Urogynecology Patient Perspectives On Vibrator Use For Sexual Health

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OBJECTIVES: Vibrators potentially improve sexual function. Clinically, they are not frequently discussed. Our aim was to explore urogynecology patients' beliefs and opinions about discussing vibrators for improving sexual function with their urogynecology providers.

METHODS: A mixed-methods qualitative study was conducted with urogynecology patients between June 2024 and February 2025. Participants completed a screening questionnaire (Table 1) followed by a one-on-one interview based on a structured guide designed to elicit their perceptions of and experiences with discussing vibrators in a clinical context. Transcripts were analyzed using grounded theory methods to identify key themes. Interviews were conducted until saturation was achieved.

Table 1 - Screening questionnaire answers

		N=19
Age, median years (range)		69 (23-75)
Gender identity, N (%)	Cisgender female	19 (100)
Race/ethnicity, N (%)	Black	1 (5)
	White	17 (89)
	Other- "Lebanese Christian"	1 (5)
Highest level of education, N (%)	Doctorate	1 (5)
	Masters	4 (21)
	College graduate	7 (37)
	Some college	5 (26)
	Highschool graduate	2 (11)
Diagnosis by provider, N (%)	Pelvic organ prolapse	7 (37)
	Overactive bladder/urgency urinary incontinence	8 (42)
	Stress urinary incontinence	5 (26)
	Neurogenic bladder	1 (5)
	Recurrent urinary tract infections	2 (11)
	Defecatory dysfunction	2 (11)
	Chronic pelvic pain	2 (11)
	Vesicovaginal fistula	1 (5)
Sexually active, N (%)	Yes	13 (68)
Masturbation, N (%)	Yes	8 (42)
	Declined to answer	2 (11)
Vibrator use, N (%)	Yes	7 (37)
	Declined to answer	2 (11)

		N=19
PISQ-IR summary score, mean (SD)	Sexually active (N=13)	3.7 (0.5)
	Not sexually active (N=6)	3.0 (0.3)

RESULTS: Nineteen interviews were coded and saturation was achieved. Themes arose in three categories: Conversation Facilitators, Specific Suggestions for Conversation, and Conversation Barriers (Table 2). Patients expressed hope that discussion of female sexual function and vibrator use will become normalized in society at large and in the urogynecology office. Patients frequently expressed a desire for the provider to initiate conversations about sexual function and vibrator use. Specific suggestions included eliciting curiosity or concerns with screening questionnaires as well as fostering the discussion with good patient-provider rapport. Patients also mentioned prompting the discussion by placing posters or brochures on the topic somewhere patients are likely to see while waiting. Some patients suggested approaching the topic by being matter-of-fact and pointing to data if available, as well as couching vibrator use and women's sexual functioning in a health context.

Table 2 - Representative quotes

Category	Theme	Representative quote
Conversation Facilitators	Societal normalization	"I think if people could talk about it, it would help other people. I mean, for me, I'm not active so I don't have to really worry too much and there's nothing for me to talk about, but if I, you know if I--how old am I? Maybe even 10 years ago I might have been more active and I would have questions with a lot of my health issues."
	Providers initiating the conversation	"I think it would be a wonderful thing if providers did start talking about that stuff, whether it be the vibrator or the sex life"
	Pre-appointment screening questions	"I think it would be really helpful if when you had a pre-survey to fill out online, they so often do now, that you add questions in there about sexual health and say that you should feel comfortable talking to your provider about this."
	Provider-patient rapport	"It used to be embarrassing, but when I did have a doctor that I trusted, he would spend a lot of time with me and it was weird because it was a male doctor and I didn't feel comfortable wanting a male doctor when I first started getting obgyn. But it became really, really comfortable because when you develop that communication, that bond, you can be open with your doctor and you trust, I don't know, once you have a trusting feeling with your provider, I think that makes it easier to talk."

Category	Theme	Representative quote
	Handouts/brochures	“I think truly one of the easiest things is to have paperwork handy. You know, handouts handy and visible. Because some people won't broach the subject, but they'll pick it up and they'll take it. They may stuff it in their pocketbook or whatever.”
	Posters	“Even those posters, all those posters, this is how your GI tract works, even whether it's a picture of actual devices or options or just a reminder, you could talk about this stuff with your providers.”
Specific Suggestions	Be matter-of-fact	“They should say, Hey, women should know about having orgasms, and women should be wanting to have them if that's something that they desire, and they should just present it like a factual sort of topic.”
	Cite data	“I think keeping it very medical and I guess like I mentioned before, if there's more studies and scientific research into it, I think that would help as well because there's a basis to talk about it.”
	Health context	“I think they need to tell them that it's not just for pleasure, that it is for health, mental and physical emotional health. I think that's a good place to start.”
Conversation Barriers	Shame/embarrassment	“It's mostly shame and embarrassment that they feel, so I'm not exactly sure how to help that. And I know the older you are, the worse it is because they've already had so much put on them that they were not allowed to talk about it. So they feel like they don't even want to open up about it.”
	Fear of judgement	“Fear of being judged, I think is big. The biggest one for me, it was, and I was judged by some doctors sometimes.”
	Think they’re too old	“I just think that many of the women my age would have already formed their opinions about vibrators and other things about talking to their provider about and would think that it had nothing to do with them and they didn't want to gather any information about it.”
	Lack of background knowledge	“I grew up very, very conservative. We didn't talk about this stuff. I didn't even know what birth control was, until I was like 22, and I didn't know any of that stuff. So coming from a really, really conservative background, we didn't get to date until we were like bringing Abraham and Mary, it was a really different, so we didn't talk about sexual anything. My mother would tell me not to tell the doctor this, that, and I was like, I have to.”
	Time	“I wouldn't want to take the time within that setting.”
	Provider discomfort	“I know I had asked one provider maybe 10, 15 years ago and he said, that's not my area. Go someplace

Category	Theme	Representative quote
		else. I'm not comfortable talking to you. So I guess it's finding the right person.”

Participants described several barriers preventing patients from broaching the topic of vibrator use with urogynecologists, including shame or embarrassment and fear of judgment. Other barriers were considering themselves too old, having insufficient baseline knowledge, and appointment time constraints. Patients also pointed to provider discomfort with the subject as a factor.

CONCLUSIONS: This study identified key barriers inhibiting patients from discussing vibrator use with urogynecology providers and highlighted several strategies for facilitating conversations.

Figure legends: Table 1) Screening questionnaire answers. N, number; %, percent; PISQ-IR, Pelvic Organ Prolapse/Incontinence Sexual Questionnaire-International Urogynecological Association Revised. Table 2) Representative quotes.

DISCLOSURE: **C Carlton**: None; **M Mekonnen**: None; **K Leong**: None; **B Roberts**: None; **B Jacobs**: None; **C Grimes**: Consultant/Advisory Board, Provepharm, Inc. Board Member, Society for Gynecologic Surgeons; **R Rogers**: Editor in Chief of Urogynecology, American Urogynecology Association. Author, Uptodate; **E Deverdis**: None