

“I screamed in pain through the entire exam”

Pain and Anxiety in Gynecological Procedures: A Survey Among Women in Israel

Findings and Recommendations for the Healthcare System

A survey was conducted by the Briah Foundation, a non-profit that promotes women's health in Israel, in order to map the needs of women in regard to pain and anxiety during routine gynecological procedures. The survey took place between December 2022 and February 2023 with 1,500 women who reported on more than 3,000 procedures.

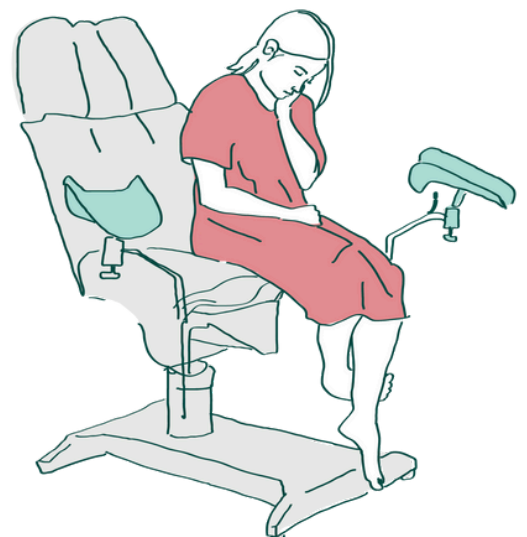
Findings

- Many participants reported having experienced pain or even severe pain during routine gynecological procedures.
- Often, there was no clear discussion about pain, neither in preparation for the procedure, nor during or following it. Patients rarely received explanations or guidance on how to cope. Many sought information on their own, either online, from friends, or in support groups.
- Those who experienced higher pain levels reported higher anxiety levels towards future exams and tended to undergo exams less frequently. Those who knew in advance that the procedure may be painful reported lower pain levels.
- Women expressed interest in diverse pain-relief methods, ranging from non-medical options (breathing techniques, music, etc.) to pharmacological options. Many used analgesics on their own initiative.
- When women informed the medical staff of their pain or distress, some responses were supportive and sensitive, but others were dismissive or aggressive.

Recommendations

There is an urgent need to:

- Develop pain-management protocols
- Train healthcare professionals in sensitive communication
- Ensure access to diverse pain relief options
- Provide clear information to patients prior to gynecological procedures
- encourage innovation and research regarding pain relief for various procedures in gynecology.



Findings

Pain is common in routine gynecological procedures

In five out of six procedures surveyed, 50% or more of women reported severe pain (7 or higher on a 0–10 scale). Pain often persisted for days after the procedure.

Women with gynecological conditions (e.g., endometriosis, vulvodynia) reported higher pain levels. There was also a positive link between pain and anxiety from future exams, and a negative link between pain and exam frequency.

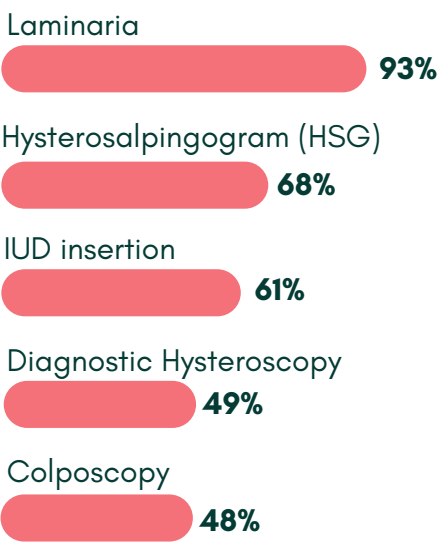
Lack of Information and Preparation for possible pain

“The doctor said the pain is usually mild—two minutes before the procedure.”

(Written by a woman who rated her pain as 10/10.)”

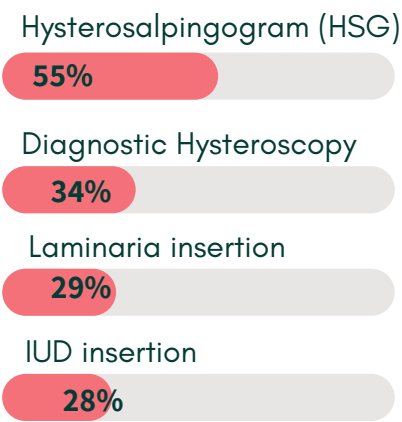
Between 25% and 50% of women who experienced significant pain (3 or higher) were not aware that the procedure could be painful. Even among those who did know, the source of this information was not from medical staff but from the internet, peers, or past experience. Although prior knowledge is associated with lower pain levels, the medical team rarely initiates this conversation, leaving preparation entirely up to patients.

Percentage Reporting Severe Pain



“It was horrifying. I wouldn’t recommend it to anyone. If it’s not done under epidural or anesthesia, skip it. I’d rather leave this IUD in my body for 50 years than go through removal and insertion again.”

