Vulvodynia – a vulval pain syndrome

Information and advice for patients

Gynaecology

What is the vulva?

The vulva is the genital area in women. Vulvodynia is pain that is felt in the vulva, most often described as burning in nature. The pain can extend to the buttocks and inner thighs. This pain can be felt when the vulva is touched, e.g. during sexual intercourse or inserting a tampon (provoked vulvodynia), or the pain can be spontaneous (unprovoked vulvodynia). Some patients will have symptoms of both provoked and unprovoked vulvodynia.

How common is it?

The exact prevalence of vulval pain is unknown, but a survey in the United States showed that 16% of adult women have experienced vulval pain.

What causes it?

Vulval pain can affect almost any woman of any age. For reasons unknown, the nerve endings in the vulva become over-sensitive and react abnormally, sending painful messages to the brain. Some women may be more prone to problems of pain and its perception, and there is an overlap with other pain syndromes, such as interstitial cystitis. The condition cannot be prevented and is not contagious – you will not pass it on to your partner.

How is it diagnosed?

There is no diagnostic test, but the diagnosis is reached by your doctor taking a careful history and examining you. It is important to exclude other causes of vulval pain, such as skin disorders and infections.

How is it treated?

There is no simple cure but most patients respond to one or a combination of treatment options.

1. Reducing vulval irritation – avoiding soap, bubble baths, female wipes and deodorants in the area. Wash with a soap substitute and use a barrier cream to protect the skin from irritation e.g. Vaseline or Sudocrem. Some women have found relief with aloe vera.
2. A local anaesthetic ointment can be used to numb the area and will reduce pain. It is particularly useful when used 20 minutes prior to intercourse (be sure to wipe off fully if using condoms as it could interfere with the protective ability).
3. Medication in the form of tablets can be used to slow down the painful messages being sent to the brain. These are most useful when vulval pain is spontaneous. Frequently prescribed drugs include amitryptilline, gabapentin and pregabalin.

Vulvodynia – a vulval pain syndrome

Information and advice for patients

Gynaecology

4. Use of vaginal dilators, pelvic floor relaxation and self-massage can be helpful when there are associated features of vaginismus (spasm of the pelvic floor muscles).
5. Psychological support
6. Acupuncture
7. Surgery to remove the skin of the posterior vestibule (vestibulectomy) is sometimes appropriate but cases are carefully selected as surgery could be detrimental to symptoms.

Contact details

Miss Claire Bailey
Consultant gynaecologist and obstetrician
0121 507 5337

Further information

The Vulval Pain Society (VPS) *www.vulvalpainsociety.org*

National vulvodynia association *www.nva.org*

Vulvodynia.com *www.vulvodynia.com*

West Midlands vulval pain support group *sarah.wmvpsg@gmail.com*

Sources used for the information in this leaflet

- BASHH Clinical Effectiveness Group, UK National Guideline on the Management of Vulval Condition, Feb 2014
- Nunns D, Murphy R. Assessment and management of vulval pain. BMJ 2012;344:e1723
- Eva LJ et al. Long term follow up of posterior vestibulectomy for treating vulvar vestibulitis. J Reprod Med 2008;53(6):435-40

If you would like to suggest any amendments or improvements to this leaflet please contact the communications department on 0121 507 5303 or email: **swb-tr.swbh-gm-patient-information@nhs.net**

Health & care information you can trust
The Information Standard Certified Member

A Teaching Trust of The University of Birmingham
Incorporating City, Sandwell and Rowley Regis Hospitals

ML5409
Issue Date: May 2018
Review Date: May 2021