



Calling Women of All Ages

Help for Those Seeking Answers to Sexual Complaints



By Abbey Forney

In May 2005, Urology San Antonio launched the first clinic in South Texas dedicated exclusively to diagnosing and treating the causes of women's sexual complaints. Urologic Nurse Practitioner and Co-Director of the Urology San Antonio Center for Female Sexual Medicine Peggy Francis reflects on the center's development so far.

Question. How many patients do you see each week?

Answer. I see between four and 10 patients per week. I have seen, at most, 12 patients per week; and I anticipate that as I become more efficient in my evaluation, I'll be able to see more.

Q. What is the average age of your patients?

A. That has been one of the biggest surprises to me. I really anticipated most women would be between 30 and 50,

but I've seen patients as young as 22 and as old as 78. The largest population has been women in their 60s.

Working in this field has shown me that you can't stereotype any age group. My 78-year-old patient was a newlywed whose husband was being treated for erectile dysfunction by one of my partners. I've also treated a 26-year-old who had been married for three years and had never had intercourse because her pelvic floor muscles were hyperspastic and were so tight that intercourse was unbearably painful.

Q. What has been your patients' most common complaint?

A. By far, low desire has been the biggest complaint. Probably 75% of the women I see complain of low desire. The second biggest complaint has been pain with intercourse. Pelvic pain occurs primarily with women

who are postmenopausal and have been off of their hormone therapy.

Q. Currently, only one female sexual dysfunction treatment (Eros Therapy™) has received Food and Drug Administration approval. What other treatments do you find useful?

A. First and foremost, I have found that teaching women about their female anatomy and what they and their partners can do to increase stimulation helps. Most women are surprised to learn that the majority of women do not have vaginal orgasms. Most orgasms originate in the clitoris.

I've also had success teaching women how to isolate, strengthen, and relax their pelvic floor muscles. This treatment decreases pelvic pain, strengthens orgasms, and increases sensation. DHEA hormone supplements have been an effective treatment for women who have

low testosterone levels. And topical and transvaginal estrogen have helped restore atrophied vaginal tissue.

The other resource many women have found helpful is a local boutique that caters to women's sexual needs and concerns. The store has a very comfortable feel, and its all-female staff members are very helpful in advising my patients on supplemental aids that they and their partners can use to enhance their sexual experiences.

Q. What role does mental health play in diagnosing and/or treating female sexual dysfunction?



As more women speak up and ask their physicians to address their sexual concerns, more pressure will be put on the health care community to develop solutions.

A. At the initial interview with the patient, we discuss issues of depression, incest, molestation, and rape. If a mental health problem seems to be contributing to the women's sexual dysfunction, we refer her to either a female psychotherapist or a female psychiatrist before we treat her physical symptoms. Approximately 40% of the patients that I have treated have benefited from a mental health referral.

Q. Female sexual medicine is a young field, and most people aren't familiar with it yet. How are patients hearing about the center?

A. The majority of patients are self-referrals who hear about the clinic through word-of-mouth. We are also hosting free

monthly community education seminars where women and their partners can learn more about female sexual medicine and the center.

Q. Are you receiving referrals from other health care providers, both inside and outside of Urology San Antonio?

A. The number of physician referrals is much lower than the number of self-referrals. I am receiving a stream of referrals from a local neurologist as well as some OB-GYNs and urologists. But I'm finding that many providers, even those whose disciplines touch on female sexual medicine, are reluctant to ask

women about their sexual histories. So to make the conversation easier, our practice has implemented a sexual health questionnaire for all new female patients. This gives physicians a starting point for discussion; and we are finding that while some women are embarrassed by sexual health questions, the majority of them are very straightforward and very relieved that a health care provider has brought up that aspect of their overall health.

Q. Are the women's partners coming with them to the center?

A. About 40% of the time the partner comes. But in most cases, even if the partner cannot come to the clinic, he is very supportive.

Q. How have patients responded to the clinic and their treatments?

A. The biggest response I have received has been one of gratitude for addressing the women's concerns and letting them know that they are not alone. The compliance with the treatment programs has been amazing, and we have been able to help most women.

Q. How are women reacting to the possibility of their testing and treatments not being covered by insurance?

A. We've tried to make the process very affordable, and most of the patients have a positive outlook. One woman asked me, "How can you put a price on the quality of your home life?" Also, we are finding that the insurance companies are covering much more of the costs than we initially expected. I don't doubt that in a few years, insurance will cover female sexual medicine the same way it does erectile dysfunction.

Q. What has been the most unexpected or interesting thing you learned since opening the center?

A. The wide age range of the patients has been one surprising aspect. Another has been the amount of overlap we see between patients who have urinary incontinence and those who have female sexual dysfunctions. I would say that more than 50% of women with incontinence also have female sexual dysfunction.

Q. What do you see for the future of female sexual medicine and your center?

A. The field of female sexual medicine is still in its infancy. As more women speak up and ask their physicians to address their sexual concerns, more pressure will be put on the health care community to develop solutions. With the increased awareness that new treatments bring, I expect to see even more women seeking help at our center. 🏡

For more information about the Urology San Antonio Center for Female Sexual Medicine, call (210) 582-6550.