

The Vagina Dialogues

Don't be shy. Discuss these nine topics with your gyno.

By Merryn Johns

Most of us dread a trip to the gynecologist, and with good reason. When it comes to women's bodies—especially lesbian and queer bodies—doctors can often seem insensitive uneducated, if not outright homophobic. But now, California ob-gyn Dr. Lissa Rankin has written a book that can help all of us start to redefine our relationship with the gynecologist. *What's Up Down There?: Questions You'd Only Ask Your Gynecologist If She Was Your Best Friend* is based on the premise that there's nothing about your body you can't discuss with your gynecologist—just imagine she's your best girlfriend and you're chatting about Pap tests over piña coladas.

Inspired to write the book after spending an evening sharing sexual stories with other women, Dr. Rankin realized that she “wanted women to have these intimate conversations with each other as a form of healing.” Here, she shares the essential steps to starting a relaxed, healthy relationship with your gyno, and your girly bits.

1. Ask your gyno about the exam process. Even gynecologists have had bad experiences at the gynecologist's office.

“The introduction to the gynecologist's office is often a very traumatic one. I remember mine. I was 17 years old. I wanted to be premed, so I thought, Great, I'll get to meet a nice ob-gyn and she'll be my mentor—but she was just god-awful. I remember her literally prying my knees apart, physically, and when I wasn't cooperating she threw off her gloves and slammed out of the room, and I remember thinking, Oh my God, she's going to put a giant F on my chart, like Bad Patient—she's going to tell my father. Finally, the nurse comes in to find me sobbing, but I agree to open my legs. The gynecologist comes back in, but she's so irritated by this point that she just grabs that speculum and jams it in me like she was fencing. It was awful. So many of us have stories that start that way, and part of it is that the medical system is broken.”

2. Speak up for your vagina. Keeping its history silent may create larger health issues.

“As women we carry so many traumas in our pelvis. We've been molested, raped. We've been victims of domestic

violence. We've had abortions. We've had painful sexual and medical experiences. So, having that speculum put inside you may trigger all of those emotions, those past memories that have not been dealt with. Because talking about the vagina is rare. When we don't talk about the things that happened in our vaginas, in my experience, they manifest: Infertility, eating disorders, depression are physical manifestations of things that need to be released and healed.”

3. Don't be misinformed—OK, clueless—about your vagina.

“One of the things that continue to amaze me is the number of people who genuinely think that the vagina might connect to some deeper, bigger structure—like the vagina might connect to the lung! One of the most common things that I found, in a busy clinical practice, was people coming in because they had lost something in their vagina. I had this one woman who came in because she had lost her tampon, so she went after it with a pair of pliers. She then grabbed her cervix, thinking it was her tampon, and tried to yank her cervix out. She put this huge laceration in her cervix and had to go to surgery.”

4. Until men have to endure Pap smears, it's unlikely that the equipment will improve. But ask your gyno to warm the speculum.

“It sure would be nice if we could stick something inside the vagina and collect the samples that we need without the scary metal duckbill, but there is no easy way to do that, yet.”

5. Lesbians feel judged by their doctors, but doctors sometimes feel judged, too. Build a bridge.

“When I was at the Gay & Lesbian Center in San Diego for a Q&A, it was heart-breaking to me when women started telling horror stories about the judgment they felt from their doctors. It's just tragic that people would feel that their access to health care is impeded because they feel judged. I have been on the other side of that, and I learned my lesson the hard way. I was a brand-new



gynecologist and this woman came in, and I asked her if she was sexually active, and what she was using for birth control, and she said, 'Nothing.' And I said, 'Great, so you're trying to get pregnant,' and she said, 'No.' This went on for a while and then finally she said, 'Dr. Rankin, I'm a lesbian.' I was so embarrassed that I hadn't approached it that way, so I have since changed the way I ask that question. Now I ask it straight up, from the beginning."

6. Gold-star lesbians: Even if you have never had sex with a man, or with a woman who has had sex with a man, you still need a Pap test.

"The human papillomavirus can be spread vulva to vulva, and it can easily be transmitted if you are sharing sex toys. HPV, the herpes virus, pubic lice, molluscum contagiosum [a viral infection of the mucous glands] can all be transmitted just from vulva-to-vulva contact—or from oral sex, for some of them. Absolutely, lesbians need gynecological visits, just like other women."

