HERology Transcript—Sexual Health and Wellness

[00:00:00]

Vibrator Is Medicine

Jackie Gianelli: A good vibrator will bring blood flow into the pelvis. It helps, um, release... W- when you have an orgasm, you release oxytocin, um, you release prolactin. Oxytocin is an incredible anti-inflammatory hormone that helps, you know, address cortisol, helps us sleep better. So in many ways, a vibrator is medicine, and oxytocin, you know, is a pharmaceutical- Mm

that, that I

Anna Barbieri: love.

I

Jackie Gianelli: think

Anna Barbieri: that's a quotable quote. Mm. Vibrator is medicine.

Welcome To Herology

Anna Barbieri: Hello and welcome back to Herology, the Mount Sinai Health System's new roundtable video podcast dedicated to women's health and wellness. I'm your host, Anna Barbieri, an OBGYN here at the Mount Sinai Health System. On this episode, let's talk about sex. This is a very broad topic, and today we are talking specifically about sexual pain and optimizing your experience.

We'll leave other aspects of sexual health, such as libido, for later episodes. To help us walk through this topic, we're joined by Jackie Gianelli, a [00:01:00] nurse practitioner, a certified menopause practitioner, and the clinical program director at the Carolyn Rowan Center for Women's Health and Wellness.

Jackie has had about 20-plus years of clinical experience in women's sexual health, so we're lucky to have her experience and wisdom, uh, to share with us

today. I'm also joined by Dr. JoAnne Stone, our fearless chair of the OBGYN department here at Mount Sinai, the founding chair of the Carolyn Rowan Center for Women's Health and Wellness, and really a leader in women's health innovation.

So great to have you both today. We have a very special episode ahead of us. We're going to be talking about sexual health. Bring in a little bit of an, you know, healthcare and academic discussion to what often is sort of this funny, spicy thing. I mean, how many of us have learned about sex from Bridgerton and Fifty Shades of Grey, right?

So, and somehow- Fifty

Joanne Stone: Shades Freed, Fifty Shades of Better, whatever. All

Anna Barbieri: the episodes. Every. And enough that came after that.

Why Sexual Health Lacks A Home

Anna Barbieri: And sexual health typically has not had a seat at the [00:02:00] table in healthcare, nor even in women's health. And we're here to talk about that and how to change it and what we're doing about it.

So let's start with basically how do we think about sexual health and wellness? How do you start that conversation with patients? What is sexual health and wellness?

Jackie Gianelli: It's a great question, and one that patients don't often get asked really at all. And so when someone does, often they're taken aback and, and can get a little bit, you know, unsure of what to say next.

And so I really just first just try to set the stage that this is an open, honest conversation, always a private one, of course. But really, this is a medical issue, just like any other women's health issue. It's a little bit of the orphan of women's health. It doesn't really have a home. It kind of straddles both urology and gynecology.

And most urologists are men, um, and most gynecologists don't have training in vulvar conditions, pain conditions, orgasm, arousal. desire, libido, um, or really hormonal health. And so women's sexual health is sort of [00:03:00] bucketed in that way, in this beautiful sort of interconnected web of desire, arousal,

orgasm, and desire, arousal, orgasm, and sexual pain disorders, and one feeds into the other.

So when we're asking someone about their orgasm, we cannot help them unless we are excluding sexual pain, because those two things are a bit mutually exclusive

Joanne Stone: for- I feel like it's a- something that just- we just don't discuss, and not even with your close friends, you know? Your- you just don't really talk about these things.

Anna Barbieri: Yeah. For sure. Yeah. I

Joanne Stone: mean,

Anna Barbieri: there's still a lot of taboos that exist, and even when bringing up that discussion, we have to navigate certain, you know, personal beliefs, cultural attitudes, uh, societal attitudes towards this topic. And I would even argue that it straddles that world of psychology and culture also, in addition to urology, gynecology, hormonal health, and so on.

It's another example of how things that are pretty complex don't really have a home in healthcare. Yeah. So we're here to talk [00:04:00] about that. Sexual health is a broad topic, so today, just to set the stage, we'll focus on sexual pain. But not just that, because we do wanna take the conversation away from just what's wrong and how do you fix that, but really go broader.

Like, health is not just the absence of a problem. Health is really feeling your optimal self.

Jackie Gianelli: Yeah. I think that's one of the missions of the Rowan Center too, right? To really bridge that gap between just sickness and wellness, and do that in a medically supervised way that's evidence-based.

Joanne Stone: Totally.

Saying The Words Out Loud

Anna Barbieri: Let's talk about some terms.

We had a, a great discussion of it yesterday during our session, and, uh, I didn't know this before, what you said, that on social media, actually certain terms are not allowed to be said. Is that right? Oh my goodness. But we're going to say it all here.

Joanne Stone: No holds barred, right? There you go. We can say anything that we want.

Jackie Gianelli: That's right,

Joanne Stone: yeah. Clitoris, va- you know, vulva.

Jackie Gianelli: All the things. I

Joanne Stone: mean,

Jackie Gianelli: you can- Vagina ... you can say erectile dysfunction on the New York City subway everywhere, but you cannot write vulva, vagina, orgasm, or [00:05:00] anything that comes close to that. And so influencers have had to get creative, and, you know, a lot of them have had their accounts shut down numerous times or been censored or been warned.

And that's a real problem because, um, you know, if we can't get this message out, and this is where especially our younger generations are learning about their health and wellness, then it's not landing. And this continues. Every time I do speak about this publicly, people are all ears, both men and women, because we don't hear this from any of our doctors.

Joanne Stone: And it's good to normalize it, right? To make it normal and feel like you can talk about it and not feel embarrassed, or you have to be in the closet about, you know, what we're talking about, so it's so good that we're doing this.

Anna Barbieri: It's a really, you know, refreshing break, too, for a lot of patients who are not used to being asked about it, who may wish to bring it up, but feel uncomfortable initiating themselves.

So it's really, um, I think it's an important point, that we want to really de-stigmatize it and bring it out into the open.

Sexual Pain Screening Basics

Anna Barbieri: Let's talk about the issue of pain. We do have other [00:06:00] episodes planned to cover things like libido, arousal, and yes, you cannot completely separate those two. But today we're going to kind of focus on pain, what it can present as, what it looks like, what can be done about it, and how to really, um, not just treat pain, but also optimize experience, right?

Yeah. Talk to us about that. How do you bring it up with patient in terms of asking about pain, and how do you think of it in different categories?

Jackie Gianelli: Sure, yeah. Well, we know just categorically women's pain across the body is dismissed, and certainly sexual pain is probably the most dismissed type. Um, and when I'm doing even just an annual exam with a patient, my, one of my questions is always, "Is there pain with sex?"

