

Localised, provoked vulval vestibulitis - A cause of painful sex

Information and advice for patients

Gynaecology

What is vulval vestibulitis?

The vestibule is where the vulva meets with the vagina. It is an extremely sensitive part of your body and contains the Bartholin's glands (which lubricate your vagina), the urethra (where you pass urine) and a number of the small glands. Vulval vestibulitis literally means inflammation of the vestibule.

How common is it?

This is difficult to say. We certainly know it is an under-recognised condition. In a recent survey nearly 50% of GPs saw one woman with chronic vulval pain and soreness a month. However the problem is probably much larger as many women, who have vulval vestibulitis, will have been given an incorrect diagnosis (usually thrush).

What causes it?

In most cases we don't know. Some women develop symptoms after a specific event, commonly put down to thrush. Once the attack of thrush settles following treatment, soreness and burning may persist as vestibulitis.

Some women complain of vestibulitis after childbirth. Others notice a problem when they use certain bubble baths, soaps or antiseptics in the bath e.g. Dettol. If your symptoms have gradually come on over time, it may be difficult to identify a cause. Some women with a bladder condition called interstitial cystitis also suffer from the condition. The reasons why the two conditions are connected remains unknown.

What are the symptoms?

Most women complain of pain when pressure is applied to the vestibule such as during sexual intercourse and when putting in tampons. The degree of pain is variable. Some women have pain, but are able to tolerate intercourse, whereas for others, any pressure (including tight clothes and even light touch) to the area causes soreness and tenderness. Itching is not usually a feature of the condition. The vestibule may be red and can be tender to touch.

As there is no obvious cause for symptoms, it is difficult for many women (and some doctors) to understand the condition. We do know that it is not related to cancer. It will not spread to other parts of your body and you will not pass it on to your partner.

How is it diagnosed?

Very often the appearance may be more subtle and only be seen with good lighting and by a doctor familiar with the condition.

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Vulval vestibulitis should be diagnosed after ruling out infections and vulval skin conditions which may cause similar symptoms. Many women will have already had repeated treatments for 'thrush'. Many of these treatments e.g. Canesten, can aggravate the condition.

What are the risks of not receiving treatment?

Without treatment the pain and or discomfort is likely to persist. Some women have reported improvements without any treatment but as the condition tends to have "good days and bad days" it is not known whether long term cures can be achieved without some form of treatment.

How is it treated?

The main way that the condition is managed is with creams. This is usually the first method of treatment.

Treatments available from your GP:

Ketoconazole

Some cases of vestibulitis may be related to candida infection. In these cases a long course of ketoconazole cream (Nizoral) may help. There is no reliable published evidence either in favour of or against this approach. It is not considered to either be harmful or increase the risk of deterioration.

Steroids

Steroid creams should only be used on the advice of your doctor. They can vary in strength from weak to very potent. Usually a small amount of the cream or ointment is applied to the affected area twice a day (you may want to use a mirror).

The use of steroid cream needs to be supervised as it can cause the skin to become thin. Many women notice an irritation when they first use the steroid cream. This can resolve with time but if it continues it is best to stop and use one of the other creams. Steroid creams seem to be most beneficial when there is associated itching. The actual benefit in reducing pain at the time of intercourse has not been assessed in large groups of women so the evidence for its use is largely based upon the previous experience of the doctor looking after you.

Zinc oxide

This is a cream which is sometimes useful for women with vulval vestibulitis. Zinc may help to reduce inflammation and increase healing.

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Amitriptyline

Sometimes a tablet called amitriptyline may help the soreness. This is given in a very small dose at night.

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Local anaesthetic cream

Your doctor may also ask you to use a local anaesthetic cream or gel 30-40 minutes before intercourse to see if this takes away the pain. When you first use the anaesthetic cream, you will probably experience a short spell of burning before things go numb.

Vestibulectomy

If this approach makes sex tolerable, then a simple operation called vestibulectomy may sort out your problem. This is an operation where the inflamed skin is removed and the area is covered over by the back wall of the vagina.

Benefits - The benefit of this is that it gives an excellent cosmetic result and cures or improves the problem in about 80% women treated. It is not, however, a suitable treatment for all women with vestibulitis and women need to be selected carefully for surgery. There is some evidence published that in carefully selected patients with this problem that up to 80% gain partial or even complete long term improvement.

Risks - The major risk is failure to resolve the problem. Our own audits suggest that approximately 20% of women gain little, if any, benefit although careful case selection aims to minimise this. There can be short term discomforts and spasm of the pelvic floor muscles but this usually resolves after two to three weeks.

Treatments you can buy without prescription

Aqueous cream

This is an emollient (soothing cream) that is usually used for treating dried cracked skin. It is perfume-free and is therefore less likely to irritate than the steroid creams. Many women gain benefit from the use of this cream as it soothes and rehydrates the skin. Some women keep the cream in the fridge as this helps even further. It can be used indefinitely and as frequently as you like. It is available without prescription.

Aloe vera

Other women have found that aloe vera gel provides relief.

Low oxalate diet

Research from America has suggested that a diet low in oxalate (a salt present in the diet passed out in urine) may be effective in women with vulval soreness. Oxalates can cause

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symptoms as they are irritating to skin. We can provide you with a diet sheet so you can tell which foods are high in oxalate.

Please note

Medical treatment may not always give 100% relief from symptoms and you may need to try several different treatments. On the other hand, spontaneous recovery, often after several years, happens with some women.

Support groups and further information

The Vulval Pain Society (VPS) provides women with information on vulvodynia and other vulval disorders.

The Vulval Pain Society
PO Box 7804,
Nottingham,
NG3 5ZQ

www.vulvalpainsociety.org

National lichen sclerosis support group UK

www.lichensclerosus.org

The cystitis and overactive bladder foundation

www.cobfoundation.org

National vulvodynia association

www.nva.org

Vulvar pain foundation

www.vulvarpainfoundation.org

Vulvodynia.com

www.vulvodynia.com

Interstitial cystitis association

www.ichelp.com

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Contact details

If you have any questions or concerns you can contact:

Professor Luesley, Consultant Gynae-oncologist

Tel: 0121 507 5337

Monday – Friday, 9am – 5pm

Sources of information used in this leaflet

- British Association for Sexual Health, 'Management of vulval conditions', February 2014
- British Association of Dermatologists, 'Vulvodynia and vestibulodynia', November 2012

If you would like to suggest any amendments or improvements to this leaflet please contact the communications department on 0121 507 5495 or email: swb-tr.swbh-gm-patient-information@nhs.net



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