

NHS Greater Glasgow and Clyde
Gynaecology Services

Vulval Pain and Vulvodynia

Patient Information



What is a vulvodynia?

Vulvodynia (said vul-vo-din-ia) is a condition where there is pain, burning or soreness of the vulval area which has lasted for at least 3 months duration, which may be associated with but cannot be linked to a clear identifiable cause such as infections, skin disorders or other medical conditions.

What are the symptoms?

The pain described by women with vulvodynia is often of a burning or aching nature. The intensity of pain can vary from mild discomfort to a severe constant pain which can even prevent you from sitting down comfortably.

This pain may or may not be triggered by touch and may be felt in one area or across the whole vulva. Women with vulvodynia have a normal-looking vulva.

It is a chronic condition that can last for months or years. For some women it can be so uncomfortable that sitting for long periods, using tampons or having sex is difficult or impossible.

Vulvodynia can affect women at any age but is most common in young women who have pain during sex and are often unable to have penetrative sex at all (called vestibulodynia).

What can be seen during clinical examination?

Usually there is nothing to see on examination and the vulva appears normal. The problem lies with the nerve fibres themselves which are not visible on examination.

However, just because your doctor cannot see anything does not mean that you are not experiencing pain.

Why have I developed vulvodynia?

Unfortunately we remain unsure as to the cause of vulvodynia. It is known as an 'idiopathic condition', i.e. a condition with no known cause.

Research has suggested that some women may be born with more nerve endings around the vulva, particularly the area around and between the urethra and the vagina (the vestibule). If these nerves endings become damaged it can lead to hypersensitivity and an alteration to how touch is perceived. It is thought that the damage may be triggered by infections such as thrush, sexual trauma or during childbirth.

There are however many conditions that it is not! Importantly, it is not infective, it is not related to cancer and you will not pass it on to your partner.

How is vulvodynia diagnosed?

There are no specific tests to diagnose vulvodynia. Your doctor will examine the vulva and may use a cotton bud to illicit the exact site and intensity of the pain you experience. They may also take tests including swabs (to look for infections) or a tiny biopsy of the skin to eliminate other conditions.

How is vulvodynia managed?

Although vulvodynia can last for years, there are treatments that can help to manage its symptoms. Additionally, vulvodynia can often go away by itself.

Many types of management options are available. No one method works all the time for everyone. It can take a few months before any relief is noticed. Sometimes more than one management strategy may be needed. Keeping a pain diary can help you track your symptoms and how they respond to different therapies

Simple measures to try at home

If you have vulvodynia, gentle care of the vulva is best. Avoid products and other items that may be irritating (suggestions are contained within the clinic leaflet 'Looking after your vulva').

Soap substitutes and simple emollients can be recommended by your doctor and can be applied to the affected area to provide some relief and keep the area well moisturised. Some women experience relief by the application of cool packs to the vulva, but for no more than 10 minutes at a time.

It can be useful to use vaginal lubrication during sexual intercourse. Useful lubricants include Pasante TLC[®] (water and silicone based) or Sylk[®] (water and kiwi derived protein).

Prescribed treatments

Topical local anaesthetic ointments — These medications are applied to the skin. They may be used before sexual intercourse to provide short-term pain relief, or they can be used for extended periods.

Oral antidepressants and anti-seizure medication — Drugs used to treat depression and to prevent epileptic seizures may help with the symptoms of vulvodynia. The medication usually starts at a low dose

and then increases until the pain lessens. It may take a few weeks for these medications to work. It is often necessary to continue for 3-6 months.

There are side-effects to these medications, however, these usually settle within the first few weeks. The most common effect is that of tiredness which affects many women. If this occurs, try taking the tablets before you go to bed. If this makes you sleepy in the morning and you have difficulty in getting out of bed, try taking the dose slightly earlier in the evening. Constipation, dry mouth and occasional blurred vision are other complaints whilst on treatment.

You should tell your doctor if you are pregnant or have suffered liver and heart problems prior to treatment.

Massage and desensitisation

Vulval massage can help and works in a similar way to massage of the back or shoulders following an injury. In the vulval area you can try gently rubbing the skin of the tender area with a finger coated in lubricants. If it is too painful try a smaller area initially. Vibration against the area is another option and some women buy a small simple vibrator to hold against the skin. This can be used instead of massage.

A 'guarding response' can occur in the muscles of the pelvic floor. To help desensitise this response, dilators can be used. This can overcome the response of the pelvic floor by gradually increasing the size of dilators inserted into the vagina. Alternatively, you can start with your own finger or your partner's finger then work with different sized dilators which may be given to you in clinic.

Physiotherapy

This type of therapy can relax tissues in the pelvic floor and release tension in muscles and joints. Physiotherapy can also train you to strengthen the pelvic floor muscles which in turn can help lessen your pain

Trigger point therapy is a form of massage therapy. A trigger point is a small area of tightly contracted muscle. Pain from a trigger point travels to nearby areas. Trigger point therapy involves soft tissue massage to relax the tight area of muscle.

Psychosexual support

Sexual intercourse can be difficult if you suffer from vulvodynia. Some couples with benefit from emotional support and referral for psychosexual counselling may be offered.

Injections

A combination of an anesthetic drug and a steroid also can be injected into the trigger point to provide relief. You may need referred to another specialist to have these undertaken.

Where can I get further information

Web link to patient support groups:

The Vulval Pain Society - <https://vulvalpainsociety.org.uk>

The National Vulvodynia Association - www.nva.org

Pain Management, West of Scotland Chronic Pain Education Group - www.paindata.org

Useful contact numbers

Your GP will be experienced in the management of chronic pain conditions. If you have concerns please contact them in the first instance and we can give advice or see you back in clinic as needed.