And I don't assume, you know, a person is partnered in any way. I, I assume nothing, and I really just let the person, you know, feel like there is an open forum for them to share whatever it is they want. But for pain specifically, once someone says, "Yes, I do," or, "Don't have pain," then we really dive in, [00:07:00] and my brain is really trying to figure out what bucket of pain this person may fall into.

Pelvic Floor And Tampon Pain

Jackie Gianelli: Pain is not exclusive to any one particular life cycle, hormonal stage. It really can happen to, to anyone at any time, and often for overlapping reasons. Um, one of the most common, especially in our younger populations and especially with, um, teenagers who are first starting to use tampons or have their first GYN exams, um, is sort of a, a, um, muscle pain or a pelvic floor-related hypertrophy or hypertonicity, and this can happen for a lot of reasons.

So one of my first questions is, "How are, how... Tampons. Can you get them in? Are you using tampons? If not, why?" And really kind of diving in from there. And this is where our pelvic floor physical therapy colleagues really partner with us so beautifully because a pelvic floor exam is very different than a speculum exam or a s- you know, a Pap smear.

And I know as part of my exam, I am looking at the vulva, at the vulvar anatomy, the vulvar skin. Um, there's a special [00:08:00] test that sexual medicine specialists do with a Q-tip to really go around and help identify where the pain is originating from. And I will do a pelvic exam and assess the muscles in a very specific way.

So that's sort of the first Related, mm, it's a muscle problem. And, and muscles and nerves are connected, so there's a lot of innervation in this area, and that's where people can experience difficulty with penetration- Mm ... certainly.

Anna Barbieri: You know, I think all of us in women's health, you know, we have seen younger women, teenagers, early 20s, mid-20s, or, or later- Mm

with trouble with tampons. And I would just throw in just a, a little bit of a gynecology side to this, is that some people have pain because of muscle tightness. Some women can't use it because they're just not used to that sensation. And then sometimes we do identify certain kind of, ah, congenital abnormalities of anatomy.

So the hymen, who, which is kind of like that, um, tissue that narrows the vaginal opening, can be thickened. It can be sometimes, in rare circumstances, [00:09:00] completely obstruct the entrance to the vagina. So it's important. If someone is unable to use a tampon and wants to use one, they do need an evaluation, I think.

Jackie Gianelli: And oftentimes when the longer girls sometimes wait to put in a tampon, or the longer they wait to have intercourse due to, you know, sometimes it's religious reasons, sometimes it's cultural reasons, sometimes we, we really don't think about that being the etiology of their pain in sometimes even a 25-year-old.

Joanne Stone: How do you think it correlates into if they've had intercourse or not had intercourse? How does that come into play with the use of tampons?

Jackie Gianelli: Um, I think tampons at, starting at a young age do help to sort of thin out the hymen a bit, and therefore, when they are ready to have penetrative sex, it's, you know, a little bit softer and easier.

And they're also less afraid.

Anxiety Trauma And Exams

Jackie Gianelli: There's a, a very deep correlation between the pelvic floor and anxiety in a lot of girls, and we know anxiety is a big problem in our younger gen- in our younger girls. And I always say to them, "You know, when you're anxious and we aren't, you know, talking about it, dealing with it, you know, a-

addressing your, your mood," women are smart and they [00:10:00] compartmentalize their discomfort.

And a lot of women will put their anxiety, I know it sounds woo woo, but in their pelvic floor. And it's this kind of a pl- a safe harbor. And those are the girls, when I am doing the exams, they have these pelvic floor muscles that are just really tight, and when you push on it, they, it really, it's uncomfortable for them.

And I've had women throw themselves off of my exam table onto the floor during ex- an exam in a- an uncontrollable way and then apologize. And it's just truly just not an... It's, it's become this pain and fear and anxiety cycle that self-perpetuates, so it's important to intervene early when we identify this.

Mm-hmm.

Joanne Stone: Yeah, I mean, I hope, I hope people, the young teenagers and people getting their period, feel more comfortable sharing, like, their stories with their friends, with their mothers. I mean, I remember getting my period for the first time. Never told my mother. She'd never used a tampon. She'd always had, like, sanitary napkins background.

Mm-hmm. So I went to my best friend, who, like- Taught, taught me how to insert a tampon. You know, it was like, you know, there was no, you know, book to read. There's nothing to look at, you know, no YouTube at that time. [00:11:00] Yeah. So it's, like, interesting to see where they're learning

Anna Barbieri: this from. Yeah. I think it's important, you know, and the other layer to that, it's, it's a lot of people are really grateful for being able to have that open, non-judgmental conversation in an open exam.

And sometimes we even have to ask people to come back because it's not okay to proceed with an exam, of course, if somebody's too uncomfortable. Mm-hmm. Um, and over time, they become more comfortable with that. We also get into, and it's not really the topic of today, I do think it's important to mention that, you know, in our education and training of healthcare providers in this field, we really need to offer this, and sort of it's buzzword today, trauma-informed care.

Because somebody's past experiences, beliefs w- is really going to influence their experience with this topic, and we need to be, again, in a non-judgmental way, be open-minded about approaching that.

Joanne Stone: You know, as maternal-fetal medicine specialist, I see it with birth trauma, right? So the pain that people- For sure

[00:12:00] feel after- Yes ... a difficult delivery is really, can be really traumatizing. I mean, so I don't know how you assess that in a, somebody who had, let's say, forcep delivery and a third degree laceration. Mm-hmm. And then all of a sudden, you know, they have months of pain and, you know, they're told after six weeks you can go have sex.

Mm. You know, and they're, like, terrified because of the- For sure. Yeah ... of the trauma that they felt.

Jackie Gianelli: Yeah. Yeah. It's traumatic. And I always try to do, I always ask permission, and I do sometimes hand my patients a mirror and have them look with me, and it's this joint, you know, kind of endeavor to do together.

Most women have no idea what anything looks like down there. They've never been taught what their own anatomy is called, where things are located, and most of them really appreciate the opportunity to do that with a healthcare professional.

Anna Barbieri: Mm-hmm. So if you're a gynecologist or a women's health provider listening to this, a great tool is to have a handheld mirror in your exam table.

We use it all the time.

Jackie Gianelli: All the time.

Anna Barbieri: Let's go back to the sort of the younger person before we get to [00:13:00] pregnancy and menopause and all of that.

Vulvodynia And Nerve Pain

Anna Barbieri: How do you think of, you know, what are some other reasons for sexual pain that someone may have?

Jackie Gianelli: Sure. So another type of pain that one can have, um, is called neuroproliferative vulvodynia or vestibulodynia.

This is a long way of saying that the nerves that are gathering at the vaginal entrance become proliferate, so they grow, and they actually become hyperactive. And this can happen for actually a, a variety of reasons, some of which have to do with allergies. Um, you know, chronic yeast infections can trigger something like this.

