



Urogenital Atrophy.

What is urogenital atrophy?

Urogenital Atrophy is a condition which most often occurs during and after the menopause when the lack of the female hormone oestrogen affects the vagina, urethra and bladder trigone.

After the menopause the amount of oestrogen produced by the ovaries falls. The lack of oestrogen leads to a thinning of the tissues around the vaginal area and a reduction in the number of the small mucus producing glands. There is also a loss of fat around the genitals producing a different appearance than previously. As a result the vagina can become shorted, less elastic and dryer with less lubricating mucus; the genital skin also looks paler. These changes usually take months or years and vary between women.

How common is urogenital atrophy?

Vaginal dryness occurs in about 1 in 4 women leading up to the menopause, it becomes more common after the menopause when about 1 in 2 women are affected. About 7 in 10 women in their seventies have this problem.

What signs and symptoms can occur?

The changes described may occur but without causing any symptoms or discomfort. However, some of the following symptoms may occur in some women. All of



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the following symptoms can be caused by other medical conditions but atrophic vaginitis is a common (and usually treatable) cause of these symptoms.

- **Painful intercourse** – as the vagina is smaller/shorter, drier and less likely to become lubricated during sex, intercourse can become painful. The skin around the vagina is more easily made sore and this aggravates the problem.
- **Vaginal bleeding** – as the vaginal and uterine tissue is thinner and more fragile it can occasionally lead to spotting and bleeding. If you notice any post-menopausal vaginal bleeding you must always report it to your General Practitioner (GP).
- **Vulvo-vaginal discomfort** – if the vulva or vagina becomes tender and inflamed some women can experience constant discomfort.
- **Infection and discharge** – the vagina is less resistant to infection after the menopause and sometimes becomes infected. An offensive (smelly) unpleasant vaginal discharge may need treatment from your General Practitioner (GP).
- **Itch** – the skin around the vulva is more sensitive and more likely to itch in some women. This produces a tendency to scratch which then makes the skin more likely to itch. An itch/scratch cycle follows which can be both difficult to break and quite distressing.
- **Urinary problems (frequency/urgency to pass urine)** – these may be due to thinning and weakening of the tissue around the neck of the bladder or around the urethra (the opening for urine). A prolapse or weakening of part of the vaginal wall may also cause urinary symptoms which may increase with age. Urinary



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symptoms that may occur include one or more of the following:

- Passing water too often (frequency)
- Not being able to hold on (urgency)
- Pain when passing urine (dysuria)

What are the treatments for urogenital atrophy?

Not all women have all of the above symptoms.

Treatment may depend on which symptoms are the most troublesome. Because the problem is mainly due to a lack of oestrogen it can be helped by replacing the oestrogen topically. This can be done in several ways:

- **Non-hormonal Lubricants & Moisturisers** – if vaginal dryness is the only problem or hormone creams are not recommended because of other medical problems, lubricating gels like KY jelly or moisturisers such as Replens, Regelle, SYLK or Hyalofemme may be obtained from the pharmacy or on prescription from your General Practitioner (GP).
- **Oestrogen creams or Vaginal Pessary** – sometimes a cream or pessary containing oestrogen is prescribed. This replaces oestrogen to the vagina and surrounding tissues, usually the cream or pessary is used every night for two weeks and then twice a week for a further four weeks. This treatment is usually effective and can be repeated if the problem recurs. Oestrogen given this way is the equivalent of one HRT tablet per year.
- **Hormone Replacement Therapy (HRT)** – this means taking hormone drugs in the form of a tablet, gel, implant or patches. This may be the best treatment but some women don't like the idea that periods may return with this treatment, especially if it is many years since the



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menopause. You can discuss this more fully with your General Practitioner (GP).

General care of the vulva.

Most women with a vulval disorder will benefit from advice on general care of vulval skin and avoiding potential irritants.

- Washing with water only causes dry skin and makes itching worse. Use a soap substitute to clean the vulval area. Use a small amount of the cream or ointment with water to wash your skin. This will stop the skin from getting as dry and irritated as it would if you used soap or water alone. The cream/ointment is safe to use frequently.
- Shower rather than bath and clean the vulval area only once a day. Over cleaning can aggravate vulval symptoms. If you use a bath, it is helpful to add a bath emollient.
- Avoid using sponges or flannels to wash the vulva. These can irritate your skin. Instead, wash your vulva using aqueous cream or another soap substitute with just your hand. Gently dab the vulval area dry with a soft towel or use a hairdryer on a cool setting held well away from the skin.
- Wear loose-fitting silk or cotton underwear. Close-fitting clothes such as tights, cycling shorts, leggings or tight jeans should be avoided. Wear loose-fitting trousers or skirts and replace tights with stockings. At home, you



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may find it more comfortable to wear long skirts without underwear.

- Sleep without underwear.
- Avoid fabric conditioners and biological washing powders. You may want to wash your underwear separately in a non-biological washing powder/gel.
- Avoid soaps, shower gel, scrubs, bubble baths, deodorants, baby wipes or douches in the vulval area.
- Some over-the-counter creams including baby or nappy creams, herbal creams for example tea tree oil, aloe vera and 'thrush' treatments may include possible irritants.
- Avoid wearing panty liners or sanitary towels on a regular basis.
- Avoid antiseptic (as a cream or added to bath water) in the vulval area
- Wear white or light colours of underwear. Dark textile dyes (black, navy) may cause an allergy; if you wash new dark underwear a few times before wearing it, it will be less likely to cause a problem.
- Avoid coloured toilet paper.
- Avoid wearing nail varnish on finger nails if you tend to scratch your skin



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Use of emollients to protect your skin

Emollients can be used as moisturisers throughout the day. Using one of these moisturisers every day can help relieve symptoms. Even when you do not have symptoms, using a moisturiser will protect the skin and can prevent flare-ups

- **Useful websites**
- www.gpnotebook.co.uk/simplepage.cfm?ID=-771358705
- www.patient.co.uk/showdoc/40024656/
- www.replens.co.uk
- www.sylk.co.uk

If you have any questions about your appointment or need to change the date or time, please contact:

Booking Clerks	01793 604820
Women's Health Outpatients	01793 605252

Monday – Friday
08.30 hrs. – 17.00 hrs.



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From 1st January 2019 smoking will not be permitted on any NHS site in England. Smoking will not be permitted within any of our buildings or anywhere outside on our sites. Smoking facilities will not be provided. Please be considerate of others when vaping in hospital grounds.

This information sheet is available to order in other languages and formats. If you would like a copy, please contact us on 01793 604031 or email gwh.pals@nhs.net

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