Self-managed dilator treatment in the privacy and comfort of home



Amielle®



Size 1: 9 x 2cm (3½ x ¾")



Size 2: 11 x 2.5cm (41/4 x 1")



Size 3: 12.5 x 2.8cm (5 x 11/8")



Size 4: 14 x 3cm (51/2 x 11/4")

Amielle Care size guide

Following radiotherapy, women may develop scar tissue

Following radiotherapy to the vagina, cervix or pelvis, women may experience some internal scarring (adhesions) to the surrounding areas. This can make the vagina narrower and drier contributing to discomfort or pain at both follow up examinations and when they have sexual intercourse.

Vaginal dilators help keep the vagina supple and minimise discomfort

Minimising scar tissue formation following post pelvic radiotherapy is important and this can be helped with the use of vaginal dilators³. Amielle Care provides an aid to recovery in the privacy and comfort of the woman's home.

Therapy takes as little as 10 mins a week

Used for 1-3 minutes, 2-3 times a week³, the treatment is simple. Amielle Care has been developed in conjunction with the UK National Forum of Gynaecological Oncology Nurses to help women build their confidence with vaginal penetration following pelvic radiotherapy.

Progress at their own pace

The incremental size ranges of Amielle Comfort and Amielle Care allow women to start small and slowly move up the gradual size increases at a pace which is comfortable for them, helping to avoid pain or discomfort.

Convenient treatment

Amielle Comfort and Amielle Care come prepackaged with lubricant and a storage pouch for convenience.

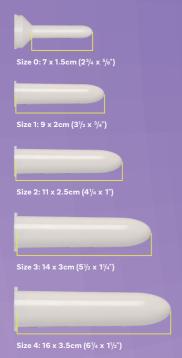
Specifically designed to treat conditions

Amielle Comfort features a curved tip profile and a smaller starting cone, designed to treat vaginismus and other painful responses to penetration. Amielle Care's flat tipped profile is specifically designed for preventing post pelvic radiotherapy adhesions.

Created with comfort in mind

The smooth surface of both Amielle dilators is designed to facilitate comfortable insertion, and is easy to clean after use with soapy water.

Amielle Comfort



Pain during sex

Women may start experiencing recurrent or persistent involuntary vaginal tightness for several reasons, causing penetration to be difficult and sometimes painful.

Pain and discomfort is common

Thousands of women throughout the world experience pain or difficulty with vaginal penetration. It can often be a source of distress and have a negative effect on relationships, but the tightness and discomfort is involuntary. Women can overcome difficulty with penetration using dilators and therapy².

Treat painful penetration at home

Developed with psychosexual therapists, Amielle Comfort offers simple self-treatment at home, and can help you relax with vaginal penetration.

Easy to use twist & lock handle

Amielle Comfort size guide

The specially designed twist & lock handle is compatible with all Amielle dilator sizes to assist with handling and controlled safe insertion and removal.



With clear instructions for use to reassure women on how to use their dilators properly.





Amielle

Overcome painful penetration with Amielle Comfort and minimise vaginal scarring and adhesions after pelvic radiotherapy with Amielle Care:

- Developed in conjunction with healthcare professionals
- At-home treatment from just 10 minutes per week³
- Amielle Comfort is designed to help women overcome pain and discomfort during vaginal penetration
- Amielle Care is designed to help treat and minimise scarring to avoid pain and discomfort at follow up examinations or during sexual intercourse after radiotherapy

For more information please visit us at owenmumford.com

Our accreditations include:

- Medical Device Directive 93/42/EEC
- MDSAP (ISO 13485:2016)
- Environmental Management Systems ISO14001





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2. Peter T. Pacik, MD, FACS, IF, and Simon Geletta, PhD. (2017) Vaginismus Treatment: Clinical Trials Follow up 241 Patients. Sex Med. 5(2):114–e123.
3. Bakker RM, ter Kuile MM, Vermeer WM, et al. Sexual rehabilitation after pelvic radiotherapy and vaginal dilator use: consensus using the Delphi method. Int J Gynecol Cancer. 2014;24(8):1499–1506.