We actually think... We're starting to think that this is, has to do with mast cells and, um, the immune system really triggering and firing in, in the vulvar vestibule. And this is a, this is a pretty brutal condition for a lot of women because you cannot see it. These are the women who you look at them, and everything looks perfect, and they're chronically dismissed.

The cultures come back negative. Um, and the longer that we allow the pain to sort of fester in that way without f- getting to some sort of a [00:14:00] solution, sort of again, this compounding pain and fear, and these are the patients who do just avoid going to doctors altogether- Yeah ... because they don't wanna have to explain themselves.

It's

Anna Barbieri: a difficult condition to treat- Yeah ... because it tends to be so chronic and, and should involve a lot of different types of treatments.

Joanne Stone: Generally, yeah. Yeah. I think I read somewhere where it takes an average of, like, s- six different- clinician visits before it's actually diagnosed correctly. So- That's

Jackie Gianelli: right.

There are only so many sexual medicine specialists in the United States. Um, it's a special- Well, we're

Anna Barbieri: glad to

Jackie Gianelli: have you here. You're one of them. Just like, you know, like hormonal health a lot, in a, a lot of other women's health conditions, this is not something that's generally taught to anyone, even nurse practitioners, physicians, OBGYNs, or urologists really.

And so a lot of us have gone and we really, um, we learn with the International Society for the Study of Women's Sexual Health, ISSWSH, and we've done trainings, hands-on trainings, you know, didactic trainings, really get granular

about how to do these exams, how to meet our patients where they are, and how to [00:15:00] distinguish what feels like very, you know, niche area of healthcare- Sure

but affects such a broad range of our patients.

Anna Barbieri: How do you distinguish vulvodynia as a somewhat of, of an external superficial type pain, maybe from chronic inflammation, from deeper pain? Because the vulvodynia story sounds a lot to me like the story of endometriosis, too. How many years does it take? How many physicians or, or visits does it take to even be diagnosed?

And it's pretty prevalent.

Jackie Gianelli: Yeah. Just make sure everyone knows, too, the difference between the vulva and the vagina, right? The vulva is everything, the labia, the clitoris, the vulvar vestibule, which is the entrance, and the urethral, or the urethral opening. And then everything beyond that is the vagina. And I heard someone say once that the in in vagina is the inside is the way to kind of help somebody remember- Oh, that's a good-

the difference ... That's a good

Anna Barbieri: one,

Jackie Gianelli: too. So that's easy. Um, and so just, you know, those two terms are often used interchangeably. That should be taught in, like,

Anna Barbieri: kindergarten.

Jackie Gianelli: Right? Yeah. Yes. My kids certainly have, know these terms, even my son. Right.

Anna Barbieri: Okay.

Jackie Gianelli: He's very, quite embarrassed.

Anna Barbieri: Quick s- a side [00:16:00] story, okay?

Mm-hmm. So when one of my daughters was in preschool, not kindergarten, she used the word vagina for, like, I need to wipe it after peeing or something.

Mm-hmm. I was called by the teacher to tell me that she used a word that they do not allow, and what was going on at home. I said- Oh ... "I'm sorry about, I'm a gynecologist, so we use these words at home-

all the time." Yeah. But- I'm

Jackie Gianelli: glad.

Anna Barbieri: Anyway Glad she knows. Yeah. Goes back to, you know.

Jackie Gianelli: Goes back

Anna Barbieri: to- Teaching ...

Jackie Gianelli: teaching and taboos. Yes.

Anna Barbieri: Yep. Yeah.

Jackie Gianelli: Yes. But no, I think, so again, the exam is such a big part of that, and asking the right questions, right? When does sex hurt? You know, sex hurts. Okay, but when? Is it as penetration is happening, or penetration isn't a problem and things are going fine, and then all of a sudden there's deeper pain that feels almost like a gut punch, or it's coming, coming from within?

And that is a very different etiology, right? And so that's where my brain goes more to the endometriosis- Mm-hmm ... type pain, which is uterine tissue that is outside of the uterine cavity, and it could be really anywhere. And often it's implanted in the pelvis, in the, in the pelvic floor muscles, um, around the bowels, you know, in places where [00:17:00] when penetration is happening, it elicits pain.

Anna Barbieri: Yeah.

Dryness Hormones And Lubricants

Anna Barbieri: What about, um, burning- Mm ... dryness, things like that? We tend to think of that as things that occur mostly in our older patients. You know, I live in this world of perimenopause and menopause where this is such an issue. Mm. But younger women bring this up, too, right? So-

Jackie Gianelli: They sure do. Yeah. Dr- It-- This is what we call hormonally mediated vestibulodynia, or GSM, genital urinary syndrome of menopause for our older population.

The younger girls also can experience dryness for a variety of

Anna Barbieri: reasons. It could be, look exactly the same,

Jackie Gianelli: I think. Yeah. Exactly the same. And I've seen that be true. I mean, com- combined oral contraceptives can sometimes cause dryness and thinning of tissues in a very s- small subset of, of women. So we're often screening for that when we're doing our vulvar exams, um, asking questions.

How long have you been on contraceptives? Do you take a break from your contraceptives? All of that will help me kind of gauge how something may or, you know, may arrive on an exam. But yes, being on birth control pills, being a, being postpartum, being breast, being a [00:18:00] breastfeeding mom, using antihistamines, um, all of these things can contribute to dryness.

And one of the biggest taboos and myths I think we bust regularly is that vaginal estrogen or hormonal con- um, hormonal products used topically are only for menopausal women.

Joanne Stone: That's right. I mean, and we see it all the time postpartum, 'cause the estrogen levels just drop so dramatically.

Jackie Gianelli: Plummet.

Joanne Stone: Plummet.

Yeah. And so there's that vaginal ... And then they haven't had intercourse for at least, let's say, six weeks from delivery, and maybe many months before if they- We're uncomfortable, you know, being so pregnant and having intercourse. So it's a huge thing. So how, so when you... We talked a little bit, you know, outside of this about lubricants.

Mm-hmm. How does, how does that come into play, and are there different kinds of lubricants for different issues?

Jackie Gianelli: Yeah. Lubricants are, you know, an amazing sexual health tool for both pain and pleasure. I think we think about them, again, as only for somebody who's experiencing dryness and like the sort of, the, the placating

phrase is, "Oh, yeah, just go use, you know, use some [00:19:00] lube and come back and tell me if it's not better."

Lubrication, um, we make our own natural lubrication, but lubricants can also enhance the sexual experience, and I think there's a statistic that says that women who use lubrication during any type of sexual activity, either solo or partnered, are 80% more likely to orgasm. So who doesn't want that, right?

So I, I am constantly telling women, "It's okay to use lube." It's, you know, okay to have this conversation with your partner because I think sometimes in heterosexual relationships, men sometimes feel like it's their job to lubricate their, their partners, and that couldn't be further from the truth. And so yes, there's...