Percentage of cases where the source of knowledge regarding possible pain was from peers or online



Gaps in Communication

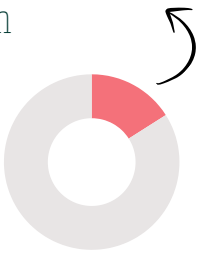
Only half of the women who experienced pain (3 or higher) informed their doctor.

About 16% wanted to but didn't, often due to feelings of helplessness, prior experiences of dismissal, or messages like "It shouldn't hurt"

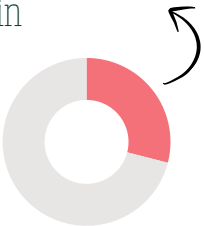
Even when pain was mentioned, in 29% of cases the medical staff gave no response.

More than half described reactions ranging from empathy to dismissal or complete disregard.

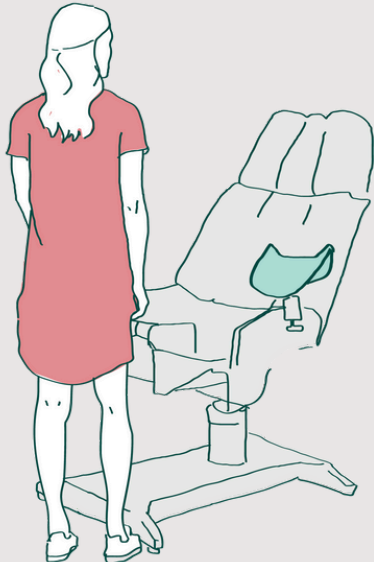
In **16%** of cases women refrained from reporting pain



In **29%** of cases the medical staff ignored patients' complaints on pain



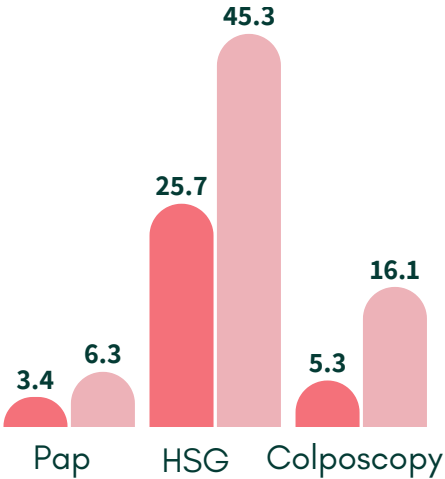
Unmet needs Between patients' Needs and Medical Practice



“The examination was terrible — I felt like I was being assaulted. I was in excruciating pain and wasn't allowed to move.”

Many women wanted access to various pain relief options, yet such recommendations were rarely offered—and when used, it was usually by patients' initiative.

“I think the key to reducing my pain and anxiety is communication with the doctor. Luckily, I found one who explains what he's about to do, how long it'll take and whether I might feel pain, and he's attentive to my discomfort. That makes me feel seen, that he's sensitive to how unpleasant this situation is for me”



- Percentage of women who were offered analgesics
- Percentage of women who took analgesics.

סיכום והמלצות

The survey found a significant gap between patients' need for pain management, information and communication regarding pain and anxiety in gynecological procedures and common practice.

Our main recommendations to address these gaps:

1

Develop Pain Management

Protocols: There is an urgent need for clear guidelines for discussing pain and offering personalized pain and anxiety relief options.

2

Train Medical Teams: Integrate pain management, communication, and gender sensitivity into medical training.

3

Ensure Accessibility of Pain Relief:

A range of pharmacological and non-pharmacological options should be made available to patients

4

Include Pain Management in

Quality Indicators: Include pain management as standard indicator of healthcare quality.

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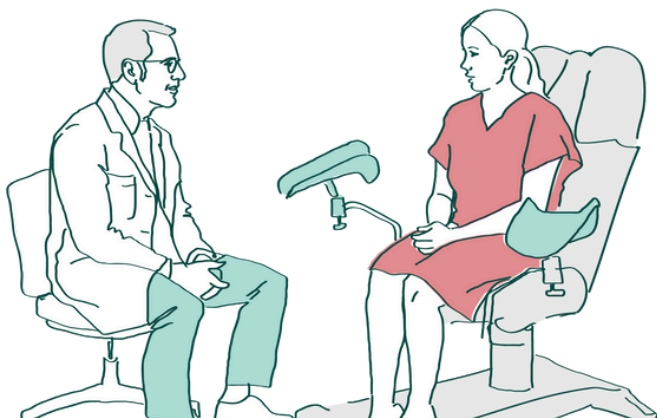
Train Medical Teams :

Integrate pain management, communication, and gender sensitivity into medical training.

6

Promote Innovation and Research

– Invest in new pain management solutions and improving patient experience.



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