a choice or a lack of desire. It can follow a painful experience, an infection, difficult examinations, trauma, or nothing identifiable at all. The pattern is self-reinforcing: pain leads to anticipation, anticipation leads to tightening, tightening leads to pain. **It responds well to treatment** — usually pelvic floor physiotherapy, graded dilator work at your own pace, and psychosexual therapy where anxiety is a strong component. Most women improve substantially.

What helps

Helps

- A good lubricant — water or silicone based; silicone lasts longer
- Vaginal moisturisers used regularly, which are different from lubricants
- Vaginal oestrogen after the menopause — highly effective and safe for most
- More time, and positions where you control depth and pace
- Pelvic floor physiotherapy, which is the mainstay for muscular causes

Avoid

- Soap, shower gel, wipes and feminine washes
- Pushing through pain, which reinforces the muscle response
- Oil-based lubricants with latex condoms
- Repeated over-the-counter antifungals without a diagnosis
- Assuming it is inevitable after childbirth or the menopause

What assessment involves

A conversation first, then examination only with your agreement and at your pace — a smaller speculum, your own control of the examination, or examining nothing at all on the first visit are all reasonable and can be arranged. Swabs, a cervical check if due, and pelvic ultrasound where deep pain suggests endometriosis or ovarian causes.

The relationship part

Painful sex affects partners and relationships, and avoidance often becomes the bigger problem. Partners frequently interpret it as rejection or loss of attraction. Involving them, where you want to, tends to help considerably — and psychosexual therapy is effective for the anxiety cycle that builds up around it, whatever the original physical cause.

Why come to us. Most women wait years, and the commonest reason is expecting a rushed appointment and an unwanted examination. We offer **unhurried women's health appointments seven days a week with a female clinician available on request**, examination entirely at your pace or not at all on a first visit, swabs and **pelvic ultrasound on site**, prescription treatment including vaginal oestrogen, and referral to pelvic health physiotherapy and psychosexual therapy.

Unhurried, at your pace, female clinician available

Ultrasound and swabs on site. Seven days a week.

Book an appointment

or call 020 7916 0029

Where to get help

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT

020 7916 0029

WhatsApp **07903 284 189**
info@mhwclinic.co.uk
Open 7 days, 9am–7pm

In an emergency
Call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

When we are closed and it is not an emergency
Call NHS 111 or visit 111.nhs.uk.

Related: **Women's Health** · **Ultrasound Scans** · **Physiotherapy** · **Sexual Health** · **All patient leaflets**

Written and reviewed by Dr H Bolat, GP & Clinical Director **Review date: 26 July 2026** **Next review due: July 2028**

Ref: TBH-PIL-264

This leaflet is based on current NHS, NICE CKS and RCOG guidance on dyspareunia and vaginismus. It is general information and does not replace advice from a clinician who has assessed you. If your symptoms change or you are worried, contact us on 020 7916 0029, call NHS 111, or call 999 in an emergency.

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