Lubes are a very personal decision. Everyone likes a different lubricant. Everybody has a different feel for one. Some people enjoy a, just a water, simple water-based lubricant. Um, and that really is kinda the bread and butter of what you can find at, like, a CVS, for example. But there are really some really great products on the market that have, um, the osmolality and the pH that's really important to consider, and you know, can be oil-based.

[00:20:00] They can be silicone-based. They can be hybrid. Some lubricants have s- even CBD in them, right, for women who may have pain. So we can get kinda creative with what's out there.

Anna Barbieri: So what do you recommend normally? Like, do you do water-based, oil-based, silicone-based? Like, these are the questions people ask, right?

Well, I,

Joanne Stone: I have a- This may seem weird But question, so also is it dependent on if you're gonna have, like, oral sex also? If you have a oil base- Mm ... is that, like, weird tasting? I don't know. Well,

Anna Barbieri: I mean, someone may use- I'm just asking. Oh, yeah ... you know, fractionated coconut oil, right? So fractionated means it's liquid at room temperature, so it's not the white solid stuff that comes in a jar.

Um, a lot of people like that. It's very thin. It's inexpensive. You can- And it

Joanne Stone: tastes like coconut?

Anna Barbieri: It's, so fractionated coconut oil will have coconut solids taken out of it, so it doesn't taste like coconut. And I mean, what I love about it, I love, like, multiple-use things. Mm-hmm. So fractionated coconut oil, you can use it as a le- [00:21:00] sexual lubricant.

You can roast your sweet potatoes in it- Mm ... 'cause it's got a high smoking point. Some people brush their teeth with it. I don't, I don't like that. You can put it in your hair, on your skin as a moisturizer. So it's, like, it's, it's good for- Wow ... a bunch of stuff. Amazing. But that, but it stains, you know, stains clothing, stains sheets also.

Yeah,

Jackie Gianelli: so there's pros and cons to each of them. Yeah. I think for people who like a lot of sort of slidey-ness and slippery-ness, a silicone-based lubricant- Yeah ... is really nice because it won't dry out. Um, and I like personally, for somebody who doesn't know what they want yet, I usually say start with a water-based lube.

But for anyone who, um, wants to, you know, have any kind of, um, sex that's gonna go on for more than a few minutes, potentially would wanna use a hybrid lubricant, which is a combination sometimes of water and silicone, and I like that because it doesn't dry out right away. Um, sometimes people are sensitive to the idea that they have to keep grabbing for the bottle, and they really wanna stay in the moment.

And so in that case, a little silicone goes a long way.

Anna Barbieri: And Jackie, am I remembering this correctly? I think [00:22:00] Oil-based lubricants compromise condom integrity, right? Is that true? They do. So I think, again, in terms of sexual experience, if somebody does not wish to get pregnant in a heterosexual relationship, like, that's important to know too.

Jackie Gianelli: Yeah. And silicone, you know, there's a myth too that you can't use a silicone lubricant if you're also using silicone toys, that those two things will sort of, like, erode each other or compromise each other in some way. I, I think that that's actually not that true, as most people are, you know, washing their, their products afterwards.

And so as long as you're aware of that, I think, you know, we can, we can let that one slide.

Anna Barbieri: Hmm. Well, stay tuned, because I think we'll have some silicone items to review in a few minutes. Interesting.

Jackie Gianelli: Yes.

Joanne Stone: Yeah. I was gonna say, what kind of silicone toys? But, uh, we're gonna get to that.

Anna Barbieri: Yeah.

Joanne Stone: Yeah.

Anna Barbieri: So I think, you know, you- we touched a little bit on postpartum and pregnancy.

You know, I used to think of it as a sort of a unique presentation of sexual pain, but if you think about it, it's really not, because it's really sort of on one hand mechanical and due to [00:23:00] experience of pregnancy and delivery. And Joanne, just like you said, you know, somebody had an operative delivery, somebody had a big laceration, episiotomy.

Certain episiotomies are done in a way where they're going to hurt more, sort of not the ones that are midline. Um, trauma surrounding birth, whether that's physical or even kind of just emotional experience of, of your birth really matters. Mm. And then, of course, the hormonal cliff that happens after your delivery and sort of persists when someone is breastfeeding.

That's kind of a unique hormonal experience there. Yeah.

Jackie Gianelli: Yeah. Yeah. And that, you know, can really set the stage for also for later in life when we're entering, you know, into perimenopause as well, as hormones start to decline, even before our final menstrual period, which is when menopause, you know, is finally arriving for us.

And I think, you know, 'cause we- we think about the loss of estradiol or estrogen as being a, you know, a main culprit sort of for vaginal dryness, but I do also wanna say that the [00:24:00] vaginal entrance, the, the clitoris, the, um, the vulvar vestibule, the urethra, the bladder too, these are very testosterone sensitive or androgen rich, rich in, rich in androgen receptors.

And so oftentimes for my patients who don't respond well or aren't getting the relief they need with just simple estradiol products, I often will sometimes

incorporate DHEA or testosterone into topical products for the vulva, because that often is sort of the magic secret sauce that gets somebody to lubricate again, to kind of re-recruit their collagen and elastin, and to just calm inflammation.

And, um, it's, you know- Not available commercially ...

Anna Barbieri: and yeah, unfortunately, these are not commercially available FDA-approved products, despite the fact that there is a number of different trials looking at them. Yeah. And I will say, I agree with you. I think in clinical practice, especially for those patients that don't respond well to topical estrogen alone, that combination of estrogen, testosterone is sometimes like magic.

[00:25:00] Magic. Um-

Joanne Stone: And this is one of the areas that you might use a compounded pharmacy for- Yes ... right? Yeah.

Anna Barbieri: Correct. Correct. Yeah. You can't get it as an FDA-approved product, so that's the only option we have, really. Yeah. Yeah.

Joanne Stone: I wanted to also ask about vaginismus- Mm ... because we see this in pregnancy, you know, when you have to do a pelvic exam, when you're anticipating somebody in labor- Mm

who you're going to have to do multiple pelvic examinations to see how dilated they are. Maybe we can talk a little bit about that, what it is and-

Anna Barbieri: You're like the vaginismus queen. Like, you... I have seen you work with these patients. Yeah. Tell us about that.

Jackie Gianelli: Yeah. Vaginismus is, it's complicated because these women are having intense spasms of their pelvic, pelvic floor muscles, the muscles that surround the opening to the vagina.

Um, the pelvic f- floor is actually like a bowl of mus- a bowl of muscle and connective tissue that surrounds both our vaginal opening, but also our rectum, right around... It, it connects everything that's sort of, um, at the base of our pelvis. And so these are sometimes [00:26:00] patients who also, a good question to ask is, you know, "How is...

Are you constipated? Do you have difficulty with bowel movements? Um, h- how is urination? Do you... You know, is your bladder full? Do you feel like

you can't empty it regularly?" And so, yes, I... Those are the patients who, when I do an exam, I can feel sometimes their, their muscles twinge. Um, in severe cases, sometimes even those patients' legs will close.