7. No matter how stupid you think the question is, don't be afraid to ask.

"All the questions I answer in my book—for example, is it unusual to crave sex during

your period? what is vaginal discharge made of? do little old ladies still have sex?—were real questions that I got from people in my Internet community, and many of the questions I was asked I didn't know the answer to—they certainly weren't anything they taught me in medical school—like, why do we have pubic hair? So, I interviewed the experts. For example, for a question about clitoral piercing I went to Elayne Angel, who wrote *The Piercing Bible*. For questions about the G-Spot and female ejaculation I interviewed Dr. Beverly Whipple, who has dedicated her life to scientifically documenting the sexual experiences that women say they've had but that the medical community dismisses."

8. Have a sense of humor. Your gynecologist probably does.

"I specifically wrote the book to be a bit irreverent. If you want dry, reverent, medical-type books about vaginas, they are out there. There's a great book called *The V Book*. But I specifically did not want this book to be clinical, and I've had a few people come down on me for all the euphemisms I use: 'Come on, you're a doctor, why are you calling it a "coochie"?' My opinion is, I don't care what

you call it—you can call it Rebecca for all I care—as long as people are talking about it. We must teach our children about sex ed, because they might put a potato in their vagina as birth control."

9. Learn how to choose a good gynecologist, and don't be afraid to move on if your needs are not being met.

"Sadly, these days more and more, you get what you pay for. I spend an hour with my patients. But if it's an insurance-based practice, the doctor may not have that time. If you have to wait longer than 30 minutes, in my opinion, find a new doctor. They're booking too many patients, just to make money, and that, to me, is not a sign of a good doctor. Come up with a few questions that are personal to you that you can ask them, or say, 'I'm a lesbian. I'd like to talk about my sex life, is that OK?' And if they squirm—how somebody reacts to that, I think, would be very telling. I don't think lesbians should feel any different about going to the gynecologist than anybody else, because all of us deserve to have our bodies treated with respect, with love. I often say I practice love, with a little medicine on the side." (owningpink.com) ■

WHAT A BAD PERIOD MAY MEAN Five common symptoms of PCOS.

Irregular periods, weight gain and acne. For 10–15 percent of women between 12 and 45 years there is another cause: Polycystic Ovarian Syndrome (PCOS). Often misdiagnosed, PCOS is the most common endocrine disorder in women of childbearing age and according to the Polycystic Ovarian Syndrome Association, PCOS is "a hormonal disorder that involves multiple organ systems within the body, and is believed to be fundamentally caused by insensitivity to the hormone insulin." While there is currently no cure for PCOS, it can be managed through diet, exercise and medical intervention. Some women with managed PCOS are among the healthiest within the population because of lifestyle choices. Dr. Andrea Lee, a naturopathic doctor in South Florida where she treats a number of women with PCOS, hopes to spread awareness about PCOS by sharing its five major indicators:

1. Irregular Periods and heavy periods may be seen in women with PCOS, resulting from the inability of the ovaries to produce hormonal levels required for a normal menstrual pattern.

High levels of excess insulin that often occur with PCOS can stimulate the ovaries to produce large amounts of testosterone, which can prevent ovulation, thus causing irregular cycles and even infertility.

2. Infertility. The irregular menstrual cycles and ovulation patterns in women with PCOS cause many to be unable conceive naturally. Each menstrual cycle prompts a woman's eggs to grow inside sacs within the ovaries. As these mature, one egg should be released at ovulation but for some women with PCOS, hormonal imbalances inhibit the development of a dominant follicle so that all eggs mature and no dominant egg is released. The remaining eggs persist as cysts that produce androgens (male hormones), upsetting hormonal balance.

3. Excessive Hair Growth or Male Pattern Balding often occurs in women with PCOS as high androgen levels lead to stimulation of the hair follicles causing a hirsutism or thicker hair growth on the back, face, neck, arms, legs and pubic area. The opposite is true for the hairs on the head, as elevated levels of a potent testosterone metabolite known as dihydrotestosterone

(DHT) attacks the hair follicles causing thinning hair, or male pattern balding.

4. Skin Problems are caused by the hormonal imbalance of elevated androgens and DHT that may overstimulate oil glands in the skin, setting the stage for skin conditions such as acne along the jaw line or on the back. Other skin problems include skin tags or darkening (acanthosis nigricans) particularly on neck, armpits and groin.

5. Central Obesity or Rapid Weight Gain. Insulin is the hormone that allows glucose to move from the bloodstream into the cells where it is used for fuel. When we eat sugary foods or refined carbs our insulin production surges to keep the blood sugar level in optimal range. If we continually eat this way, cells decrease their reactivity. Over time glucose is unable to enter the cells, leading to elevated blood sugars, carbohydrate cravings, fatigue, weight gain and mood imbalances, experienced by many women with PCOS.

If these symptoms sound familiar see your physician. To learn more about PCOS visit pcosupport.org. [Ash Goddard]