

# Vulval Pain

## Introduction

The term “vulval pain” is used to describe any condition that causes pain for women in the area of their vagina and pelvic floor. This leaflet focuses on Vulvodynia, which is a burning, soreness or pain in the pelvic floor area in the absence of a skin condition or infection.

Two types of Vulvodynia are commonly recognised:

1. Generalised Vulvodynia – this may be provoked, unprovoked or mixed and refers to a generalised pain in the vulval area
2. Localised vulvodynia (also known as Vestibulodynia) – this may also be provoked, unprovoked or mixed and tends to be in a very specific place within the vulval area

The pain can range from mild to severe in intensity and you may have good and bad days. Occasionally the pain may radiate to the upper or inside thighs, anus or urethra (tube leading to the bladder). Sex and bowel movements are often painful.

It is important to note that Vulvodynia can be a very painful and distressing condition. Unfortunately, evidence on the exact cause or effective treatments is minimal and the condition is often poorly understood by healthcare staff. This leaflet has been produced to summarise the information that is currently known and to offer possible treatment options.

## Diagnosis

It is important to visit your GP to exclude possible infection or thrush. The symptoms of thrush can be very similar to Vulvodynia and it is important to avoid repeatedly self-medicating for suspected thrush without seeing your GP as the treatment may make Vulvodynia worse. Diagnosis of Vulvodynia is based on each person’s symptoms rather than a specific test.

## Cause

There is no clearly understood cause for Vulvodynia. It is possible that conditions such as thrush or cystitis may provoke an attack by increasing the sensitivity of the area. A fall on the coccyx (tailbone) has also been suggested to be a possible factor and it is known that traumatic or stressful life events may be an influence.

## Treatment

The most important place to start is to find a healthcare professional you feel comfortable with so that you can discuss your symptoms and treatment options in depth. The treatments suggested here are gathered from a variety of sources. Many of them have no evidence to support them at all and are therefore not necessarily recommended from a professional perspective but they have all been found to be of use by some women and are gathered here to provide a helpful summary. Some women will benefit from taking regular care of their vulval area to prevent or minimise symptoms whereas other women may only need to treat symptoms occasionally.

## Physiotherapy

- Pelvic floor re-education. This should include assessment by a specialist physiotherapist initially. An exercise programme should include relaxation of the muscles and a focus on the slow muscle exercises rather than the fast ones to avoid increasing general muscle tone, especially if relaxation of the muscles is a problem
- Myo-fascial release techniques to reduce points of tension in the pelvic floor
- Vaginal trainers (e.g. Amielle – but avoid the largest sized trainer). Try using alternate days and persevere for 3-4 months as progress is often slow
- Bio-feedback
- De-sensitization techniques
- Stretches e.g. sitting astride a firm chair with your tummy facing the back of the chair. This can help the pelvic floor muscles to relax
- Neural mobilising techniques
- Pain management strategies
- Mindfulness and relaxation

## Skincare

- The skin in the vulval/pelvic floor area is especially sensitive in women with Vulvodynia. It is crucial to avoid using creams, lotions, bath products and soap containing perfume. The rule to follow is “The blander, the better!”
- Ideally, wash the pelvic floor area with water only or an aqueous cream e.g. Dermal 500 or Emulsiderm bath lotion
- Warm baths
- Cold compresses
- Oatmeal baths – try putting plain oatmeal into a stocking tied at the top and popping it in the bath as you are running it. Try Aveena oatmeal from health food shops as an alternative. Soak for about 20 minutes and repeat up to four times a day

- Avoid biological washing powders and fabric conditioners
- Some women find it works better to shower rather than bath and when washing your hair try to do so over the bath or sink to stop shampoo reaching the pelvic floor area
- If your pain worsens on passing urine try flushing the area with a jug of warm water at the same time
- Avoid any friction to the area. Avoid using flannels, clean once a day only and wear loose, cotton pants. Avoid wearing tight clothes, especially jeans or trousers made from artificial fibres
- Wash pants in water only. If that helps then try using washing balls rather than detergent
- Try low-allergy sanitary towels e.g. Natracare. Low-allergy condoms are available and can help as spermicides in regular condoms and diaphragms can aggravate symptoms. **Note that low allergy condoms can be less effective as a form of contraception!**
- Try soothing applications such as Aloe Vera gel, Calendula cream, Geranium oil, Lavender oil, Sweet Almond oil, cold used teabags, Bach Rescue cream, Evening Primrose oil, Tea Tree oil, Calamine lotion, Vitamin E oil, Zinc and Castor oil cream, Diprobase, Sheep's yoghurt, Aqueous cream or Vaseline. Keeping your chosen cream in the fridge may make it even more soothing
- Lubricants may make the area more comfortable, especially during sex. Try Sylk, Sensilube, Astroglide or Yes

## Medication

- Low dose tricyclic anti-depressants (often used for pain relief at a low dosage)
- Lidocaine anaesthetic gel (5%) - use half an hour prior to having sex or using a dilator. Make sure your partner wears a condom as the gel is an anaesthetic!

## Topical Medication

- Steroid creams may benefit some women – discuss with your GP
- Oestrogen creams may have a role, again discuss with your GP, especially if your oestrogen levels may be low, for example with breastfeeding or after the menopause

## Psychological Support

- Self help groups – see details at the end of the leaflet
- Counselling – either for the condition itself, for other issues in your life that may be influencing your condition or relationship counselling if you are concerned about the effect of your condition on your relationship

- Keep a diary to see if a pattern can be identified between your symptoms, diet, stress, monthly cycle and so on

## **Diet**

- One doctor in America has had good results by asking women to follow a low oxalate diet. Oxalates are salts that are naturally present in the body and in certain foods. They are known to be irritating substances and one theory is that they may irritate sensitive nerve endings. Try reducing your intake of oxalate-rich foods and see if it helps. Foods high in oxalates include beetroot, cocoa, chocolate, parsley, rhubarb, spinach and normal tea. Foods with a moderate level of oxalates include coffee, celery, strawberries and malted milk drinks
- Another approach is to avoid items such as caffeine, sugar, yeast, wheat, fruit juice, spicy foods, cheese, nuts, citrus fruit and alcohol. Try cutting out one food type at a time and note the effect

## **Miscellaneous**

- Weight loss, if needed
- Avoid constipation
- Keep yourself as fit and active as you are able to