Like, they, they don't allow me, you know, to actually do the exam. And these are patients who often come to me already knowing that this is the case, and they're wanting to work with me in order to sort of work through this process, and it does take a really seasoned clinician who has a lot of patience and empathy and time, to be honest, in order to, to really give the patients what they need in that scenario on the table in the moment.

Joanne Stone: Yeah. The one good thing in labor is that if they have this, if they have an epidural in place- Mm ... it sort of takes care of it because- Yeah ... they're totally numb. They don't feel- All that sort of- ... anything that's going on ... relax

Anna Barbieri: and

Jackie Gianelli: all that.

Anna Barbieri: Yeah. Yeah. Yeah. Mm-hmm. When we talk about sexual health, it's, like you said before, it seems like such a niche topic, but it's actually so, has so many layers to it.

[00:27:00] So- Mm ... um, and historically, it's really not addressed in any sort of a structured or present way in the healthcare system. Um- And e-even this conversation, I think hopefully will help some people out there, including clinicians, to get some pearls of wisdom from it. Yeah. Um, we covered vulvodynia, we covered endometriosis, deeper pain.

GSM Vaginal Estrogen Safety

Anna Barbieri: Um- What else do we have? ... I think we should go back to GSM and- Yeah ... and hypertonicity, because GSM, or genitourinary syndrome of menopause, is, is also kind of a broad topic, and people even argue all the time what to use, what not to use. Is vaginal estrogen safe for everyone? Take us through just two minutes on that.

Jackie Gianelli: Sure. So, you know, there are a lot of symptoms of menopause and perimenopause, many, many of them. We won't- we don't have time for that today. But a lot of them will get better as a person moves across the menopause

transition and into the post-menopausal years, and that's a relief for many women. And sometimes we [00:28:00] forget that the vulva and the vagina are not the organs that we can ignore.

In fact, they're ... The dryness, the irritation, the thinning of tissues, the urinary symptoms, urgency, frequency, getting up to pee at night, incontinence, all of this is bundled under this term genitourinary syndrome of menopause. It used to be vaginal atrophy. We don't say that anymore. And it really is this collection of a lot of different symptoms.

And so that In the presence of the loss of hormones, both estrogen and testosterone, and if we don't apply vaginal products or use systemic hormone therapy or even moisturizers to start, that is not going to get better. It's going to get worse. And we can use something like vaginal estrogen proactively and preventatively because it's basically skincare.

These hormones are not really absorbed in any f- any meaningful detectable quantities for the long term, so they're really safe to use for, for anyone, women, younger girls, women who are, you know, 85 and still wanting to be sexually active. Yeah. It doesn't matter.

Vaginal Estrogen Basics

Anna Barbieri: Women who are breastfeeding- Mm-hmm ... your ability to produce milk [00:29:00] won't stop- Yeah

if you use vaginal estrogen. Yeah, no, they don't. I love the

Joanne Stone: term you used, skincare, like vaginal skincare. Like that's- Yeah ... so great way to think about it.

Anna Barbieri: I mean, we all think it should be in the water, right? Vaginal estrogen. It should be

Jackie Gianelli: over the counter. I mean, we have so many other products that are over the counter that are not ev- don't help, that are so much, have so much more risk than a vaginal estrogen- Yeah

based product does.

Anna Barbieri: Do you have a favorite vaginal estrogen, or how do you, how do you choose what to use for a patient?

Jackie Gianelli: Hmm. I mean, I think just generic vaginal estradiol is, you know, a great place to start for a lot of people. Yeah. It's accessible. It's, it's not in shortage, at least yet. And maybe if we have our way with, our way with this episode-

we can put it into shortage. Right. But, um, otherwise, no, I, I think, you know, most pharmacies are carrying it. A little goes a long way.

How to Apply Cream

Jackie Gianelli: One thing I will say about generic vaginal estrogen, it's going to come with an applicator that kind of looks like a tampon applicator. It's plastic. And we're telling women to use this vaginal applicator over and over and over and over again.

I, I don't know who came up with that idea. But I would, I would like everyone to throw out [00:30:00] their v- their applicators and actually just use their fingers. Um, there's a lot more we can do with our finger. It actually allows us to sort of start to pay attention and touch down there- Mm-hmm ... which many women are averse to and, and haven't ever done.

Um, and applying it to both the vulva, the labia, the clitoris, to prevent adhesions of the clitoral, the clitoral hood to the glans itself is important. Um, and also a little bit inside, massage into the pelvic floor, and that's all most women need. Yeah. So I, I encourage, I always teach that way and say get rid of that applicator.

Yeah. I,

Anna Barbieri: I agree. I think vaginal, and it's vaginal estradiol cream. Mm-hmm. Um, there's generic, uh, products available. It's, it's affordable. It's available. So I think it's a great product.

Beyond Estrogen Options

Anna Barbieri: There are other vaginal estrogen products too, um, that sometimes may not be covered, and it really depends on patient preference too.

There are tablets. Um, there are these little, um, sort of teardrop inserts. Mm-hmm. There's a vaginal estrogen ring that's only for local administration of estrogen. So we do have a lot of [00:31:00] options there, and then there's vaginal DHEA. How do you find that? Yeah.

Joanne Stone: I'm sorry we didn't have- Yeah. We, I wish we had them here, right?

Yeah. To look and see what they all look like. Yeah. That would be- You know

Anna Barbieri: what? That's, that's

Joanne Stone: a good idea. If we have poor two

Anna Barbieri: of them,

Joanne Stone: we should,

Anna Barbieri: like, bring it in. Let's do another episode 'cause there's, there's a lot here. Yeah. Yeah.

Jackie Gianelli: I mean, we've already d- vaginal DHEA is a favorite of mine. It's certainly sort of a graduation from basic vaginal estrogen to DHEA.

DHEA is a precursor to both estrogen and testosterone, and the vagina, the vulva really love those androgens. And so it allows, kinda gives the best of both worlds. So sometimes a patient, you know, who's not responding, I will offer them in, you know, I don't know if I can say branded names, but something like Intrarosa or a vaginal DHEA-based product.

Anna Barbieri: So it sounds like, you know, the, the nature of sexual pain can be so varied, right? It has, it can have many different root causes. Mm. And because of that, the solutions should be tailored to that root cause, and may involve more than one [00:32:00] solution, whether that is vaginal estrogen, lubricants, um, relaxation techniques, pelvic floor PT, that, you know, this dilation self or in the office, all of that.

Yeah. And I think we need to, um, really do a better job training clinicians, bringing it up in the, uh, clinic, um, and really avail ourselves of all of these different methods.

Jackie Gianelli: Yeah.

