Functional Sexual Anatomy

Pelvic Floor and Sexual Medicine

3rd Annual Inland Empire Edition

In Collaboration with:
Loma Linda University School of Allied Health Professions
Loma Linda University Cadaveric Labs

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A Special Thanks:

LLU Anatomy Department; Dr. Luo, Dr. Nava
Dr. Valenzuela
Vaginismus.com
Accent Medical
Registration Attendants

Station 5

"Practical Application of Anatomy in Clinical Practice"

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- History Taking:
    - Interview Openers—The Art of Breaking The Ice—How do I bring this up?
        - Are you sexually active?
        - Is your sexual activity affected in any way by your _____. (cancer treatment, hip injury etc.)
        - Changing The Assumption
            - Taking patient responsibility off the table
            - Eliminating Guilt
            - Discussion of sexual function like any other bodily function (bowel movements, swallow etc.) with very specific, explicit questions.
    - Use validated tools such as the pelvic pain society's H&P form
    - Directing Your Line of Questioning
        - Consider that ALL pelvic pain is in some way structural or mechanical. The question is why. What is the origin of the dysfunction?
            - Hormonal
                - Anatomical/Pathological
                    - Adhesions
                    - Ovarian Cysts
                    - Fibroids
                    - Adenomyosis
                    - Bowel dysfunction
                    - Bladder dysfunction
                - Muscular
                - Neurologic
                - Infectious
                - Psychogenic
- Directing Your Physical Exam
    - Distal to Proximal
        - Labia
        - Clitoris
        - Introitus
        - Vaginal mucosa
        - Urethra
        - Cervix
        - Uterus
        - Bladder
        - Adenexa
    - Consider the testing the patient has already been through
        - Physical Therapy
        - Ultrasound/MRI
- Where to start?
    - Eliminate what you can
    - Refer appropriately – PHYSICAL THERAPY, SEX THERAPY