



Patient Information

Vulvodynia

What is Vulvodynia?

Vulvodynia is a chronic discomfort involving the vulva (the female genital area) where women describe symptoms of *burning* and/or *soreness*. In this condition there is no obvious skin condition or infection and no known cause for the pain. It can affect women of all different ages and ethnicities.

What causes it?

Vulvodynia is usually caused by irritation or hypersensitivity of the nerve fibres in the vulva (the female genital area). In the majority of women however the precise cause of this vulval nerve irritation or hypersensitivity is never known.

One study found that almost half of women with Vulvodynia also suffer with other chronic pain conditions such as: Fibromyalgia, Irritable Bowel Syndrome (IBS), Chronic Fatigue Syndrome (CFS), Interstitial cystitis, Endometriosis.

What are the symptoms?

There are three main types Provoked, Unprovoked and Mixed. These types reflect the symptoms women experience

In **Provoked Vulvodynia** women describe the main symptoms as burning and/or soreness involving the vulva (the female genital area) following touch such as sexual intercourse or tampon insertion; this is the most common type

In **Unprovoked Vulvodynia** women describe the main symptoms as burning and/or aching that is usually continuous and can even interfere with sleep. In this type of Vulvodynia, the sensations can sometimes affect other areas around the genitals including the inside of the thighs, upper legs, buttocks, the urethra (the area where you pass urine) and the anus (the area where you open your bowels).

Women who experience both provoked and unprovoked symptoms have **Mixed Vulvodynia**

There is usually nothing to see when you or a medical professional examine the area, as this is because the condition affects the nerves beneath the skin.



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Is it infectious?

No, it is not infectious or contagious meaning it cannot be passed on from one person to another. It is also not related to cancer.

Is it hereditary?

No, it is not hereditary.

How is it diagnosed?

In most cases Vulvodynia will be diagnosed after a careful discussion and examination with a medical health professional. A routine swab from the genitals may be needed to rule out any infection.

What is the treatment?

There is no cure for Vulvodynia however most women will be helped by one or more of a variety of treatments. Many women need to try a few options before they find a treatment that works for them.

- **Good vulval care** – avoiding soaps, bubble baths, shower gels, wipes and deodorants around the genitals. Avoiding wearing underwear at night. Using a soap substitute (emollient). Changing to cotton underwear. Vaginal lubricants can also help during intercourse.
- **Local anaesthetic gel** can be used to numb the area. They contain Lidocaine and can be bought without a prescription. This can be useful to help with intercourse however it needs to be wiped off 10 minutes before intercourse and advice needs to be taken if using it with a condom.
- **Tablets** – some types of oral medication can help with symptoms. Most of these drugs were originally developed for other medical conditions however they can be tried if general treatments and ointments are not useful. The response to these medications may take several weeks and it is often necessary to continue them for 3-6 months. These include: Amitriptyline (originally an anti-depressant) and Gabapentin (originally an anti-epileptic). There are some potential side-effects associated with these medications and therefore careful discussion with a medical health professional is needed before starting on them.
- **Physiotherapy** – some women with sex-related pain may benefit from physiotherapy to help improve the muscles around the vulva.
- **Psychosexual counselling** – as intercourse may be painful some women find it useful for them and sometimes their partners to receive some help from a Psychosexual specialist.

What is the prognosis (outlook)?

The prognosis for Vulvodynia is not entirely clear. Many treatments that are available have shown to work well and improve symptoms, however sometimes women need to try a variety and sometimes a combination of treatments before success.



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Further reading & References

- Website of British Association of Dermatologists (BAD). <http://www.bad.org.uk>
- Website of Vulval Pain Society. <http://www.vulvalpainsociety.org>
- 2014 UK National Guideline on the Management of Vulval Conditions Clinical Effectiveness Group British Association for Sexual Health and HIV Date of writing: Feb 2014

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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

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