When Pain Isn’t Dryness

Jackie Gianelli: I also think that dimension too, there's a dermatologic component, right? For sure, yeah. Dermatologists also need to know the vulvar anatomy because I often see women complaining of pain or presenting with pain, and I think it's going to be based on their age and stage, something like GSM or dryness.

And then I look, and we're dealing with a condition called vulvar lichen sclerosis- Yeah ... which is an autoimmune condition, and that can be incredibly painful. So, you know, I, I rely on my derm colleagues as well sometimes to, you know, to help me with biopsies and, you know, catching these things early and addressing them again is super important.

Sure.

Anna Barbieri: I think that's important to note too, you know, for a vulvar condition that is not improving with [00:33:00] first-line treatments, often a biopsy is helpful in determining that cause. Because something like lichen can have different, uh, treatment, effective treatments compared to just standard dryness, for example.

Uh, lichen sclerosis, I mean- I've seen women who, I mean, were disabled by this condition, unrecognizable anatomy, and within three months of treatment, uh, the correct treatment, things get better. So-

Jackie Gianelli: It can also progress to cancer- Yeah ... without, you know, proper diagnosis. So it is important for us to have training and be able to identify, you know, this, this condition.

There's a few different types of vulvar lichen sclerosis and, and vulvar lichen planus, and a few other. Again, this is an, there's an immune component, so this is a systemic issue that's manifesting in the vulvar tissues.

Pleasure and Optimization

Anna Barbieri: I'm glad in a way that we have options that we can use for patients, but we, at the beginning of this episode, we were talking about sort of this, you know, how we think of health, especially at the Rowan Center, right?

Your health is not just the absence of disease. Mm. We're gonna look at [00:34:00] health, um, as more of an optimization and feeling healthy and vital. So let's talk about that and how do we... What are some tools that can be used to actually enhance that experience?

Jackie Gianelli: I mean, so many of them, right? I mean, there's, there are women living with pain, and sometimes then, you know, once we treat the pain, it's like, "Okay.

Well, I'm good now," right? And it's like, no, you can ask for more, right? We can, we can talk about how sex can be enjoyed and wh- where you can find pleasure, and really normalizing pleasure for women in particular, who, you know, it's not the conversation we teach our, we teach our girls about, about how... You know, we just tell them how not to get pregnant, right?

Yeah. How to maybe get- For sure. Yeah ... maybe they could talk about how to put in a tampon. But no one's talking about, you know, orgasm with their, with their teenagers.

Joanne Stone: Yeah. How, how to have better, more enjoyable sex. I mean, even somebody that's not complaining of anything could really benefit from that, I think.

You know, why not make the experience As orgasmic as possible, you know?

Anna Barbieri: Carpe diem. Yeah,

Jackie Gianelli: exactly. [00:35:00] Yeah. It's supposed to be fun, right? There's so many joys in life, and sex is supposed to be fun, and it's, it's... That fun looks different for different people, right? An orgasm, having... Climaxing isn't always the goal, even, of sex.

And so just rearranging our framework of thought around pleasure and what that means to somebody, you know, either s- a- alone, partnered, um, in heterosexual relationships. It- it's really, you know... Once we, once we're able to reach that point with the patient, the conversation really shifts into a whole different depth and breadth of topics.

Anna Barbieri: And sex is defined by, you know, differently by different people. There are different types of relationships, different types of partners. Um, sex with yourself can be a thing. Yeah. So, um, wait, let's go back to that optimization. I'm curious about that.

Jackie Gianelli: So, I mean, I think when we start talking about orgasm, a lot of patients are like, "Well, you know, I used to be able to orgasm.

I would have penetrative sex with my husband, and, you know, that was fine, and, and I could get an orgasm when I was 25. And all of a sudden now, you know, I, I can't, I can't [00:36:00] do that anymore." And they think there's something wrong with them. And just as we age, sometimes we do need to bring... We need to change it up.

We need to bring a new novelty. We need to try different m- you know, ways of stimulation. We, you know, sometimes, sometimes women have never even seen a vibrator, for example, or felt comfortable using one, or know it exists or what's on the market for them to try. And, you know, not many women are, are comfortable kind of walking into a, into a store, right, and, and, and having that kind of shopping experience, so they order things online.

They're not sure if it's good quality, and so it sits in a drawer somewhere, and it never really gets used.

Anna Barbieri: Well.

Vibrators 101

Anna Barbieri: We've all been waiting for this, but I think we've come to the special point in this podcast that we're going to talk about that. Let's talk about vibrators. Yeah. You know, um- I think we have some here, and I think our producer, Steven, is going to hand them over.

Joanne Stone: Can we hold them up to this for, like, the whole show? What are these? Well, maybe you've seen these before. I love my job.[00:37:00]

I just have to say one story, and you're gonna go, go through this, but when I was, I don't know, you know, eight years old or something like that, my older sister used to be in my room, and I found this thing that sort of looked like, sort of looked like this. And I took it downstairs, my parents were sitting there.

I'm like... And she was there, and I, and I'm like, "Oh, look what I found. What is this thing?" And she's like, "It's a foot vibrator." Like, or like a foot massager I think she said. You know, and I don't know, my parents probably turned 50 Shades of Red. Red. But I had no idea. So,

Jackie Gianelli: yeah. Yeah, I always think about that Sex and the City episode- Yes

where Magda finds Miranda's vibrator, and then there's a whole scene that ensues afterwards. Yes. But yes. I mean, women should know that vibrators, just like lubricants, come in all different flavors, shapes, and sizes, and can be used differently for different, different situations. And so it is nice to have sort of, you know, a bunch of options depending on how you feel that day and, and where you're at.

Anna Barbieri: It's a great tool also to, like, kind of learn your own body, right? Yeah. This is how we talk to [00:38:00] patients all the time. Like, it's just, it's just a fact of life. It's easier for a woman to orgasm with a vibrator typically. So use one to learn what works for you.

Jackie Gianelli: Yeah.

Anna Barbieri: Because that's what you can teach your partner later.

Right. That's how you can kind of- enhance your experience.

Jackie Gianelli: Yeah, I mean, to, to your point- Yeah ... most women do not orgasm from penetrative sex, like, the large majority. And we have this very heteronormative idea of, of sex as, you know, penis in vagina, and then on the woman on TV, in the TV shows is, you know, screaming and in five minutes it's all over.

Well, that's sort of the image that most women think is expected of them. Yeah. And it couldn't be further from the truth. So you know, vibrators are a really nice way to start to explore, you know, your entire body. You know, most women, a lot of women find sexual pleasure in places outside of the vulva too, and so some of these vibrators have dual purposes.

And so I think let's, should we just go through them? Go through them. Yes. Okay. That,

Magic Wand Deep Dive

Anna Barbieri: that first one is very intimidating. I

Joanne Stone: know.

Jackie Gianelli: Should- I would never wanna start with this one because it is intimidating. However, anyone who practices sexual medicine will [00:39:00] tell you that if a woman has never had an orgasm, um, has difficulty with orgasm, and your partner's open to it, the Magic Wand, and this is, this is the smaller version, um-

Joanne Stone: Are you serious?

Jackie Gianelli: I am serious.

Joanne Stone: And when, when I first saw that- Mm ... I'm like, "Oh my God." Like, I thought that was- That goes in ... the vibrator. Like, who's gonna fit into that?

Jackie Gianelli: I mean, to your point about a foot massager, but that's, that is the sort of the classically, like, known... It- we prescribe these to our patients because they are actual medical tools in a lot of ways.

I mean, a vi- a good vibrator will bring blood flow into the pelvis. It helps, um, release... W- when you have an orgasm, you release oxytocin, um, you release prolactin. Oxytocin is an incredible anti-inflammatory hormone that helps, you know, address cortisol, helps us sleep better. So in many ways a vibrator is medicine, and oxytocin, you know, is a pharmaceutical- Mm

that, that I love. I

Anna Barbieri: think that's a quotable quote. Mm. Vibrator is medicine. Um, speaking of Sex and the City- Mm-hmm ... I think [00:40:00] Samantha had that one.

Jackie Gianelli: She- So- I'm sure she did. Yeah. Yeah, she, this was not the only one she had, I'm sure. Is

Joanne Stone: that power? Can we turn it

Jackie Gianelli: on? Yeah. So I mean, what I, again, this can be very intimidating for somebody who has a partner who would not want sort of a third object in the room.

Um, this is really for a lot of- It's better than a

Joanne Stone: third

Jackie Gianelli: per- Person. I know. So yes, this, what I like about this one is that it has a very large, like, this head can cover a lot of surface area. And a lot of people are intimidated by this, and they don't like the idea of, you know, such a, such a big strong object. But for many women, they do need an additional layer of stimulation, and this one is the strongest vibrator pretty much on the market.

Rechargeable, right? There's no cords. We left those in the '90s. And this, some, some of these will also warm and pulse in different sort of, you know- Frequencies and- ... different ways and frequencies. Exactly. Yeah. So again, this one- Can make a little bit of noise. A lot of these are, you know, noise is often a concern.

Patients want vibrators that are gonna feel discreet or can be hidden in their hand or just don't interrupt sort of the, the, the place they're at. Something

Anna Barbieri: that [00:41:00] doesn't wake your kids up-

Jackie Gianelli: Exactly ... in the next room over. Exactly. Yeah. So again, this is also doubles as a body massager, right? You could use this on other parts of the body.

Your- That's what you

Joanne Stone: tell your

Jackie Gianelli: parents when you find them. Like your, like your sister's feet. Exactly. We, we think, you know, women need, I think the science is around 20 or 22 minutes of, what is a word I would like to abolish, foreplay because that really makes it about, this is really just the lead-up to the actual event, which is penetrative sex.

Like, sex is the entire experience, and women do need to experience arousal in order to not only have an orgasm, but to have libido or desire. Like, women's desire follows, especially after the age of 25 essentially for many women, follows a physical arousal. And so we have to, number one, decide we wanna enter into a sexual experience without the sort of spontaneous cues that men...

Men, the wind blows, left, right, and they're game. They're like, "Let's, let's go." For women, they need to put themself in that situation, which requires a lot of

conversation around sort of stress and sleep and body [00:42:00] image and all the things that go into that. With that said, once they get there, it's really important that things start to feel good for them.

Yeah.

Anna Barbieri: What's that purple one?

Jackie Gianelli: So this is sort of the ya- the, the more, I would say, sleek sister of the Magic Wand. These are wand, wand vibrators, right? These are... This one certainly could not be used inside in most people, but the idea is that the clitoris is an external organ, and the stimulation, you know, for the most part, women enjoy external stimulation.

Yeah. Um, the clitoris actually has the glans, which is the part that we can see and, and is most accessible. But there are legs to the clitoris. It actually bifurcates and goes dow- back down behind the labia. So a lot of women will like sort of using the head to sort of move around and find where they're most sensitive.

Something like this could, in theory, be used inside as well. It looks pretty. You know, this is something that, you know, you'd wanna... It feels nice in your hand. It's, the, the cur- This is a much more expensive vibrator, right, than something you could buy at the drugstore.

Anna Barbieri: Hmm. I kind of wanna touch it. Can I touch it?

Jackie Gianelli: Please.

Anna Barbieri: It's nicely designed It sure

Jackie Gianelli: is. Yeah. And it's pretty. Yeah. Yeah.

Joanne Stone: Yeah. Yeah, it [00:43:00] is. Nice.

Jackie Gianelli: I love a gold detail. All right, so wand is, I would say, one category. Again, mostly external use. Um, different settings, different vibrations, different frequencies. Um, different sizes for different purposes. For those who really just want a really simple, inexpensive, kind of hide-in-your-hand, like, low-profile vibrator, these little bullets, you know, you know, this is, like, something you could get, you know, anywhere.

Probably sells, they sell this at CVS. Very tiny. Again, very discreet. But this is gonna cover a very sort of, be very sort of, um, specific about where it's applied. Yeah. And so many women will feel most comfortable sort of starting with something like this, but then they quickly realize that it's not, it's, there's not enough power.

Um, or it just doesn't feel as good as they thought it might. But hey, you know, if this is, you're gonna throw this in your purse, you know, in your tiny little purse when you're going to dinner. Like, this might be, you know, nice to have around. So again, different, different vibrators, different tools for different situations, and it's not wrong to have more than one.

Um, so I call, this is called a bullet vibrator [00:44:00] Then we've got a category that's, it's super interesting.

Suction and Internal Tools

Jackie Gianelli: This is called a suction vibrator. There's a few companies that make these. This is, works very differently. It actually would be applied over the clitoris externally and provides sort of a gentle suction, not as, as, you know, really subtle, um, that sort of draws blood flow into the clitoris itself.

Usually very quiet. Again, nice to be used, you know, alone or with a partner. You know, it can really help you get to a, a closer place to climax, and then penetrative sex sometimes is nice to follow. So again, something like this is just a very diff- this is good for my patients often who say that they enjoy oral sex.

Sometimes I would recommend a suction vibrator for the, for those patients, as it's a similar- Makes sense. Yeah ... similar feel.

Anna Barbieri: Yeah.

Jackie Gianelli: Yeah. Um, for those who, um, have pain, like we discussed earlier, and really want something internal that can help kind of both, you know, massage the pelvic floor muscles, help bring blood flow into the pelvis, which, you know, really does help kind of down-regulate the nerves.

I [00:45:00] really like an internal vibrator, something like this. Again, very sleek, has a little bit of a surface here, so can go inside and really be moved around, can be used anteriorly to kind of get up in this area, um, can go deep,

can go, you know, could also be used externally and is flexible, right? And, and super sleek in the hand.

Yeah. So these are... Yeah, no, go ahead.

Joanne Stone: Yeah. Now are these all the silicone- Most of

Jackie Gianelli: them are made of silicone. Most of... Yeah. Yeah. Yeah, certainly this is- This is silicone. Yeah. Yeah. Yeah. It's silicone. There's different- Yeah ... this is like a plastic, you know, hand, you know, handheld component, but, and the head is probably has some rubber in it as well.

So this one's a little different, but most of them are sil- are made of silicone. That one actually warms as well, and a lot of people like that.

Anna Barbieri: This, this is, we use this in practice a lot for our patients who have pelvic pain- Yeah ... and hypertonicity, even endo. Yeah. Might be

Joanne Stone: like that. I was gonna say- Yes.

Yeah ...

Anna Barbieri: this is

Joanne Stone: probably good for, like, a lot of the pelvic pain things.

Anna Barbieri: Yes. Yeah.

Jackie Gianelli: Yeah. I'll often recommend this to patients who, especially some of my, my women who are, you know, in their 60s, 70s, and beyond, who wanna get back into penetrative sex and haven't used something [00:46:00] internally in a long time and are nervous about being with a partner again for the first time.

I recommend they get something like this and start to feel around and get reacquainted with their body. Yeah.

Couples Toys and Training Gaps

Jackie Gianelli: And then there are couples vibrators, and these are cool and different. This one, you know, actually does come with a remote control as well.

So I mean, again, more fun. But this is something that would, you know, go into the vagina, and so it's got a dual stimulation for, you know, inside and also topically, clitorally, um, and can be in place during penetrative sex.

Like, the partner could actually come in under the surface here, and so you could have, you know, multiple ways to stimulate at the same time. Very high tech. Very high tech. Yeah. Yeah. Very cool. Um, again, not for everybody. It's sort of an advanced one, but thought I'd sh- I'd share.

Joanne Stone: Now does that do anything for the partner?

Jackie Gianelli: It can, yes. Okay. It can. Yeah. So

Joanne Stone: it's- Has dual benefits.

Jackie Gianelli: Right. And so, yes, exactly. Yeah. And so many partners who are intimidated by, of course, like a wand, you know, may not- May not have objections to something like this. Yeah.

Anna Barbieri: This is a great demonstration, Jackie. Thank you. Um, I have to say I [00:47:00] never learned any of that in medical school or residency.

Yeah. Yes.

Joanne Stone: No, we don't do enough teaching on, with this, but, like, I think this is so informative. I mean, I, I hope the audience really, really- Got a sense of what can be done and, and how much... Again, it's not only about pain, but it's also about optimizing your sexual, you know,

Anna Barbieri: health. And I also, I mean, I don't know about you, Joanne, but I will know more now when I talk to my patients, and, uh, yeah, and maybe we'll discuss it at my girls' dinner too.

Joanne Stone: Yes. Yes.

Anna Barbieri: Yeah. Yeah. Um- I

Joanne Stone: mean, I, I, I typically don't have this conversation with preg- You know, I deal with patients who are pregnant, but- Mm-hmm ... um, I typically don't have that conversation, so this is a great way of, like, broaching

the topic. And people, when they're pregnant, often feel really uncomfortable, like they don't wanna have sex necessarily.

Like, they feel like the baby, fetus is gonna know what's happening. Yeah. Or, you know, they feel uncomfortable. Yeah. So these are great options.

Jackie Gianelli: I do wanna give a little shout-out, too, to my sex therapy colleagues who I've [00:48:00] worked alongside for many years. Because even, you know, in my own clinical studies, like the, the study of vibrators and the, the, you know, even learning about erotica and the biopsychosocial emotional model, it really is an integration of mind and body, and, uh, my sex therapy colleagues are amazing at what they do, and they've taught me a lot.

Anna Barbieri: Well, integration of mind and body is what we do at the Rowan Center. Mm-hmm. And we will have the service there, so I'm excited about that. We're almost out of time. Yeah.

How to Talk to Clinicians

Anna Barbieri: So I was hoping that you can leave us with really two pieces of advice, kind of similar and related. One is if you are a woman, and if you're a patient, how do you broach the topic of sexual health with your clinician?

And if you're a clinician, how do you broach the topic of sexual health with patients?

Jackie Gianelli: Well, for the clinicians, I think it just starts with getting educated, right? You don't... If you don't know what you don't know, then it's very easy to dismiss. And once your eyes are opened to some of this information...

And by the way, the w- the [00:49:00] providers who are associated with ISSWSH, that's Society for Sexual Wellness- Yeah ... they're some of the smartest, most generous, and kind clinicians that I know and welcome, you know, welcome new members of, of ISSWSH to, to join, to learn. We really feel passionately about advocating for women's sexual health, um, a- across specialties.

Because again, this is a, this is a whole body issue- Sure ... and a partners issue, too. Um, for, for my patients and for w- for women listening, I think the first thing is that just this is probably not something that you can bring up during

your annual exam. Um, this is- Effectively. Effectively. Yes. You could start the conversation, certainly.

You could... You know, if you're having pain, bring it up at any time. Like, that should never be deprioritized for the reasons we sort of discussed here today. Pain is never acceptable. It's not normalized. And if someone isn't addressing your pain or is dismissing your pain, find someone else who will listen.

Um, going online and looking at clinicians who are hormone literate, like the ones at the Rowan Center, um, clinicians who are members of ISSWSH often are... You know, if you have access to one, [00:50:00] is a great place to start. There's lots of, there's lots of good cl- Information, um, you know, books that have been written by amazing sex therapists.

I love the work of a lot of, a lot of them. Um, Esther Perel is fantastic. She's great. Um, yeah, Emily Morse. Emily Nagoski wrote a fabulous book called Come as You Are. And so I think just if you're not comfortable bringing it up, sort of again, educating. It all starts with that. Educate yourself so you have the language, the words, um, the tools you need to at least start to, you know, start the conversation with a trusted provider.

It has to be someone that you feel comfortable with. For sure.

Wrap Up and Resources

Joanne Stone: Great conversation. Well. Really. Thank you. I learned a lot, a lot.

Anna Barbieri: Well, thank you, Jacque. Thank you, Joanne. This wa- this was great. Um, I learned some stuff, and it was really informative. Serious, but fun, too. Yeah. I hope it was as good for everybody out there as it was for me.

Jackie Gianelli: Sure was for me. Me, too.

Anna Barbieri: That's all for this episode of Horology. I'm your host, Dr. Anna Barbieri. Subscribe to Horology in the Mount Sinai Health System's other video podcast [00:51:00] programming on YouTube, Apple Podcasts, Spotify, or wherever you get your podcasts. To learn more about the Carolyn Rowan Center for Women's Health and Wellness or to book an appointment with a Mount Sinai expert, scan the QR code on your screen or click the link in the description below.

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